

INSURANCE APPLICATIONS

(REVISED 6/05)

Always make sure all information is provided on application.

All applications should have Section 1: Enrollment Information and Section 3: Membership Information filled out entirely.

Everybody must enroll in Life Insurance. Make sure that information is filled out.

All applications must have a subscriber's signature and a group benefits manager signature.

The copies are distributed as follows: White and Yellow Copy to VADA

Pink Copy to You

Bottom White to Employee

ALL ENROLLMENT APPLICATIONS MUST BE RECEIVED BY VADA WITHIN 45 DAYS OF DATE OF HIRE. ALL CHANGE APPLICATIONS MUST BE RECEIVED PER POLICY.

Enrollments:

Section 2: Reason for Form

New Hire/Rehire – Make sure the hire date is reflected in the “Date of Event”. It should be the same date as the “Date of Hire”.

Rehire: If the employee is rehired within 90 days of last day worked AND did not have a break in coverage, the waiting period can be waived and the employee can be enrolled first of the month following date of hire.

Make sure form is filled out entirely according to coverages offered by the group.

Transfer from BC/BS Plan Other Group # - The subscriber can check this box and write the group number next to it if the employee is coming from another VADA group. The waiting period for this employee can be waived if the VADA group enrolling him wishes to waive it. The “Group Waiting Period” box in Section 1 should say “Waived”. NOTE: THE HIRE DATE MUST BE WITHIN THE SAME MONTH AS THE TERMINATION DATE.

Open Enrollment – VADA has two Open Enrollments – November (Medical, Life, Dental, and Disability) and May (Medical and Life Only). Paperwork needs to be received by VADA on or before the first of the month.

Refusal – This box is checked off if the employee is refusing Medical insurance. When this is checked off, they should complete Section 4: Other Insurance should be filled out. The employee does have to have life insurance so make sure Section 6: Life Insurance is filled out. They do need to enter their date of birth in Section 3 even if they are refusing insurance.

After you have made sure the application has all the information you mail it to:

VADA, 317 River Street, Suite 2, Montpelier, VT 05602

CHANGE: If a box is checked off in this section you will need the following info.

Open Enrollment – This is during May and November only.

Marriage – Application must be received by VADA within 45 days of the date of the wedding/civil union.

1. Effective first of the month following the date of Marriage.
2. The date of Marriage should be filled out under “Date of Event” in the Change section.
3. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
4. You will need spouse’s name and any dependents along with their dates of birth and other requested info. filled out in Section 3.
5. Make sure the dental section is filled out if you offer dental.
6. You do not need supporting documentation.
7. The application must be a new one signed by subscriber and group benefits manager.

Birth – Application must be submitted within 31 days of birth.

1. Effective on the date of the baby’s birth. The invoice will reflect a pro-ration of the increased rate. Initially the baby is added to the mother’s insurance for the first 30 days or until an application is submitted.
2. You will need the baby’s name and date of birth and other requested info. filled out in section 3.
3. The date of Birth should be filled out under “Date of Event” in the Change section.
4. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
5. Make sure the dental section is filled out if the dealership offers dental.
6. The application must be a new one signed by subscriber and group benefits manager.

Death of Employee – The application needs to be received by VADA within 60 days of death in order to get a credit for insurance premium.

1. The box needs to be checked off.
2. The date of death needs to be in the “Date of Event” section.
3. The Group Benefits Manager must sign it.

Death of Dependent - The application needs to be received within 60 days of death in order to get a credit for insurance premium.

1. The box needs to be checked off.
2. The date of death needs to be in the “Date of Event” section.
3. The type of “Health Membership” must reflect 1 Person, 2 Person or Family in Section 1.
4. Make sure the dental section is filled out if you offer dental.
5. The Group Benefits Manager and Subscriber must sign it.

Address Change –

1. The box needs to be checked off.
2. The new address must be filled in under Section 1 along with the other information.
3. The Group Benefits Manager and Subscriber must sign it.

Court-Ordered Change – Application must be received within 30 days of the date of the court order.

1. The box needs to be checked off.
2. The date of court ordered change needs to be in the “Date of Event” section. The insurance will be effective first of the month following the Judges signature if no date is specified in the court order or the date specified in the court order.
3. A copy of the court order’s first page, page that states subscriber is required to provide insurance, and the last page with the Judge’s signature and date needs to be included with the application.
4. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
5. All information must be filled out per the court order i.e. dependents – Names, DOB’s, residency etc.
6. Make sure the dental section is filled out if you offer dental.
7. The Group Benefits Manager and Subscriber must sign it.

Add Dependent(s) below – An employee already on the plan may have to add their dependents for various reasons. Application must be received within 30 days of the event date.

1. The box needs to be checked off.
2. The date to add the dependent(s) needs to be in the “Date of Event” section. The insurance will be effective first of the month following that date or if it’s the first day of the month typically the dealership wants it to be effective then.
3. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
4. All information must be filled out per the court order i.e. dependents – Names, DOB’s, residency etc.
5. Make sure the dental section is filled out if you offer dental.
6. The Group Benefits Manager and Subscriber must sign it.

Remove Dependent(s) Below

1. The box needs to be checked off.
2. The date to remove the dependents needs to be in the “Date of Event” section. The insurance will terminate the first of the month following that date or on that date if the first of the month is filled in.
3. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
4. The names of the dependents to be removed should be listed in the Membership Information. Since they are already in the system, you only need to enter the name.
5. Make sure the dental section is filled out if you offer dental.
6. Blue Cross will not allow an employee to remove children only unless they provide documentation that the children are on another plan, i.e. Dr. Dynausaur.
7. Blue Cross will not allow an employee and children only unless they provide a filled out “Hold Harmless Form”. Please call Amy at VADA to get a copy of the form.
8. The Group Benefits Manager and Subscriber must sign it.

