

OBERLIN COLLEGE

Preferred Health Enrollment Application Form

PPOA

EMPLOYEE INFORMATION – Please Print Clearly							Circle one			
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Date of Birth</u>		<u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male		Faculty Confidential Retiree	A&PS Intern		
<u>Home Address</u>			<u>City</u>		<u>State</u>		<u>Zip Code</u>			
<u>Social Security Number</u>	<u>Home Phone Number</u>	<u>Work Phone Number</u>	<u>Marital Status</u> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							
COVERAGE ELECTION				TYPE OF CHANGE						
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & One Child <input type="checkbox"/> Employee & Spouse/DP* or Employee + 2 Children <input type="checkbox"/> Family or Employee + 3 or more Children * Oberlin College Defines Domestic Partner as Same Sex Partner				<input type="checkbox"/> Add Spouse/DP*/Child <input type="checkbox"/> Terminate Spouse/DP*/Child <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Terminate all coverage <input type="checkbox"/> Reinstatement of coverage <input type="checkbox"/> COBRA Coverage Employee SSN _____ <input type="checkbox"/> Surviving Spouse Employee SSN _____						
Reason for Change _____										
COVERAGE INFORMATION										
(A) Add (T) Term (C) Chg	Last Name (if different from above)	First Name	MI	Address (if different from above)	Social Security Number	Sex	Date of Birth	ADA	Full time Student Over age 19?	
	Spouse/DP*									
	Child									
	Child									
	Child									
	Child									
OTHER INSURANCE – see reverse side for College Policy					AUTHORIZATION					
Spouse/DP* must take individual health coverage from their employer if eligible. Is your Spouse/DP* employed? Yes No Spouse/DP's* employer _____ Is your Spouse/DP* eligible for health care from his employer? Yes No Is another person legally responsible for your children's health care? Yes No If you answered Yes to any of the above questions, please complete the following: Spouse/DP's* Insurance Co. Name _____ Type of Coverage: ___ Single Coverage ___ Family Coverage Children's Insurance Co. Name _____ Is your Spouse/DP* covered by Medicare? Yes No Part A Effective Date _____ Part B Effective Date _____					The terms of the Health Plan have been explained to me, and I have complete understanding of my rights and responsibilities under the Plan. I hereby authorize my employer to make payroll deductions for the premium required for participation in the Plan. I hereby authorize my licensed physician, practitioner, hospital, clinic, medical-related facility, insurance company, employer, or other organization that has any records or knowledge of personal information, medical history, physical condition, or treatment of me or my dependent(s) to release this information to CIGNA or their authorized representatives. I understand that any willful misrepresentation of facts on this enrollment form will be grounds for discharge and termination of benefits as well as Insurance Fraud. I hereby certify that the foregoing information is true and correct to the best of my knowledge. Employee Signature _____ Date Signed _____					
OFFICE USE ONLY: 550 605 Arrears 610 Cov Letter			Date of Hire		Effective Date		Termination Date			

Coordination of Benefits:

- If both you and your Spouse/Same Sex Domestic Partner* are employed by Oberlin College and want health coverage, both employees must carry single health coverage.
- If you have other dependents and want family coverage, the employee with the higher salary must carry the health coverage.
- The spouse of an Oberlin College employee must take at least single coverage from their employer. (see below)

Clarification – Spousal coordination of benefits:

- Employee spouses who are employed by employers other than Oberlin College MUST enroll in the health insurance program made available through their employer if an employer-sponsored group health plan is available when certain conditions are met.
- A spouse is required to participate in his/her employer-sponsored health care plan if: 1) the spouse has access to continuous (i.e., non-seasonal) group health coverage through his/her employment, and 2) the employer contributes at least 50% of the premium.
- If these conditions are met, your spouse must enroll in the employer's health care plan regardless of the cost of coverage or the level of benefits provided. If your spouse is eligible for coverage through their employer and does not take that coverage, he/she is not eligible for coverage under the College plan.
- If your spouse takes coverage through his/her employer, he/she is also eligible for secondary coverage through the College. Your spouse may enroll in Oberlin College's health care plan for secondary coverage if you pay Oberlin College's monthly premium for the appropriate level of coverage (family or employee+ spouse).
- Secondary coverage means that once the spouse's primary insurer has paid the claims covered under its policy, the remaining costs can be submitted to CIGNA for payment under the College's health plan. If the costs are covered, then Oberlin College will pay the remaining costs up to the maximum Oberlin coverage, after deductibles are met.
- If your spouse is self-employed and does not have access to group health coverage, or if your spouse is not working or is not eligible for coverage through their employer, then he/she is eligible to participate in Oberlin College's health plan. If your spouse must wait until an open enrollment period to enroll for coverage under his/her employer's plan, he/she is required to enroll in the employer's plan during its next open enrollment period. In the meantime, your spouse will be eligible to participate in the College's plan.
- You will need to indicate whether your spouse is eligible for other employer-sponsored healthcare coverage. You will be asked to certify that your spouse has coverage and to provide information about that coverage or to certify that his or her employer does not offer medical coverage. If you do not respond or are untruthful, your health insurance may be terminated.
- By enrolling in the Oberlin College Health Plan you agree to have your premiums taken from your check before income taxes are calculated.

* When used in this document, the term spouse includes domestic partner as defined by Oberlin College.