

Optional Insurance 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. SEGIP will complete your enrollment when we are notified of your 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 both you and your spouse are separately eligible for the full employer contribution through respective employers, then you may not purchase Spouse Life insurance or Accidental Death & Dismemberment insurance coverage for each other. You may only both participate in life insurance coverage as employees. Child Life insurance may only be purchased by one SEGIP participant.

Employee Information – All Information is required			
Name (Last, First, Middle Initial)	SSN XXX-XX-	Employee ID #	
Address	Phone: Work	Home	
City, State, Zip code	Birthdate (mm/dd/yyyy)		
Email	Gender	male	female
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)	Birthdate (mm/dd/yyyy)		
	Gender	male	female
SSN	Date of Marriage (mm/dd/yyyy)		
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.			

Employee Authorization

I understand that I must immediately notify SEGIP if my spouse's or dependent's eligibility status changes. I understand that my spouse/dependents are only eligible for coverage according to the eligibility rules defined in the SEGIP Summary of Benefits and/or the applicable union contract or compensation plan. I understand that attempting to enroll or enrolling an ineligible dependent may result in me being liable for all claims paid by the Plan on behalf of an ineligible dependent and that I may be subject to employment discipline, including discharge, as well as criminal penalties. If paid through the State of Minnesota central payroll system, I authorize payroll deductions for my share of the premiums on a before-tax basis.

Employee signature

Today's Date (mm/dd/yyyy)

Submit your form to SEGIP: Secure fax 651-296-5445; Mail MMB/SEGIP, 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155; Scan and email (secure only when sent from a @state.mn.us account) segip.mmb@state.mn.us.

Questions? Call us at 651-355-0100

Notice of Collection of Private Data

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why SEGIP is requesting data about you, how we will use it, who will see it, and your obligation to provide it.

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 and your spouse and dependent(s). If you provide any data about you or your dependents that is not necessary, we will not use it for any purpose.

Why do we ask you for this data?

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

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

You are not required to provide the data requested. If you do not answer these questions, the insurance benefit transaction you requested for you, your spouse, dependent, or other insurance benefit transaction may be delayed or denied.

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

We may give data about you, your spouse and dependents to your insurance carrier, 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. The parents of a minor may see data on the minor unless there is a law, 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 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 may 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.

February 2018