Application to Change Insurance Coverage

Use this form to add or to remove family members from your medical and/or dental coverage.

Employee Information – All Information is required

Name (Last, First, Middle Initial)

Employee ID #

Social Security #

Birth date

Address

City State Zip

Phone/Work Home

Email:

Instructions: Refer to Your Employee Benefits booklet prior to completing this form: https://mn.gov/mmb/assets/2016-your-ee-benefits2_tcm1059-227949.pdf . Fill out the form completely. You must sign and date last page. SEGIP will need all information in order to make changes but do not delay sending this form if missing information or documents. All pages must be received at SEGIP by the deadline allowed for requesting the change. There are strict deadlines for requesting these changes and late requests cannot be processed. Use an additional page if necessary for additional Dependents. You will be asked for proof of Spouse/Dependent eligibility. A separate letter requesting documentation of eligibility will be sent. A list of the required Spouse/Dependent Eligibility documents is posted at https://www.mn.gov/mmb/assets/dep-eligibility_tcm1059-254593.pdf Contact SEGIP at 651-355-0100 or email segip.mmb@state.mn.us

Medical Coverage - If you are making a mid-year enrollment change you cannot change your carrier at this time.

Circle Choice of Medical Carrier To find Clinic ID# go to: http://mn.gov/insdir/provider_directory_openenrollment.aspx

Blue Cross / Health Partners / PreferredOne **REQUIRED**- Clinic ID#

☐ Employee –only coverage ☐ Family coverage (complete dependent information below)

Do you have Medicare? ☐ Yes* ☐ No Do any of your dependent(s) have Medicare? ☐ Yes* ☐ No

*If yes, complete Part C on the back of this form.

Dental Coverage – If you are making a mid-year enrollment change you cannot change your carrier at this time.

Circle Choice of Dental Carrier

Delta – State Dental Plan / Health Partners State Dental Plan

Clinic ID# is not required, you can review the Dental directory at http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/choose-your-clinic/

☐ Employee-only coverage ☐ Family coverage (complete dependent information below)

Dependent Information and Relationship to you

Name/*Relationship to you Circle One: Add or Drop	Birth date (mm/dd/yy)	**Gender M/F	Address	***Social Security	Clinic ID# **Required**
To find the REQUIRED Clinic ID# go to: http://mn.gov/insdir/provider_directory_openenrollment.aspx					
Name/relationship to you Circle One: Add or Drop					
Name/relationship to you Circle One: Add or Drop					
Name/relationship to you Circle One: Add or Drop					

*If adding a Spouse, complete Part B on page 2 in order for SEGIP staff to determine if spouse is eligible to enroll on medical coverage.

**Gender is required for enrollment in insurance coverage.

***Do not delay submitting form while waiting to receive Social Security Number. Write "Applied for" and send the form to SEGIP by the deadline.

Part A. Changes in coverage

SEGIP can allow you to make changes to your insurance coverage outside an annual open enrollment period if you experience a life event. This life event must have occurred within the last 30 days if you are requesting to add coverage and the last 60 days if you are asking to cancel coverage. Please check the appropriate box.

Reason for change:

☐ Marriage Date _____

☐ Birth/adoption/placement for adoption Date _____

☐ Spouse/dependent lost employment/other group insurance coverage Date _____

☐ Change in employment status that affects insurance for: Date of change _____

☐ You ☐ Spouse ☐ Child Lost or gained other coverage: _____

☐ Your divorce (Provide divorce decree) Date _____

☐ Death of last eligible dependent Date _____

☐ Change in child's eligibility: Date _____

☐ Medical and Dental- Child has reached his/her 26th birthday. Child's Birth date _____

☐ Child is under age 26 and has enrolled in other employer-sponsored coverage within the past 60 days:

☐ Drop from **Medical** Coverage/Date:_____ ☐ Drop from **Dental** Coverage/Date:_____

☐ Change in enrollment through a government program (Medical Assistance, MN Care, Tri-Care**)

SEGIP will request proof of this change and cannot allow retroactive changes outside of the 30 day or 60 day window.

☐ You ☐ Spouse ☐ Child

☐ Enrolled in ☐ Lost coverage

**Loss of coverage through a Health Care Exchange is not an enrollment opportunity, Enrollment in a Healthcare Exchange policy may allow you to reduce or cancel coverage. Contact SEGIP staff for assistance or an explanation.

☐ Other (please explain) _____

SEGIP may request that you provide documentation to verify the event and date of the event BEFORE allowing a change, including a copy of the employment and/or coverage end notice. You may be required to contact the employer of your spouse or dependent before we make a change. **Do not delay sending in this application while waiting for any documentation.**

Part B. Spouse eligibility

Please answer the following to help SEGIP staff determine if your spouse may be eligible for coverage on your health insurance.

