



Medical/Dental Enrollment/Change Form

Benefits' Customer Service Number: (423) 778-7969
jobs.erlanger.org Select *Benefits* and then select *Forms*

Employee Information

Name (Last, First, MI)	Employee I.D. Number	Social Security Number			
Street Address	City	State	County	Zip Code	
Telephone Number	Date of Birth (Mo Day Year)	Male <input type="checkbox"/>	Female <input type="checkbox"/>		

Check the Qualifying Event Reason for Enrollment/Cancellation Request

Date of Hire or Qualifying Event: _____

- | | |
|--|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Birth/Adoption |
| <input type="checkbox"/> Transfer from non-eligible position (less than 0.52 FTE) to eligible position (at least 0.52 FTE) | <input type="checkbox"/> Loss of coverage through no fault of employee |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Employee becomes eligible for Medicare |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Death of spouse or dependent |
| | <input type="checkbox"/> Dependent Ceases to be "Dependent Child" |

Note: Enrollment/changes/cancellations must be requested within 31 days from the day of the qualifying event. Appropriate documentation must accompany written request form.

Check Appropriate Box (Medical Plan Option and/or Dental)	Medical Plan 1 \$1,000 Deductible		Medical Plan 2 \$750 Deductible		Dental	
	Individual	Family	Individual	Family	Individual	Family
Enroll						
Add Dependent						
Delete Dependent						
Cancel Coverage						

Eligible Dependent(s)/Spouse to be Enrolled or Deleted from Coverage

Name of Dependent/Spouse (Last, First, MI) *	Sex Male/Female	Social Security Number	Date of Birth Mo Day Year	Relationship to Employee	Lives with Employee**
1		_____			
2		_____			
3		_____			
4		_____			
5		_____			
6		_____			

* If dependent's last name is different than the employee's last name, a birth certificate must accompany this form. If spouse's last name is different than the employee's last name, a marriage certificate must accompany this form.

** If the dependent does not live with the employee, you must provide a copy of the court documents requiring you to provide medical and/or dental coverage or pay medical and/or dental costs for the child. (An example would be a divorce decree.) The document must contain a judge's signature or state's seal and it must accompany this form.

Employee Signature: _____ Date: _____
Signature is Required

Plan's Use Only	Medical Option 1	Medical Option 2	Dental
Effective Date of Coverage			

To exercise your rights under HIPAA, you must provide a copy of the certification(s) of creditable coverage issued to you by the previous insurance carrier

(HIPAA RIGHTS) If you or any member for whom you are applying has had at least 18 consecutive months of group coverage (i.e.; HMO, State or Federal Employee Continuation, COBRA, Medicare (A or B), Medicaid, TennCareSM, Indian Health Service or other Tribal Plan, FEP, CHAMPUS/CHAMPVA, Group Conversion, Farm Bureau, Student coverage), AND it has been no more than 63 days since that coverage terminated, you may be eligible for waivers of our normal pre-existing condition waiting periods. These rights are made available to you under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, which was signed into law effective 07/01/1997. To exercise your rights under HIPAA, you must provide a copy of the certification(s) of creditable coverage issued to you by the previous insurance carrier.

Eligible Dependents

1. Employee's lawful spouse, unless legally separated. (If employee's spouses' last name is different than employee, a copy of the marriage certificate must be attached to this enrollment form.)
2. Each of EMPLOYEE'S unmarried children:
 - ▶ Under age 24 if dependent upon EMPLOYEE for principal support and maintenance;
 - ▶ Under age 25 if:
 - ▶ Attending an accredited educational institution on a full-time basis (a copy of the student's schedule or a copy of employee's receipt for tuition for each semester must be attached to this enrollment form); and
 - ▶ Dependent upon EMPLOYEE for principal support and maintenance; or who, since reaching age 24, have continuously been:
 - ▶ Incapable of earning their own living due to mental retardation or physical handicap (a copy of the document stating that the child is disabled must be attached to the enrollment form); and
 - ▶ Chiefly dependent on EMPLOYEE for financial support (documentation must be attached to enrollment form).

Eligible Children: The term "children" as used above includes:

1. Natural children -- If the child's last name is different than the EMPLOYEE'S last name the employee must attach a copy of the child's birth certificate showing the employee as the mother and/or father; or, a court document stating that the employee is required to pay the medical and/or dental coverage of this child. This would also include a child who does not live with the EMPLOYEE, but, the EMPLOYEE is required by the court to pay their medical expenses (a copy of the court document must be attached to the enrollment form).
2. Legally adopted children.
3. Children placed in the EMPLOYEE'S home for adoption (if the court has mandated that the employee will furnish the medical and/or dental insurance (a copy of the court document must be attached to the enrollment form).
4. Stepchildren or foster children. The stepchild or foster child must:
 - ▶ reside with; and
 - ▶ be dependent upon the EMPLOYEE for principal support and maintenance. Proof of dependency (i.e., court document mandating medical and/or dental coverage of the child by the employee or the employee's spouse; or a copy of the EMPLOYEE'S income tax return showing the child as a dependent) must be attached to the enrollment form.
5. Children placed with the EMPLOYEE by a licensed child placement agency for purposes of adoption (a copy of the document stating the employee will furnish the medical and/or dental insurance of the child must be attached to the enrollment form).
6. Children who are by court order in the EMPLOYEE'S custody (a copy of the court document must be attached to the enrollment form).