

ENROLLMENT

The Enrollment Form for Group Coverage is the application for the health, dental, term life, accidental death and dismemberment, and long-term disability coverages.

The employee completes section A, then the form is sent to the Office of Benefits/Human Resources; they will complete section B and forward the application as needed.

Forms can be obtained from James Clauson, Office of Benefits/Resources.

Instructions for the form are as follows:

1-6: This part's pretty easy. Just fill in the required information.

7: Check the following boxes: Life (employee), LTD, AD&D.

- If the employee wants health and/or dental insurance, check the appropriate boxes.
- If the employee and/or dependents do not want health and/or dental insurance, be sure to complete section 16.

8 & 9: The answer to both is "standard".

10: If the employee is electing health and/or dental insurance, fill in all the requested information except the primary care provider number. Our health plan does not require a primary care provider.

11,12, 13: Fill out these sections only if the employee is applying for health insurance.

14: This is where the employee designates beneficiaries for the term life insurance.

15: Sign in this area.

16. If the employee is waiving health and/or dental coverage for the employee and/or dependents, check the appropriate boxes and sign this section.

The completed form must be returned to the Office of Benefits/Human Resources **within 30 days of the employee's start date.**

If the form is turned in within that time-frame, the coverage will start on the employee's start date. **If the form is not turned in on time you will have to wait until the next enrollment period or qualifying event.**

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