





**Other medical insurance**

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22. Will anyone named on this enrollment form continue to have health coverage with another insurer after this plan goes into effect?  yes (*give details below*)  no

23. Will this coverage replace an existing health insurance policy for anyone named on this enrollment form?  yes (*give details below*)  no

<b>Persons Covered</b>	<b>Name of Other Health Insurance</b>	<b>Is this an Employer-Provided Policy?</b>	<b>To be Replaced?</b>	<b>Date of Replacement</b>
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

**Employee authorization and application for membership**

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I authorize all health care providers to release any necessary medical information to Everence and the claims administrator to certify medical treatment or process claims for myself, my spouse, or my dependents. I understand that Everence and the claims administrator will share this information with third parties only if necessary for precertification, managing claims, or processing claims. I am responsible to notify my employer of any changes in the above information.

By my signature, I am also applying for fraternal membership in Everence Association, Inc.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

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# Notice of Special Enrollment Rights

Congregational Employee Plan for The Brethren in Christ Church Health Plan

## **Everence Association, Inc., has prepared this notice on behalf of your health plan.**

If you or your dependents are eligible for coverage under the Congregational Employee Plan (CEP) but choose not to enroll, you may have special rights to enroll at a later time as outlined below.

### **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 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 90-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 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 90-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 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 90-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 (CHIP), you and/or your dependents may enroll in this plan later 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 if you and/or your dependents become eligible for a state group health plan premium assistance subsidy under Medicaid or CHIP which provides help in paying for coverage under this plan.

You and/or your dependents must enroll in this plan within the 90-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.

### **Failure to enroll as required**

Any eligible individual who does not enroll in this plan within his or her respective 90-day enrollment or special enrollment period will not be eligible to enroll in the plan.

### **To request special enrollment**

To request special enrollment or obtain additional information, contact your congregation.

<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).

#### **Everence Association, Inc.**

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