

Optional Application (Life Insurance, AD&D, Disability)



Complete and return form to Minnesota Management & Budget – SEGIP, 400 Centennial Building, 658 Cedar Street, St. Paul, MN 55155.
 Fax: (651) 296-5445 Email: segip.mmb@state.mn.us Phone: (651) 355-0100

Employee Information Employee ID # _____ Social Security # _____ Name _____ (Last, First, Middle Initial) Address _____ City _____ State _____ Zip _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single Birth date _____ Marriage date _____ Work phone (____) _____ Home phone (____) _____
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Instructions: Please refer to your bargaining agreement or plan, or *Your Employee Benefits* booklet at <http://mn.gov/mmb/segip/> for the amount and type of optional coverage you may apply for. You may be asked for evidence of good health when applying for employee additional life, spouse life, child life and/or short term disability. If evidence is required, you will be contacted directly by the insurance carrier and your enrollment will not be complete until we receive notification of acceptance. You may decrease or cancel optional coverages anytime, except for long term disability coverage, LTD may be chosen or increased upon initial eligibility for insurance or during the annual Open Enrollment.

Optional Insurance	Amount of coverage you now have	+/-	Amount of coverage change (add or decrease)	=	New total
<input type="checkbox"/> 1. Employee additional life	_____	+/-	_____	=	_____
<input type="checkbox"/> 2. Spouse life (Complete dependent information below.)	_____	+/-	_____	=	_____
<input type="checkbox"/> 3. Child life (Complete dependent information below.)	_____	+/-	_____	=	_____
<input type="checkbox"/> 4. Employee accidental death and dismemberment	_____	+/-	_____	=	_____
<input type="checkbox"/> 5. Spouse accidental death and dismemberment	_____	+/-	_____	=	_____
<input type="checkbox"/> 6. Short-term disability	_____	+/-	_____	=	_____
<input type="checkbox"/> 7. Long-term disability	_____	+/-	_____	=	_____

Dependent Information (Complete if you are applying for optional spouse and/or child coverage.)

	Name	Sex	DOB	Is your spouse insured through the state group insurance program? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Spouse				Spouse SSN: _____
Child				Child SSN: _____
Child				Child SSN: _____
Child				Child SSN: _____

***If you and your spouse or child are both insured through SEGIP as employees, you may not purchase spouse life insurance or accidental death and dismemberment insurance for each other. Only one parent may purchase child life insurance.**

Employee Authorization

I am applying for coverage or changing coverage in the MN 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

For MMB use only

- New employee Change
 Open enrollment Return from leave

Hire Date _____

Barg. Unit # _____

Base Earnings _____

Note: Managers should not use this form to apply for LTD.

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 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, or dependents. 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 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.