



LAKE ERIE REGIONAL COUNCIL

1885 Lake Avenue, Elyria, Ohio 44035

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

INSURANCE ENROLLMENT FORM

FIRST NAME, MIDDLE INITIAL, LAST NAME, BIRTH DATE

STREET ADDRESS, CITY, ZIP CODE

SOCIAL SECURITY NO, DATE OF HIRE, EFFECTIVE DATE OF COVERAGE, SEX, M, F

STATUS, SINGLE, MARRIED, MARRIAGE DATE, DIVORCED, WIDOWED, PHONE

DISTRICT IN WHICH YOU WORK, EDUCATIONAL SERVICE CENTER, Please return completed form to the Treasurer's Office

MEDICAL PLANS, SINGLE, FAMIY, DECLINE, DENTAL/VISION PLANS, SINGLE, FAMIY, DECLINE, CIRCLE SELECTION: PPO PLAN 1 OR MINIMUM VALUE PLAN, DEPARTMENT CLASSIFICATION: CLASSIFIED, CERTIFIED, ADMINISTRATIVE

Table with 10 columns: DEPENDENT, LAST NAME, FIRST NAME, DOB, SEX, SS#, MED, DEN, VIS, Documents Reviewed. Includes rows for SPOUSE and multiple DEPENDENT entries.

DOES SPOUSE WORK FOR A LERC SCHOOL DISTRICT? IF YES PLEASE CIRCLE DISTRICT: AMHERST, CLEARVIEW, COLUMBIA, LORAIN COUNTY EDUCATONAL SERVICE CENTER, FIRELANDS, KEYSTONE, LCJVS, LORAIN CITY, MIDVIEW, SHEFFIELD/SHEFFIELD LAKE, VERMILION, WELLINGTON

Are you or any dependent on Medicare? YES, NO, MEDICARE POLICYHOLDER

If you and/or your spouse are on Medicare but have coverage through LERC, your group health plan is primary and Medicare is secondary.

EMPLOYEE SIGNATURE, DATE

By signing I agree that I received a HIPAA Notice of Special Enrollment Rights Statement, and Applicable premiums will be deducted on a pre-tax basis.

TREASURER/DESIGNEE SIGNATURE, INVOICING, ACA, DATE

Please note that birth certificates and marriage certificates should be kept on file. When necessary, I may request a copy. Thank you.



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**OTHER INSURANCE COVERAGE**

*Complete this form EVEN if your spouse/dependents have no other coverage including other LERC Plans.*

FIRST NAME		LAST NAME		SOCIAL SECURITY	
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CLAIMS WILL **NOT** BE PAID IF YOU DO NOT **CONFIRM** OR **DENY** OTHER INSURANCE FOR YOUR DEPENDENTS

My dependents have no other coverage	YES		NO	
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OTHER CARRIER INFORMATION	
INSURANCE CARRIER	
EMPLOYER	
NAME OF INSURED	
POLICY NUMBER	
EFFECTIVE DATE	
CANCELLED DATE	

LIST INDIVIDUALS COVERED UNDER THE OTHER PLAN AND SELECT PLAN COVERAGE (Medical/Dental/Vision/Prescription)

DEPENDENT	LAST NAME (if different)	FIRST NAME	MED/RX	DENTAL	VISION	INSURANCE PROVIDER NAME
SPOUSE						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						
DEPENDENT						

EMPLOYEE SIGNATURE		DATE	
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### **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.