



INSURANCE COORDINATOR INFORMATION AND NOTICE

Please indicate any new information by checking the box provided.

Entity Name _____

Group # _____ Division # _____

Group Mailing Address _____

Group Street Address _____

City _____ State _____ ZIP Code _____

Insurance Coordinator (IC) _____

IC Phone Number _____ IC Fax Number _____

IC Email Address _____

IC Date of Birth (for registration validation) _____ Are you the primary IC? Yes No

Remove Former IC (list names, if applicable): _____

For a new IC, limited access to the Employer Self Service website will be granted and instructions for registration will be sent upon receipt of this form.

Your entity's human resources director or appointing authority must sign the section below and have their signature notarized.

Rule 260:50-3-3. Insurance/Benefits Coordinator for Education, Local Government, and State Employees

The appointing authority or governing body of each participating entity shall designate an Insurance/Benefits Coordinator and at least one [1] Alternate to properly enroll members of the entity. Any information given by an Insurance/Benefits Coordinator shall not supersede or modify the statutes, rules in this title or any Insurance/Benefits Coordinator Guide governing the Group Insurance Plan. Insurance/Benefits Coordinator representing retirees may be provided by the retirement system from which the retiree is receiving benefits. It is the employee's duty to notify his Insurance/Benefits Coordinator of a change in eligibility for himself, his spouse or his dependents. It is the Coordinator's duty to notify EGID within ten [10] working days of the employee's notice of change. EGID is not obligated to accept untimely notifications of change, and may elect to refuse to permit said changes.

74 O.S. 1978, § 1322 Confidentiality of information-Inspection of files

All information, documents, medical reports and copies thereof contained in a member's insurance file shall be treated as confidential information and shall not be released or made available or open to public inspection without the prior written consent and authorization of the individual to whom it pertains, but shall be subject to subpoena or court order.

Important notice to appointing authority: This insurance coordinator will have the ability to make employee coverage changes directly to EGID's system through the internet. If this insurance coordinator leaves employment or is no longer the designated insurance coordinator for this entity, notify EGID immediately by calling our web support line at 405-717-8707 so this person's access to our system can be revoked. The appointing authority acknowledges and agrees to the Insurance Coordinator Information and Notice provision.

Name of Appointing Authority _____ Title: _____
(please print)

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____. _____
(SEAL) Notary Public

My commission number _____

PLEASE MAIL TO: Office of Management and Enterprise Services, Employees Group Insurance Division, P.O. Box 11137, Oklahoma City, OK 73136-9998