OKLAHOMA
Employees Group Insurance Division

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INSURANCE ENROLLMENT FORM
CURRENT EMPLOYEES

IMPORTANT! Read the Plan Guidelines (Page 3) before completing this form.

Employer information (to be completed by insurance coordinator)

Group ID	Division ID	Group name

☐ New hire enrollment ☐ Midyear enrollment

Employee information

Name (First MI Last)		SSN
Date of birth	☐ Male ☐ Female	☐ Married ☐ Single
Mailing address	City	State ZIP code
Phone	Alt phone	Email
Effective date of coverage (MM/01/YYYY)		Alt email

Health plan election

☐ BCBSOK BlueLincs HMO
☐ CommunityCare HMO
☐ GlobalHealth HMO
☐ HealthChoice High
☐ HealthChoice Basic
☐ HealthChoice High Deductible Health Plan (HDHP)

Employee primary physician (HMO only) ☐ Current patient ☐ New patient

Dental plan election

☐ BCBSOK BlueCare Dental High Plan
☐ BCBSOK BlueCare Dental Low Plan
☐ Cigna Prepaid High Dental Care Plan
☐ Cigna Prepaid Low Dental Care Plan
☐ Delta Dental PPO – Choice
☐ Delta Dental PPO
☐ HealthChoice
☐ MetLife High Classic MAC
☐ MetLife Low Classic MAC
☐ Sun Life Preferred Active PPO

Employee primary dentist (Prepaid only) ☐ Current patient ☐ New patient

Vision plan election

☐ Primary Vision Care Services (PVCS)
☐ Superior Vision
☐ Vision Care Direct
☐ VSP (Vision Service Plan)

Life plan election

Basic and Supplemental Life can be added only during initial enrollment, Option Period, or within 30 days of the loss of other group life insurance (must provide proof). **Guaranteed Issue Supplemental Life** (two times your annual salary rounded to the next $20,000 unit) is only available to new hires. To request more than your GI amount, a life insurance application is required for approval. The maximum amount of Supplemental Life available is $500,000.

☐ Basic Life (required for enrollment in Supplemental Life)	$
☐ Supplemental Life (in $20,000 units)	$
Total Basic and Supplemental Life insurance requested:	$ 0

FOR EGID USE ONLY

Dependent Life
☐ Premier Option (spouse = $20,000, each child = $10,000)
☐ Standard Option (spouse = $10,000, each child = $5,000)
☐ Low Option (spouse = $6,000, each child = $3,000)

Disability plan election (available only to certain county employees)

☐ HealthChoice Disability

Dependent information

Spouse name		☐ Health ☐ Vision ☐ Dental ☐ Dependent Life
SSN		Primary physician ☐ Current patient ☐ New patient
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient

Does your spouse have coverage through EGID? ☐ Yes ☐ No (If yes, list name and SSN above.)

Child name		☐ Health ☐ Vision ☐ Dental ☐ Dependent Life
SSN		Primary physician ☐ Current patient ☐ New patient
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient

Child name		☐ Health ☐ Vision ☐ Dental ☐ Dependent Life
SSN		Primary physician ☐ Current patient ☐ New patient
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient

Child name		☐ Health ☐ Vision ☐ Dental ☐ Dependent Life
SSN		Primary physician ☐ Current patient ☐ New patient
Date of birth	☐ Male ☐ Female	Primary dentist ☐ Current patient ☐ New patient

To list additional dependents, please obtain the Dependent Attachment Form from your insurance coordinator.

Signatures

I certify all selections made on this form are true and in compliance with the Plan Guidelines for Insurance Enrollment. I agree to deliver documentation that authenticates this statement to EGID upon request.

Employee signature	Date

Spouse must sign if common-law or excluded from health, dental and/or vision coverage.

☐ **Common-law spouse certification:** I certify that this person listed above as my spouse and I have an actual and mutual agreement between ourselves to be married; this is a permanent relationship, and our relationship is exclusive, as proven by our cohabitation as spouses; and do hereby hold ourselves out publicly as married. I am aware that this relationship can be dissolved only by legal divorce.

☐ **Spouse exclusion certification (only required if children are covered and spouse is not):** I certify that I am aware I am being excluded from health, dental and/or vision coverage as indicated on this form. I am also aware that an employee who elects to cover all eligible dependent children and not their spouse will not have the opportunity to enroll their spouse until the next annual Option Period or when a change of status event occurs.

