

8 TO BE COMPLETED BY EMPLOYER					
DATE OF HIRE	HEALTH/CHANGE EFF. DATE	POLICY NUMBER	GRP/SUBGRP/BNFT GRP	PLAN VARIATION/SUB	REPORTING CODE/BRANCH

Enrollment Application and Change Form

Instructions

Use this form and follow the instructions for each section below. Please make sure that all applicable fields are completely and accurately filled out. Check appropriate box to indicate if you are enrolling for the first time or making a change.

SECTION 1 Complete all information.

SECTION 2 Check the coverage plan you would like (Choice Plus Plan Low Option (former HMO Plan) or High Option (former PPO Plan))

SECTION 3 Select who should be covered on the plan. (Copy of marriage and birth certificates must be provided for covered dependents)

SECTION 4 Complete this section if you are making a change. Select the box which indicates the type of change you are making.

SECTION 5 Fill in the appropriate action code for completing this form:

A = To add a dependent to your benefit plan.

T = To terminate yourself or a dependent's coverage.

C = To change information about yourself or a dependent.

Print your full name and the names of your covered dependents, if any. If any member listed has another health plan, check the box marked COB (Coordination of Benefits) and complete Section 7. Provide Social Security Number, date of birth, and sex for each dependent and check the appropriate boxes indicating if a dependent is handicapped or a full-time student. (If you have more than 5 dependents, please attach an additional enrollment form.)

SECTION 6 This section must be completed for all new enrollments or coverage changes.

SECTION 7 The employee must sign and date this form in order for it to be processed.

SECTION 8 This section is to be completed by the employer's benefit representative.

Change In Status/Mid-Year Plan Changes

How do I make a change to my health plan mid-year? Once the open enrollment period closes, you may add or delete dependents to your health plan only under limited circumstances (a qualifying event). Changes must be reported within 30 days of a qualifying event. You must provide proper documentation and complete a Miami-Dade Change in Status (CIS) form and a UHC Enrollee Change form to the Trust Office. Election changes must be consistent with the event and result in loss or gain of insurance coverage. Mid-year changes from one health plan to another are not permitted. A partial list of permitted mid-year changes appears below.

- Marriage\Divorce (Ex-spouse & step-children cease to be eligible as of the last day of month final divorce decree is signed by Judge)
- Birth of a child
- Adoption of a child or placement for adoption
- Beginning or end of employment of a spouse (resulting in gain or loss of insurance coverage)
- Ineligibility of dependent child – (Eligibility for employer issued health coverage or active military duty)
- Employment change from full-time to part-time or vice versa (employee or spouse)
- Unpaid LOA (employee or spouse)
- Medicare/Medicaid/Florida Kid Care
- Spouse's employer open enrollment
- Significant change in health coverage due to spouse's employment.