



# Bronze Plan Enrollment Form

## SECTION I - TO BE COMPLETED BY EMPLOYEE

Use this form to select medical coverage. **Return this completed form within 31 days of your full-time date of hire, along with any required documentation i.e. birth certificate, etc.**

Hire Date: \_\_\_\_\_ Benefit Type (check all that apply):  Medical

Name (First, Middle, Last)	Social Security Number	Date of Birth	Male or Female (circle 1)	Add or Drop
Employee			M / F	
Dep			M / F	
Dep			M / F	
Dep			M / F	

**Street Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Required Documentation** Provide the required document along with this form. Refer to the Instructions for Benefit Elections/ Changes to determine what documents you need to provide. Your benefits will not be updated until all documentation is received.

*I certify that the above information is true and correct. For New Hire: By not enrolling in certain benefits at this time (within 31 days of full-time date of hire or within 31 days of a qualifying change in family status), I understand that I will be unable to enroll or make changes again until the next annual Open Enrollment period.*

Signature of Employee/Retiree: \_\_\_\_\_ Date: \_\_\_\_\_

### WAIVER

- I have been given an opportunity to enroll in medical benefits and I have chosen to waive coverage.
- The reason for not enrolling myself and/or my eligible dependents is that I am enrolled in other medical coverage.
- I understand that except for a Change in Status for the applicable coverage under the Plan, I cannot change my benefits election until the next Annual Enrollment period.
- The next opportunity to enroll will be during the plan's annual enrollment period each year during the month of May with coverage effective the following July 1 unless you qualify for a special enrollment (see below).

In addition to special enrollment rights you may be able to enroll in the plan in you experience certain "change in status" events that are permitted by the IRS and under the terms of the Plan. Status changes that will permit you to enroll in our plan are: marriage, divorce, birth, adoption, or placement for adoption, commencement or loss of employment for the employee and/or dependents.

### Special Enrollments

If you are declining enrollment for yourself and/or your dependents because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or 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 dependent's coverage. However, you must complete this form indicating that the other coverage is the reason you are waiving coverage under this plan and you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

In addition, 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/or your dependent(s). However, you must request enrollment within 30 days after the birth, adoption or placement for adoption.

To request special enrollment or obtain more information, please contact **[insert name, title, telephone number, and any additional contact information of the appropriate plan representative]**.

I understand that by not enrolling in plan coverage now, the opportunity to enroll later is limited as explained above.

Signature of Employee/Retiree: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II - TO BE COMPLETED BY SCHOOL DISTRICT

District: \_\_\_\_\_ Representative: \_\_\_\_\_  
Effective Date of Change: \_\_\_\_\_ Date Section I Received: \_\_\_\_\_

**New Group Number** \_\_\_\_\_ **Coverage Level/Tier**  
Medical \_\_\_\_\_ EE, EE+CH, EE+CHN, EE+SP, FAM

**Required documentation must be collected, reviewed and approved by district prior to enrollment. DO NOT send documentation to ReSo; keep at district for auditing purposes.**

Signature of District Rep: \_\_\_\_\_ Date: \_\_\_\_\_

- required for processing -