

HEALTH INSURANCE ENROLLMENT FORM
Kinetic Personnel Group
GROUP NUMBER: E01AA
PPO Network: Physicians: PHCS-Specific Service Network
Customer Service: 877-453-4201



SECTION 1 - EMPLOYEE INFORMATION

Employee's Name (Last, First, MI):			
Date of Birth:	Social Security Number:	Home Phone:	Work Phone:
Current Address:			
City:	State:	Zip:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 2 – COVERAGE ELECTIONS OR WAIVER OF COVERAGE

MEC Basic - Premium	Minimum Value Plan	Minimum Value PLUS Plan	Dental and Vision – Premium
<input checked="" type="checkbox"/> Employee - \$67.32	<input type="checkbox"/> Employee - \$197.00	<input type="checkbox"/> Employee - \$235.00	<input type="checkbox"/> Employee - \$32.25
<input type="checkbox"/> EE + Spouse - \$83.12	<input type="checkbox"/> EE + Spouse - \$542.30	<input type="checkbox"/> EE + Spouse - \$628.68	<input type="checkbox"/> EE + Spouse - \$64.25
<input type="checkbox"/> Employee + Child - \$93.87	<input type="checkbox"/> Employee + Child - \$441.31	<input type="checkbox"/> Employee + Child - \$541.91	<input type="checkbox"/> Employee + Child - \$64.25
<input type="checkbox"/> Family - \$109.67	<input type="checkbox"/> Family - \$799.65	<input type="checkbox"/> Family - \$896.31	<input type="checkbox"/> Family - \$102.75

COVERAGE DECLINED

You will automatically be enrolled into the MEC Basic Plan unless you have a **Valid Reason for Waiver**; if you do not have a Valid Reason per IRS Guidelines you cannot waive coverage.

Valid Reasons for Waive:

Medicare; Medicaid; Spouses Employer Plan; Parents Employer Plan; Individual Plan; Military Plan

I understand that if I waive this coverage and do not have valid coverage in another plan, in accordance with IRS rules, I must pay a fee. The fee is called the individual shared responsibility payment. The fee is sometimes called the "penalty," "fine," or "individual mandate." The 2016 penalty is \$695.00 for an individual, \$347.50 for children under 18 with a family maximum of \$2085.00

Note: You will not be able to enroll until the next open enrollment or you have a Qualified Event.

Employee must sign here **only if you are** declining coverage.

X	Date:
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SECTION 3 – LEGAL SPOUSE AND LEGAL DEPENDENT CHILDREN INFORMATION (AS DEFINED BY THE PLAN DOCUMENT)

Dependent's Name: (Last, First, MI)	Gender	Relationship	Date of Birth	Social Security Number

SECTION 4 - EMPLOYEE SIGNATURE

Please read carefully before signing: Under penalties of perjury, I certify that the information on this enrollment form is true and complete. I hereby apply for this coverage. All dependents listed are my dependents as defined in the Plan Document. I authorize my employer to make the necessary payroll deductions. I authorize any health care provider to release all information pertaining to care provided to me or my dependents. A photocopy of this authorization shall be valid as the original. I also understand that if there are any changes to my family status or coverage status, I have 30 days to notify Human Resources or otherwise accept any penalty that may incur as a result in my failure to notify Human Resources. A photocopy of this authorization shall be valid as the original.

X	Date:
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I understand I may not drop my coverage unless there is a Qualifying Event (QE) or the Plan has an Open Enrollment period. Changes must be submitted within 30 days of Qualifying Event

OFFICE USE ONLY

<input type="checkbox"/> Regular Enrollment: Completed within 31 days of eligible date.	Effective Date:
<input type="checkbox"/> Late Enrollment: Not completed within 31 days of eligible date.	Effective Date:
<input type="checkbox"/> Special Enrollment due to a Qualifying Event.	Effective Date:

Date of Hire:	Weekly hours:
Location Name:	Location Number:

Employer Group Representative's Signature	Date:
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You can log into our secure website to view your eligibility, view claim history and access your Explanation of Benefits for any claim that has been processed for you or your family members. Visit www.talltreehealth.com.