Butte Schools Self-Funded Programs

Healthy Employees Supported by Quality, Well-Managed Programs

EMPLOYEE BENEFIT PLAN APPLICATION / CHANGE FORM

Employee (Last, First MI) | SSN | Employer

Street, City, State, Zip | Phone 1 | Phone 2

Birthdate | Gender | Marital Status | Group | Status | Hired

APPLICATION TYPE (check all that apply)

- ☐ New enrollment at date of hire
- ☐ Transfer from another BSSP district:
- ☐ Re-enrollment due to insured change
- ☐ Name change. Enter former name:
- ☐ Surviving spouse. Decedent's name:
- ☐ Declination of coverage at initial eligibility date (part-time employees and school board members, only): I decline coverage at this time. I understand I may elect coverage only during a future BSSP open enrollment period (May 1-May 31, effective July 1) or within 31 days of a change in my total work hours or work year. Initial: _____
- ☐ New address
- ☐ Dependent change. Complete box on right.
- ☐ Termination of employment
- ☐ Voluntary disenrollment: I understand that I may re-enroll in a BSSP plan only at the time of a change in my total work hours or work year. Initial: _____
- ☐ Re-enrollment due to court order or loss of other coverage (attach documentation)

DEPENDENT CHANGE (indicate changes under "Eligible Dependent(s) below.)

- ☐ Add child at birth.
- ☐ Delete spouse/partner.
- ☐ Delete child.
- ☐ Add child due to other qualifying event. List event and date:
- ☐ Add spouse/registered domestic partner. Date of marriage/partnership.

OTHER COVERAGE/COORDINATION OF BENEFITS

1. Are you and your dependents currently covered under another medical plan? ◯ No
   If yes, complete questions 2., 3., and 4., below. ◯ Yes, BSSP ◯ Yes, other coverage

   Employer, employer phone, carrier, policy and ID number

2. If yes, who is covered? ☐ Self ☐ Spouse/Partner ☐ Children
3. Is your spouse/partner a full-time employee with an option of employer-paid benefits? ◯ Yes ◯ No
4. Does your spouse's/partner's employer offer a medical plan for your spouse/partner that costs $100 or less per month? ◯ Yes ◯ No

When 3. and 4. above are "Yes", your spouse/partner needs to enroll in his/her employer's minimum employee-only insurance plan or BSSP will coordinate his/her benefits with a $250 deductible and 80% co-payment.

ELECTED COVERAGE

Medical | Dental | Vision

Life | Optional employee | Optional Spouse | Optional Dependent (birth to age 25) ◯ Yes ◯ No

If yes, complete separate enrollment form for life coverages and input optional amounts below. Otherwise, indicate "Declined" or "No".

DEPENDENT(S): Application for dependents must be submitted within 31 days of dependent's eligibility date. See the reverse for a summary of eligible dependents and dates of eligibility. A copy of your marriage/registered domestic partnership certificate and/or child's birth certificate, adoption papers, etc. must be received by your employer within 90 days of your dependent's eligibility date.

Add / Drop	Relationship	Gender	Last, First MI	Date of Birth	Certificate attached?	Social Security #	Coverage		
							☐ Medical	☐ Dental	☐ Vision
							☐ Medical	☐ Dental	☐ Vision
							☐ Medical	☐ Dental	☐ Vision
							☐ Medical	☐ Dental	☐ Vision
							☐ Medical	☐ Dental	☐ Vision

PLEASE READ CAREFULLY

- Authorization to obtain or release medical information: Butte Schools Self-Funded Programs (BSSP) is authorized to obtain and release medical information in compliance with HIPAA and any other insurance and privacy protection act.
- I hereby authorize my physician, health care practitioner, hospital, clinic or other medical or medically-related facility to furnish an agent, designee or representative of Anthem Blue Cross, Delta Dental, VSP, Medco or BSSP any and all records of medical history, services rendered, or treatment given to anyone enrolled hereunder or added hereafter for purpose of review, investigation or evaluation of an application or a claim.
- I authorize BSSP or its agents, designees or representative to disclose to a hospital, self-insurer or insurer any such medical information obtained if such disclosure is necessary to allow the processing of the claim.
- This authorization shall become effective immediately and shall remain in effect as long as necessary to enable BSSP to process claims and establish rates.
- I understand I am responsible for a greater portion of my medical costs when I use a non-participating provider.
- I understand any dispute between myself (and/or enrolled family member) and Anthem Blue Cross, Delta Dental, VSP, Medco or any affiliate, must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the small claims court and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage the member and Anthem Blue Cross, Delta Dental or VSP are giving up the right to have any dispute decided in a court of law before a jury.
- My spouse/partner's employer may be contacted to verify coverage.

