Employee Data Request Form for 2014 Census:

Company Name: _____

If enrolling:

Please list only the dependents that are to be covered.

	First Name	Last Name	Date of Birth	Zip Code	Gender	**Tobacco Use *** Y or N	Tobacco If yes, when was the last time you used tobacco regularly? (MM/YYYY)
Employee Name:							
Spouse/Domestic Partner:							
Child/Dependent:							
Child/Dependent:							
Child/Dependent:							
Child/Dependent:							
Child/Dependent:							

*Tobacco Use: Within the past 6 months, has the participant/member used tobacco regularly (4 or more times/week on average excluding religious or ceremonial uses)?

Optional (used for possible Subsidy calculation):

Household Income (W-2 Gross): _____

To the best of my knowledge and belief, the information provided on this form is true and correct.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Any personally identifiable health information about me or my enrolled dependents ("Protected Health Information") is protected by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and other privacy laws.

Signature if electing coverage: _____

If waiving:

Employee Name: _____ ***Signature if waiving coverage:*** _____

Reason for Waiver: 1. Insured under spouse or parent with following carrier:

2. Other:

Special Enrollment Rights:

If you are declining enrollment for yourself or your spouse/dependents because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 31 days after other coverage ends, or not later than 60 days if the other plan coverage was through Medicaid or a state CHIP program.

In addition, if you have a new eligible dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll, contingent upon timely receipt of a completed application within 30 days of the qualifying event.

Any questions? Please call Davevic…..

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