Incapacitated Child – If this comes up, please call Amy at VADA.

Spouse Employment Change – Application must be received within 31 days of the date of loss of coverage.

1. The box needs to be checked off.
2. The effective date of insurance needs to be in the “Date of Event” section. The insurance will be effective that month.
3. The “Spouse Employment Change” form filled out and signed by previous employer or insurance company. Please call Amy at VADA to get a copy of the form.
4. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
5. Blue Cross will not allow an employee and children only unless they provide a filled out “Hold Harmless Form”. Please call Amy at VADA to get a copy of the form.
6. Make sure the dental section is filled out if you offer dental.
7. The Group Benefits Manager and Subscriber must sign it.

Divorce - Application must be received within 45 days of the date of the divorce in order to get credits from insurance premium and/or add dependents that were not on previously.

1. The box needs to be checked off.
2. The date of the divorce needs to be in the “Date of Event” section. The insurance for the spouse and dependents (if that is what they want) will terminate the first of the month following that date.
3. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
4. The names of the dependents to be removed should be listed in the Membership Information. Since they are already in the system, you only need to enter the name.
5. Make sure the dental section is filled out if you offer dental.
6. The Group Benefits Manager and Subscriber must sign it.

Legal Separation - Application must be received within 45 days of the date of the legal separation in order to get credits from insurance premium and/or add dependents that were not on previously.

1. The box needs to be checked off.
2. The date of the legal separation needs to be in the “Date of Event” section. The insurance for the spouse and dependents (if that is what they want) will terminate the first of the month following that date.
3. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
4. The names of the dependents to be removed should be listed in the Membership Information. Since they are already in the system, you only need to enter the name.
5. Make sure the dental section is filled out if you offer dental.
6. The Group Benefits Manager and Subscriber must sign it.

Adoption - Application must be submitted with 31 days of adoption.

1. Effective on the date of the adoption. The invoice will reflect a proration of the increased rate.
2. You will need the adoptee’s name and date of birth and other requested info. filled out in section 3.
3. The date of adoption should be filled out under “Date of Event” in the Change section.
4. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
5. Make sure the dental section is filled out if you offer dental.

Adoption Continued

6. The subscriber must provide a copy of the adoption papers which should reflect the date on the application.
7. The application must be a new one signed by subscriber and group benefits manager.

Student –

Sometimes a dependent has been removed because they turned 19 and were not in college at the time. If the dependent goes to school and is between 19 and 25 they can be reinstated under the subscriber the first of the month following their first day of school. The application needs to be submitted with 45 days of that date.

1. The date of the dependents first day of school should be filled out in the “Date of Event” box.
2. You will need the dependent’s name and date of birth and other requested info. filled out in section 3.
3. The “Health Membership Type” in Section 1 needs to reflect the type of coverage they now want.
4. Make sure the “Full-Time Student” section is filled out.
5. Make sure the dental section is filled out if you offer dental.
6. The application must be a new one signed by subscriber and group benefits manager

Name Change –

1. Make sure box is checked.
2. Make sure Section 1 is filled out with new mailing address if it’s changed. Have the subscriber put their name prior to the change at the top of the form so we will know who they were.
3. Make sure the the month that they want the name changed is in the “Date of Event” box.
4. The application must be a new one signed by the subscriber and group benefits manager.

Spouse Age 65 – This is for groups with under 20 employees whose subscriber’s spouse is eligible for Medicare. See Medicare Review sheet included in this packet.

Entered/Discharged from Military – Military employees who have been activated are eligible for the Government insurance. They are not required to be removed from your health insurance; however, they typically do. Their life insurance can stay in effect also. When they are discharged and their Government insurance terminates, they can be enrolled effective immediately. Any waiting periods are waived.

1. Make sure box is checked. Circle “Entered” or “Discharged”
2. Make sure Section 1 is filled out
3. Make sure the date that their coverage goes into effect or cancelled is in the “Date of Event” box.
4. If it’s a cancellation, include a copy of the notification they received from the Government notifying them their coverage ends (HIPAA letter).
5. The application must be a new one signed by the subscriber and group benefits manager.

Other – You can call me if you have something different and we’ll go over the best way to process it.

AFTER YOU HAVE VERIFIED ALL OF THE ABOVE INFORMATION PLEASE SEND TO VADA.

Terminations: The applications must be received within 30 days of date of termination in order to get a credit for the insurance premium.

1. Fill out Section 1 and Section 2: Reason for Form under “CANCELLATION” section.

- If it’s a “Voluntary Cancel” that means they are still employed and wish to eliminate only part of their coverage. **THEY MUST KEEP LIFE INSURANCE.**

When it’s a voluntary cancel you must make sure you have a new form with an updated signature by both “Subscriber” and “Group Benefits Manager.” BC/BS requires this as confirmation the employee is aware that the coverage indicated on the form will be terminated.

The date written in the “Date of Event” box should be within the month **before** they want their coverage to terminate – i.e. 12/31/02, which would make their termination date “Effective 1/1/03”. They would not have coverage in January

- If it’s a “Termination of Employment” the date of event should be the last day they worked. You do not need the subscriber or group benefits manager’s signature. You can use the pink form you have on file.

Mail the termination to VADA.