



RETURN TO: ST. LUKE'S
 HUMAN RESOURCES
 EmployeeBenefits@slhduluth.com
 218/249-5152 FAX 218/249-6094

Open Enrollment Medical Insurance Change Form

This form only affects medical insurance
 Human Resources must receive form by November 11, 2022

Use this form to indicate changes to your member information, add or delete dependents, change plans or cancel your coverage.

Employee Section			
First Name:	Middle	Last Name:	Date of Birth:
Social Security Number:		Home Phone:	Work Phone:

Change in Coverage – Check all that apply

Change Coverage to: Single _____ Single +Spouse _____ Single + Child(ren) _____ Family _____ **(List dependents below)**

_____ **Change from Advantage Plan to Balanced Plan**

_____ **Change from Balanced Plan to Advantage Plan** _____ I wish to contribute \$ _____ bi-weekly to my HSA each pay period on a pre-tax basis.
 ([Contribution limits & important information](#) about an HSA)

Terminations: Cancel all coverage _____ Delete Dependents listed below _____ **Effective Date of Change:** 1/1/2023

List all family members to be added, changed, or deleted. Dependent children can be covered to age 26.

Action	Last Name	First Name	MI	Age	Sex	Birth Date	Relationship	Social Security Number
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
<input type="checkbox"/> Add <input type="checkbox"/> Delete								
<input type="checkbox"/> Add <input type="checkbox"/> Delete								

REFER TO ELIGIBILITY CRITERIA ON REVERSE SIDE OF FORM

Other Medical Insurance Information

If you are covered by an additional medical insurance policy, be sure to contact Blue Cross after you have received your insurance card. Contact information will be available on your insurance card.

Signature

By emailing this form to EmployeeBenefits@slhduluth.com, I authorize payroll deductions where applicable. Any intentional omission or misrepresentation may constitute insurance fraud which could result in possible criminal penalties, a claim for civil damages, and may also result in employment discipline up to and including termination.

NOTE: This form only affects medical insurance. If you need to make a change to dental insurance, you must fill out a separate Dental Insurance Change Form.

If you're canceling your medical coverage, you may be eligible for an insurance waiver incentive payment. You must complete a separate form for the waiver incentive. Contact Human Resources for more information and the form.

Employee Signature: _____ **Date Signed:** _____

To be completed by employer:	
Effective Date of Change: 1/1/2023	Notes:

Eligible Dependents

The following language describes eligible dependents for the St. Luke's health and dental insurance plans. If a dependent no longer meets these criteria, you must notify Human Resources by submitting a health and/or dental change form to drop coverage. You can find forms on the St. Luke's intranet or in Human Resources.

ENROLLING AN INELIGIBLE DEPENDENT OR FAILURE TO NOTIFY HUMAN RESOURCES THAT THE DEPENDENT IS NO LONGER ELIGIBLE, CONSTITUTES FRAUD AND MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION.

Spouse

Spouse, meaning (same or opposite sex spouse):

- a. Legally married spouse;
- b. Legally separated spouse;

Dependent Children

1. Natural-born dependent children to age 26.
2. Legally adopted children and children placed with you for legal adoption to age 26. Date of placement means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. The child's placement with a person terminates upon the termination of the legal obligation of total or partial support.
3. Stepchildren to age 26.
4. Dependent children for whom you or your spouse have been appointed legal guardian to age 26.
5. Unmarried grandchildren to age 19 who live with you continuously from birth and are claimed as exemptions on your Federal income tax return and are financially dependent upon you.
6. Children of the employee who are required to be covered by reason of a Qualified Medical Child Support Order (QMCSO), as defined in ERISA §609(a). The Plan has detailed procedures for determining whether an order qualifies as a QMCSO. You and your dependents can obtain, without charge, a copy of such procedures from the Plan Administrator.

Disabled Dependents

1. Disabled dependent children who reach the limiting age while covered under this Plan if all of the following apply:
 - a. primarily dependent upon you;
 - b. are incapable of self-sustaining employment because of physical disability, developmental disability, mental illness, or mental disorders;
 - c. for whom application for extended coverage as a disabled dependent child is made within 31 days after reaching the age limit. After this initial proof, the Claims Administrator may request proof again two (2) years later, and each year thereafter; and
 - d. must have become disabled prior to reaching limiting age.

NOTE: If both you and your spouse are employees of St. Luke's/Lake View, you may be covered as either an employee or as a dependent, but not both. Your eligible dependent children may be covered under either parent's coverage, but not both.