



INSURANCE ENROLLMENT FORM

EMPLOYEE INFORMATION							
FULL NAME					BIRTH DATE		
ADDRESS CITY ZIP CODE					PHONE		
SOCIAL SECURITY					SEX		
MARRIED _____ MARRIAGE DATE: _____ SINGLE _____ DIVORCED _____ WIDOWED _____							
COVERAGE INFORMATION ALL NEW ENROLLEES ARE ENROLLED IN THE WELLNESS PLAN				TO BE COMPLETED BY DISTRICT OFFICE			
PLANS	SINGLE	FAMILY	DECLINE	EMPLOYER SCHOOL DISTRICT	CLEARVIEW LOCAL SCHOOLS		
PREMIUM				DATE OF HIRE			
STANDARD				EFFECTIVE DATE			
MINIMUM VALUE				DEPARTMENT	ADMINISTRATIVE	CERTIFIED CLASSIFIED	
DENTAL							
EYEMED VISION							
DEPENDENT	LAST NAME		FIRST NAME		DOB	SEX	SS#
Spouse							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							

DOES SPOUSE WORK FOR A LERC SCHOOL DISTRICT? IF YES PLEASE CIRCLE DISTRICT:

AMHERST	CLEARVIEW	COLUMBIA	LORAIN COUNTY EDUCATIONAL SERVICE CENTER	FIRELANDS
KEYSTONE	LCJVS	MIDVIEW	SHEFFIELD/SHEFFIELD LAKE	VERMILION WELLINGTON

Are you or any dependent on **Medicare**? Medicare Policyholder Name _____
Medicare is secondary to your LERC GROUP HEALTH PLAN

EMPLOYEE SIGNATURE _____ DATE _____
By signing I agree that I received a HIPAA Notice of Special Enrollment Rights Statement

TREASURER/DESIGNEE SIGNATURE _____ DATE _____

Please review your HIPAA Notice of Special Enrollment Rights on page two.



LAKE ERIE REGIONAL COUNCIL

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777 Fax: 440-324-4485

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within "30 days" or any longer period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.