1. Is your spouse employed full-time by an employer with 100 or more employees? Yes No
2. Is your spouse eligible to receive health insurance from his/her employer? Yes No
3. Has your spouse chosen to receive from their employer
   a. Cash instead of health insurance, or Yes No
   b. Credit towards the purchase of some other benefit instead of health insurance, or Yes No
   c. Cash and a health insurance plan with a deductible of $750 or more, this includes a high deductible plan Yes No

4a. Is your spouse eligible for insurance benefits as an employee of the State of Minnesota or another organization participating in the State Employee Group Insurance Plan (SEGIP) ? Yes No

4b. If yes, has coverage been waived or will coverage be waived? Yes No

- Your spouse is NOT eligible for coverage on your health coverage if you answered "Yes" to questions, 1, 2 **and** 3.
- Your spouse is NOT eligible if you answered "Yes" to question 4a and "No" to question 4b.

I understand I must notify the SEGIP if my spouse's eligibility for insurance changes.

Important: If your spouse has a high deductible health plan (HDHP) and an HSA, HSA rules prohibit your spouse from certain SEGIP coverage. Please contact your spouse's employer to understand these eligibility rules. If your spouse has a Health Savings Account (HSA), you cannot have a MDEA for general medical expenses and you must request a Limited Purpose MDEA. This Limited MDEA allows your spouse to maintain HSA eligibility.

Part C. Medicare Information

Name of Medicare-enrolled member(s):* _____

Does the covered member have Medicare Hospital Coverage (Part A)? ☐ Yes ☐ No

If yes, effective date _____ Medicare #_____

Does the covered member have Medicare Hospital Coverage (Part B)? ☐ Yes ☐ No

If yes, effective date _____ Medicare #_____

Reason for Medicare coverage: (check one): ☐ age ☐ disability ☐ end stage renal disease

Part D. Important Plan Information and Employee Authorization

Statement of Fraud or Intentional Misrepresentation

Each Member must notify SEGIP immediately of the date the Member knew or should have known that information either is or has become incorrect due to an affirmative statement of information, an omission of information, or a change in circumstances, information as follows:

1. Contained in the enrollment form pertaining to the Member or any individual related to the Member receiving or seeking benefits under the Plan, or
2. Related to a claim for benefits

SEGIP may rescind or cancel the coverage of a Member and/or each individual enrolled in the Plan under the Member upon thirty (30) days prior written notice if it is determined that the Member or individual made an intentional misrepresentation of material fact or was involved in fraud concerning any matter relating to eligibility for coverage or claim for benefits under the Plan.

Coverage for each individual identified in a Notice of Rescission of Coverage will be rescinded as of the date specified in the Notice of Rescission of Coverage, which may be to the effective date of individual's coverage. The Member and any individual involved in the misrepresentation or fraud may be liable for all claims paid by the Plan on behalf of such individuals.

By signing this form, I am attesting that my spouse/dependents are eligible for coverage according to the eligibility rules as defined in the SEGIP Summary Plan Description and/or applicable union contract or compensation plan. I understand that attempting to enroll or enrollment of ineligible dependents may be considered fraud or intentional misrepresentation of a material fact. I further understand, that both myself and any individual involved in fraud or intentional misrepresentation of a material fact, may be liable for all claims paid by the Plan on behalf of such individuals and may be subject to employment discipline, up to and including discharge and may also be subject to criminal penalties.

I am applying for coverage or changes in coverage in the MN State Employee Group Insurance Program, and Health and Dental Premium Account, subject to approval by SEGIP. I authorize my employer to disclose the foregoing information to the insurance carrier(s) indicated, for use in determining my eligibility and in processing my application. This authorization is valid until revoked by operation of law. 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.

To have premiums taken on a post-tax basis, contact SEGIP at 651-355-0100.

If there is a change in my spouse or dependent's eligibility for insurance, I understand that it is my responsibility to notify SEGIP in writing of such a change.

Print Name _____

Your signature _____

Date _____

Please note, your completed forms must be RECEIVED at MMB SEGIP offices by the deadline that applies to the request. Do not delay submitting the form because you are waiting for any documents or information. Contact SEGIP staff at 651-355-0100 or segip.mmb@state.mn.us for assistance.

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
658 Cedar Street
Saint Paul, MN 55155
Phone 651-355-0100

Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

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

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

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We do not need the gender or marital status for your beneficiary designation, so you may enter "unknown" in these fields. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

Why we ask you for this information?
We ask for this information so that we can successfully administer SEGIP. This information is used to process your request to add or change coverage for yourself, your spouse, dependents or beneficiary. The requested information helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The information is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for information about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction.

Do you have to answer the questions we ask?
You may not be legally required to provide any of the information requested.

What will happen if you do not answer the questions we ask?
If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or beneficiary or other insurance benefit transaction may be delayed or denied.

Who else may see this information 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 the information; and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information.

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