



INSURANCE ENROLLMENT FORM

EMPLOYEE INFORMATION
FULL NAME, BIRTH DATE, ADDRESS CITY, ZIP CODE, PHONE, SOCIAL SECURITY, SEX, MARRIED, MARRIAGE DATE, SINGLE, DIVORCED, WIDOWED
COVERAGE INFORMATION: PLAN, SINGLE, FAMILY, DECLINE, EMPLOYER SCHOOL DISTRICT, VERMILION LOCAL SCHOOLS, PREMIUM, DATE OF HIRE, MINIMUM VALUE, EFFECTIVE DATE, DENTAL, DEPARTMENT, VISION, INSURANCE OFFICE USE: 882859-
DEPENDENT: LAST NAME, FIRST NAME, DOB, SEX, SS#

Are you or any dependent on Medicare? YES _____ NO _____

If yes, who is on Medicare? _____

If you and/or your dependent are on Medicare but have coverage through LERC, your group health plan is primary and Medicare is secondary.

EMPLOYEE SIGNATURE

DATE

By signing I agree that I received a HIPAA Notice of Special Enrollment Rights Statement

TREASURER/DESIGNEE SIGNATURE

DATE

Please review your HIPAA Notice of Special Enrollment Rights on page two.



HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within "30 days" or any longer period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.