

Optional Application

Information: Refer to the **Your Employee Benefits** booklet at mn.gov/mmb/segip for the amount of optional coverage you may elect. The carrier will contact you if evidence of insurability is required when applying for optional insurance. SEGIP will complete your enrollment when we are notified of acceptance. Long Term Disability may be elected or increased upon initial eligibility or during the annual Open Enrollment. You may decrease or cancel optional coverages anytime.

If you and your spouse are enrolled in SEGIP benefits you may not purchase Spouse Life Insurance or Accidental Death & Dismemberment insurance coverage for each other. Child Life Insurance may only be purchased by one SEGIP participant.

Employee Information – All Information is required			
Name (Last, First, Middle Initial)		Employee ID #	
Address		Social Security #	
City	State	Zip code	Birth date (mm/dd/yyyy)
Phone/Work	Home	Gender	male female
Email:			
Employee Optional Insurance			
	Current Coverage	+/- Amount of coverage	New total
Additional Life			
Accidental Death & Dismemberment			
Short Term Disability			
Long Term Disability			
Spouse Information – Complete ONLY if applying for or increasing Spouse Optional Insurance.			
Name (Last, First, Middle Initial)		Birth date (mm/dd/yyyy)	
Social Security #		Gender male female	
		Date of Marriage	
Spouse Optional Insurance			
	Current Coverage	+/- Amount of coverage	New total
Spouse Life			
Accidental Death & Dismemberment			
Child Life: Cancel Enroll Name DOB			
One Child Life Insurance policy of \$10,000 covers all insurance eligible children.			

Fax forms to our office at 651-296-5445, or scan and email to segip.mmb@state.mn.us. If you choose to mail your form send it to:

SEGIP
400 Centennial Building
658 Cedar Street Saint Paul, MN
55155
Phone 651-355-0100

Employee Authorization

I am applying for coverage or changing coverage in the Minnesota State Employee Group Insurance Program, as indicated above, subject to approval of my eligibility. I authorize my employer to disclose the foregoing information to those carrier(s) who have contracted to provide this benefit to participants of the program for use in determining my eligibility and processing my application for coverage. I authorize payroll deduction for my portion of the premium for this coverage. This authorization is valid until revoked by operation of law.

Your signature _____ Today's Date (mm/dd/yyyy)

Notice of Collection of Private Data

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, your obligation to provide the data, and the result of providing or not providing the requested data.

What data will we use?

We will use the data you provide us at this time, as well as data previously provided us, about yourself, your spouse or dependent(s). If you provide any data about you and your dependents that is not necessary, we will not use it for any purpose.

Why we ask you for this data?

We ask for this data so that we can successfully administer state employee insurance benefits. This data is used to process your request to add, change, or drop coverage for yourself and your spouse or dependents. The requested data also helps us to determine eligibility, to identify, and to contact you and your spouse and dependents. The data is used to administer programs, develop new programs, to determine if programs are properly managed and meet member needs, and to comply with federal and state laws and rules.

Do you have to answer the questions we ask?

You are not required to provide any of the data but certain data must be collected or we may be unable to administer the programs or provide you your benefits.

What will happen if you do not answer the questions we ask?

If you do not provide the requested data, your or your spouse and dependent may not be approved to participate in a program or may lose coverage under the program or the participation may be delayed.

Who else may see this data about you and your spouse and dependents?

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, rule, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?

We can use or release this data only as stated in this notice or allowed under law unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.