I DECLARE, UNDER PENALTY OF PERJURY AND THE LAWS OF THE STATE OFCALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT. I WILL REPAY ANY CLAIMS PAID FRAUDULENTLY ON BEHALF OF MYSELF, MY SPOUSE/PARTNER AND/ OR MY DEPENDENT CHILDREN.

Signature | Date

Information below this is line is to be completed by district HR/Payroll Staff.

HIPPA/COBRA date	EE Medical	Spouse Medical	Dental	Vision	Group-Term Life	Supplemental Life	Spousal Life	Dependent Life
Circle One: Reduction in hours / days; Termination; Death; Divorce/'legal separation; No longer a dependent	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date

Notes

HR/Payroll Signature & Date

Rev 6/30/09

Dependent Eligibility

A dependent becomes eligible for coverage on the later of: (a) the date the employee becomes eligible for coverage; or (b) the date the dependent qualifies as such under Butte Schools Self-Funded Programs Policy and Procedure 1.4.

DEPENDENTS

A. The following are eligible to enroll as dependents:

1. The employee's spouse or registered domestic partner; and

2. An unmarried child.

B. Definition of Dependents

1. Spouse is the employee's spouse as recognized by any state. Spouse does not include any person who is in active service in the armed forces.

2. Registered domestic partner is an individual who has filed, along with the employee, a Declaration of Domestic Partnership with the State ofCalifornia, or a similar declaration issued by another state.

3. Note: If a full-time eligible employee's spouse or domestic partner works and is entitled to health and welfare coverage through his/her employment at no cost or at a minimal cost (less than $100 per month), the spouse or domestic partner must take at least the minimal medical plan that is offered. The requirement only applies to the spouse or domestic partner and not to dependent children. If a working spouse or domestic partner does not take the coverage offered by his/her employer, the Butte Schools Self-Funded Benefit Programs' (BSSP) medical plan will estimate the other group's plan benefits to be 80% of covered expenses incurred (after $250 deductible), the Butte Schools Self-Funded Programs' medical plan will only pay 20% of the bills submitted for payment.

4. Child is the employee's, spouse's or registered domestic partner's unmarried natural child, stepchild, or legally adopted child, subject to the following:

   a. The child depends on the employee, spouse or registered domestic partner for financial support or the employee, spouse or registered domestic partner is legally required to provide group health coverage for the child pursuant to an administrative or court order. A child is considered financially dependent if the child qualifies and is claimed as a dependent on the employee's, spouse's or registered domestic partner's federal income tax return.

   b. The unmarried child is under 19 years of age, or if over the age of 19, the child is eligible until his or her 25th birthday, provided the child qualifies and is claimed as a dependent on the employee's, spouse's or registered domestic partner's federal income tax return. The Claims Administrator must receive this information in writing. An over-age dependent who enters or returns to an eligible status will become eligible for coverage on the first day of the month following the date an enrollment application is filed on the child's behalf.

   c. An unmarried child enrolled before age 25 who, upon reaching age 25, depends on the employee, spouse or registered domestic partner for support and is unable to work due to mental retardation or physical handicap. A physician must certify this disability in writing. This certification must be received by the Claims Administrator within 31 days of the child's 25th birthday. After the child's 27th birthday, the Claims Administrator may request proof of continuing dependency and disability, but not more often than yearly.

   d. A child who is in the process of being adopted is considered a legally adopted child if the district receives legal evidence of:
      (i) The intent to adopt; and
      (ii) The employee's, spouse's or registered domestic partner's:
         (a) Right to control the health care of the child; or
         (b) Assumption of a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption.
      (iii) Legal evidence to control the health care of the child means a written document, including, but not limited to, a health facility minor release report, a medical authorization form, or relinquishment form, signed by the child's birth parent, or other appropriate authority, or in the absence of a written document, other evidence of the employee's, the spouse's or the registered domestic partner the right to control the health care of the child.
      (iv) Exception: A foster child is not covered unless BSSP receives legal evidence of (a) the intent to adopt issued by the