



**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 ALL NEW ENROLLEES ARE ENROLLED IN THE WELLNESS PLAN			TO BE COMPLETED BY DISTRICT OFFICE			
PLANS	SINGLE	FAMILY	DECLINE	EMPLOYER SCHOOL DISTRICT	CLEARVIEW LOCAL SCHOOLS	
PREMIUM				DATE OF HIRE		
STANDARD				EFFECTIVE DATE		
MINIMUM VALUE				DEPARTMENT	ADMINISTRATIVE	CERTIFIED CLASSIFIED
DENTAL						
VISION						
DEPENDENT	LAST NAME		FIRST NAME		DOB	SEX SS#
Spouse						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						

Are you or any dependent on **Medicare**? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who is on Medicare? \_\_\_\_\_

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.