Spouse signature	Date

I certify this enrollment is in compliance with the provisions of the employer's Section 125 Plan or, if no 125 Plan is offered, is in compliance with new hire or allowed midyear coverage enrollments as defined by 26 U.S. Code § 125 of the Internal Revenue Code (as amended) and pertinent regulations. I further certify that on this date, this employee's annual salary listed below (if required) is correct to the best of my knowledge.

Employee's annual salary (required for Supplemental Life more than $20,000)	
Insurance coordinator signature	Date

PLAN GUIDELINES FOR INSURANCE ENROLLMENT

Please detach and keep for your records.

Signatures on your form certify that you have read this page and all your elections meet the Plan Guidelines. Refer to 74 O. S. § 1323, Penalties for Knowingly Making False Statements.

Enrolling yourself and your dependents

New hire enrollment – You can enroll yourself and your dependents in any or all coverage in which your employer participates. Your dependents are not eligible for any coverage in which you are not enrolled. You must make your elections and sign the Insurance Enrollment Form within 30 days of your employment date.

Midyear enrollments – To be eligible for a midyear enrollment after your initial employment date (other than Option Period), you must have lost other qualified health coverage (some exceptions apply). You can enroll yourself and your dependents only in the specific coverage that you lost. You must make your elections and sign the Insurance Enrollment Form or Insurance Change Form within 30 days of the qualifying event (the date the loss occurred).

Supersede enrollment – You have 30 days following your employment date to make any additions or changes to the coverage you elected. To make changes, you must submit a new Insurance Enrollment Form with "SUPERSEDE" written across the top. This alerts EGID that no qualifying event is required because the change is being made within 30 days of your employment date. Any changes made to your original coverage are effective the first day of the month following the date you sign the superseding form.

Elections – You must elect health coverage to be eligible for dental or life coverage through EGID. You can exclude health coverage if you have other qualified health coverage. You may be asked to provide proof of that coverage. Failure to provide proof when requested will result in termination of all coverage.

TRICARE (military only) – You must currently have TRICARE coverage as a current or former military member and be younger than 65 to be eligible for the TRICARE Supplement Plan. Electing to purchase the TRICARE Supplement Plan means that TRICARE will be primarily responsible for your medical coverage and the supplement plan will be secondarily responsible for coverage. By your election, you submit to the eligibility rules of TRICARE and the TRICARE Supplement Plan. These rules may be different from the rules of eligibility created by the State of Oklahoma. Medicare may become the primary insurer upon attaining eligibility for Medicare. For more information on the TRICARE Supplement Plan, refer to oklahoma.gov/egid/health-dental-vision/health-insurance/tricare-supplement.

Dependent children must be under 26 to be eligible for enrollment.

If you cover one eligible dependent, you must cover all your eligible dependents. You can elect not to cover dependents who do not reside with you, are married, are not financially dependent on you for support, have other qualified health coverage, or are eligible for Indian or military benefits. You may be asked to provide proof of other coverage. Failure to provide proof when requested will result in termination of your dependents' coverages.

You can cover your children and exclude your spouse from health, dental and/or vision coverage. If you choose this option, your spouse must sign and date the Spouse exclusion certification in the Signatures section on Page 2.

You can cover your children and exclude your spouse from life coverage only if your spouse has other qualified life coverage. You may be asked to provide proof of that coverage. Failure to provide proof when requested will result in termination of all coverage.

Once publicly declared, a common-law relationship can be dissolved only by legal divorce.

You must enroll in Basic Life to enroll in Supplemental Life and/or enroll your dependents in Dependent Life.

When you enroll, EGID sends you a Confirmation Statement that lists your coverage, the effective date of your coverage and the premium amounts. It allows you to review your coverage so that any errors can be identified and corrected. **Corrections should be submitted to your insurance coordinator or EGID within 60 days of the election.** Corrections reported after 60 days will be effective the first of the month following notification.

Notification time limits – The deadline for submitting this form to EGID is strictly enforced. Forms not received within the specified time will not be processed.

- **New hire enrollment:** Your form must be received by EGID within 40 days of your initial employment date.
- **Midyear election enrollment:** Your form must be received by EGID within 40 days of the qualifying event.