

Custom Benefit Administrators – Change Form

Effective Date of Change _____

305 5th Avenue South, Suite 206
 P.O. Box 1385
 La Crosse, WI 54602-1385

(608) 784-2442
 Fax (608) 785-0063

Please Submit Within 30 Days of the Change or Qualifying Event

EMPLOYER NAME: _____ GROUP # _____

EMPLOYEE NAME: _____ SSN: _____

TYPE OF CHANGE: Name Change Address Change Addition of Dependents
 Deletion of Dependents Other (see below)

REASON FOR CHANGE: Marriage (date: _____) Birth, Adoption or Placement for Adoption (date: _____)
 No Longer Eligible (as of: _____) Loss of Other Insurance (date of loss: _____)
 Don't Need/Want Divorce/Legal Separation (date: _____) Other (see below)

NAME: Previous Name: _____
 New Name: _____

ADDRESS: Old: _____
Street City State Zip
 New: _____
Street City State Zip

ADDITION OF DEPENDENT (S):
 Name: _____ Relationship: _____
 Date of Birth: _____ Other Insurance? Yes _____ No _____
 Name: _____ Relationship: _____
 Date of Birth: _____ Other Insurance? Yes _____ No _____

If additional space is needed, check here and continue on back of form.

COVERAGE: Please indicate the effective date of any change in coverage _____.

OLD		NEW
_____	Single Medical	_____
_____	Family Medical	_____
_____	Single Dental	_____
_____	Family Dental	_____
_____	Single Vision	_____
_____	Family Vision	_____

OTHER: _____

I, the undersigned, an employee of the above named policy holder, hereby certify that I have been given an opportunity to participate in benefits offered by my employer and after careful consideration, I hereby waive/cancel my right to:

_____ Life/AD&D	_____ Disability Income	_____ Dependent Life Insurance
_____ Single Medical	_____ Family Medical	_____ Single Dental
_____ Family Dental	_____ Single Vision	_____ Family Vision

Reason for waiving coverage: _____

I understand that evidence of insurability may be requested if I desire to apply for such COVERAGE AT A LATER DATE. Custom Benefit Administrators, Inc. reserves the right to reject such applications.

 Signature of Employee _____
 Date Signed

A copy of the Notice of Special Enrollment Period Rights & Pre-Existing Condition General Notice must be given with this form.

NOTICE OF SPECIAL ENROLLMENT PERIOD RIGHTS

I am aware that if I refuse coverage for myself and/or my dependents (including my spouse) when first eligible because I have other coverage, I may later apply for coverage for me and/or my dependents if eligibility is lost under that other coverage, if the employer stops contributing toward the other coverage or if adding a dependent due to marriage, birth, adoption or placement for adoption. Loss of eligibility may result from one of the following:

1. Your spouse loses coverage due to job termination or has a reduction in hours to a status that is ineligible for coverage;
2. My spouse and I divorce;
3. My spouse dies; or
4. The expiration of COBRA for a previous employer.

I am aware that if I refuse coverage for myself and/or my dependents (including my spouse) when first eligible because I do not want coverage for whatever reason, I may later apply for coverage for myself and/or my dependents with:

1. Marriage; or
2. The birth, adoption or placement for adoption of a child.

In addition, you may add a new dependent to your plan as a result of a marriage, birth, adoption or placement for adoption. Application to add a new dependent must be made within 30 days of the event.

If you qualify for enrollment under any of the above exceptions you must complete and return the signed application to Custom Benefit Administrators (CBA) or your employer within 30 days of the qualifying event. When adding a dependent to your existing policy, you must complete and return a signed change form to CBA or your employer within 30 days of the marriage, birth, adoption or placement for adoption.

If you have any questions regarding special enrollment period rights, you may contact Custom Benefit Administrators at 1-800-944-2188.

PRE-EXISTING CONDITION GENERAL NOTICE

When your coverage becomes effective, there will be exclusions on sickness and injury charges received for any medical condition(s) that existed prior to coming on this plan. No benefits will be paid for charges received for the medical condition(s) until the end of the pre-existing condition exclusion period. This pre-existing condition exclusion does not apply to pregnancy or to a child enrolled within 30 days of birth, adoption or placement for adoption.

A pre-existing condition is a physical or mental condition, regardless of the cause of the condition, for which medical advice, services, medications, diagnosis, care or treatment was received within the 6 month period prior to your date of hire in an eligible status. In the case of a special enrollee, this period begins on your effective date. The pre-existing condition exclusion may last up to 12 months from your date of hire in an eligible status or from your effective date (for a special enrollee).

You have the right under federal law to have the plan's pre-existing condition exclusion reduced by the number of days of creditable coverage you can demonstrate. Creditable coverage is a period of continuous coverage during which there has not been more than a 63 day lapse (not including waiting periods). If the amount of creditable coverage is equal to or greater than your pre-existing condition exclusion period, this exclusion will be eliminated.

Creditable coverage may be shown by sending a certificate of creditable coverage from a prior plan or health insurance issuer. If you did not receive or do not have a certificate from the prior plan, federal law requires your prior plan to provide you with one upon receiving your written request within 24 months of the date your coverage ended. If you are unable to obtain a certificate after requesting one in writing, this plan may assist you in obtaining the necessary information to demonstrate creditable coverage under the prior plan.

If you have any questions about the pre-existing condition exclusion or creditable coverage, you may contact Custom Benefit Administrators at 1-800-944-2188.