

# Welcome to Brethren Medical Plan

To enroll yourself and your eligible dependents, follow the directions below for help in completing the **Employee Application** on pages 1 and 2.

If you are declining coverage, please complete and sign the **Waiver of Coverage** on page 3.

Thank you.

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## Directions for Completing the Brethren Medical Plan Employee Application

Please use black or blue pen only. Do not abbreviate. Complete all fields, answering each question as accurately as possible. If you are unsure or have questions about any of the information requested on this form, please contact Brethren Insurance Services.

- 1. Enrollment Information.** Select the reason you are completing this form and check the appropriate box.
  - ◆ **Enrollment:**
    - **New Enrollment:** This is your first opportunity to enroll after becoming eligible.
    - **Special Enrollment:** You are enrolling within 31 days of a special enrollment event as specified in the federal HIPAA regulations (See special enrollment rights on the back of this page).
    - **Continuation:** This option is available to qualified individuals previously enrolled in Brethren Medical Plan. Available to terminated employees. Maximum duration is 18 months.
  - ◆ **Open Enrollment:** The period of time offered on a regular basis during which you can elect to enroll in a specific group health insurance plan or make changes to your current policy — normally 60 days prior to the anniversary date of the program.
    - **New Member:** You are a newly hired employee who becomes eligible at open enrollment or a current employee who elects coverage for the first time.
    - **Plan Change:** You are changing your current coverage.
    - **Add Dependents:** You are adding spouse and/or children to your coverage.

Enter your effective date, Social Security number, and hire date.

  - Your Social Security number is used for internal purposes only.
- 2. Coverage Applied For.** Provide the information requested in Section 2. Select Employee, Employee + Spouse, Employee + Child(ren), or Family Coverage. Select one of the health plans as offered by your employer. If you are declining health coverage for yourself, your spouse or your children, please complete the Waiver of Coverage form attached to this application. Your signature is required if you are declining coverage.
- 3. Family Coverage Information.** Answer every question if you have a spouse or any children applying for coverage.
  - ◆ **Spouse** — Enter complete information.
  - ◆ **Children** — Enter complete information.

If necessary, use a separate piece of paper and attach it to this application.
- 4. Other Insurance Information.** If you, your spouse, or any of your children are applying for coverage and have other insurance coverage, enter the requested information completely. This information will allow for the proper coordination of your benefits.
- 5. If you or your dependents are covered by Medicare,** enter the HIC number, which is the Medicare claim number on the Medicare ID card. **Be sure to enter the start dates where they apply:** Medicare A, Medicare B, End Stage Renal Disease, Dialysis, and Disability. The ESRD start date is the day ESRD regular course of dialysis begins (or the date of kidney transplant in the case of total renal failure). The disability start date is the day you or your dependents are entitled to Medicare due to disability.
- 6. Application for Coverage.** Please read, date and sign this section. Your signature is required if you are electing coverage.



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# Special Notice to Employees Brethren Medical Plan

**Employee — keep this copy for your records.**

## ***Pre-existing condition waiting period***

This plan does not include a pre-existing condition waiting period requirement.

## ***Notice of special enrollment rights***

If you or your dependents are eligible for coverage under the Brethren Medical Plan but choose not to enroll, you may have special rights to enroll at a later time without being considered a late enrollee, as outlined below.

## ***Termination of employer contributions and loss of eligibility for other creditable coverage***

If you and/or your dependents waive coverage under this plan because you are enrolled in other *creditable coverage*<sup>1</sup>, you and/or your dependents may enroll in this plan later without being considered a late enrollee if employer contributions toward the other creditable coverage cease or if eligibility for the other creditable coverage is lost as a result of any of the following qualifying events:

- Termination of employment.
- Involuntary termination of the other health coverage.
- Reduction in the number of hours of employment.
- Change in marital status such as marriage, legal separation, divorce, or death.
- The other health coverage discontinues dependent coverage.

You or your dependents must enroll in this plan within the 31-day special enrollment period that immediately follows the day employer contributions cease or the other creditable coverage ends.

## ***When new dependents become eligible for coverage***

If you choose not to enroll in this plan, you may enroll later (without being considered a late enrollee) at the same time a new dependent becomes eligible to be covered under the plan because of marriage, birth, or adoption. You and the new dependent must enroll in this plan within the 31-day special enrollment period that immediately follows the date the new dependent becomes eligible to enroll in the plan.

In the same way, if your spouse chooses not to enroll in this plan, he or she may enroll later (without being considered a late enrollee) at the same time a newborn or newly adopted child becomes eligible to be covered under the plan. Your spouse and the new dependent must enroll in this plan within the 31-day special enrollment period that immediately follows the date the new dependent becomes eligible to enroll in the plan.

## ***Special enrollment rights under Children's Health Insurance Program Reauthorization Act of 2009***

If you and/or your dependents are eligible for coverage under this plan but waive coverage due to enrollment in Medicaid or a state Children's Health Insurance Program, you and/or your dependents may enroll in this plan later without being considered a late enrollee if Medicaid or CHIP coverage ends because of loss of eligibility.

In addition, if you and/or your dependents are eligible for coverage under this plan but choose not to enroll, you and/or your dependents may enroll in this plan later without being considered a late enrollee if you and/or your dependents become eligible for a state group health plan premium assistance subsidy under Medicaid or CHIP that provides help in paying for coverage under this plan.

You and/or your dependents must enroll in this plan within the 60-day special enrollment period that immediately follows the date coverage under Medicaid or CHIP terminates or the date it is determined that you and/or your dependents are eligible for a state premium assistance subsidy, whichever applies.

## ***Enrolling at any other time***

Any eligible individual who does not enroll in this plan within his or her respective enrollment or special enrollment period will be considered a late enrollee. A late enrollee will only be eligible to enroll in the plan during the annual open enrollment period.

## ***To request special enrollment***

To request special enrollment or to obtain additional information, contact your participating employer.

<sup>1</sup> *Creditable coverage includes a group health plan; health insurance coverage, including individual coverage; Parts A or B of Title XVIII of the Social Security Act (Medicare); Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928; Chapter 55 of Title 10, United States Code; a medical care program of the Indian Health Service or of a tribal organization; a state health benefits risk pool; a health plan under Chapter 89 of Title 5, United States Code; a public health plan established or maintained by a state, the U.S. government, or a foreign country; a health benefit plan under Section 5(e) of the Peace Corps Act (22 U. S. C.2504(e)); or Title XXI of the Social Security Act (State Children's Health Insurance Program).*