

## **EMPLOYEE LEASING**

### **GROUP HEALTH PLAN OPEN ENROLLMENT / EFFECTIVE DATE December 1, 2016**

As a full time employee of EMPLOYEE LEASING, you and your dependents are eligible to enroll in our offer of group health benefits. Your eligible dependents include your spouse or domestic partner and dependent children under the age of 26.

This packet includes your cost and benefit information which will help you select and enroll in the health plan being offered to you and your family. **If you choose not to enroll you are required to complete a Waiver of Coverage form that has been included with this packet.**

This enrollment is called your initial or open enrollment. You now have the opportunity to enroll you and your dependents on our health plan. If you choose not to enroll in this plan now you will be required to wait until the open enrollment period next year. Any enrolled employee that experiences a qualifying event during the year such as the birth of a child, marriage, divorce, a death, or loss of group coverage will be able to make changes during the year. It is your responsibility to notify your Human Resources department and you only have 60 days from the date of the qualifying event to make any changes.

Due to the Affordable Care Act (ACA) or better known as Obamacare if you do not enroll in this plan you will need to enroll in an individual plan for you and your family. Failure to enroll in any plan will result in paying a tax penalty for the time you are not covered for health insurance. Based upon your income you could qualify for MediCal.

The plan being offered is a Health Maintenance Organization or HMO through Kaiser. An HMO provides medical services through contracted doctors and hospitals. All healthcare services are managed in-network through your Primary Care Physician or PCP.

- After your enrollment is complete you will be notified by Kaiser to select a PCP. Your PCP is responsible for your care and will arrange referrals to specialists.
- You will pay a Co-payment for each office visit.

#### Application Process:

- Your enrollment application is submitted to your employer. When all applications have been received your employer submits them to the insurance carrier for processing.
- Your application is loaded into the carriers system and medical coverage becomes effective.
- Cards are generated and mailed.
- If you are not enrolling you will need to complete the Waiver of Coverage form.

Applications must be turned in by: **November 01, 2016**  
Return your completed application to: EMPLOYEE LEASING, INC.



Employee name (please print): \_\_\_\_\_

**INSTRUCTIONS**

Please use this form to decline coverage, not to terminate a subscriber or member. If you would like to terminate a subscriber or member, please use the Subscriber Termination/Transfer Form.

Employers: Keep a copy of this form for your records.

**COMPANY INFORMATION**

Company name			Customer ID (if assigned)		
Street address (no P.O. boxes)		City	State	ZIP	County
Office phone (    )    -		Ext.	Fax (    )    -		
Email					

**REASON FOR DECLINING**

I have been offered Kaiser Permanente group health coverage by my employer. I voluntarily choose not to enroll myself in a Kaiser Permanente plan at this time. I understand that the next opportunity to enroll will be during the annual open enrollment period.

Reason for declining (check one):

I am covered by another employer's health plan through my spouse/domestic partner/parent.

Name of carrier: \_\_\_\_\_

I am covered by another plan offered by my employer.

Name of carrier: \_\_\_\_\_

I am covered by an individual health plan.

Name of carrier: \_\_\_\_\_

I am covered by Medicare, Medi-Cal, or Tricare.

Other reason for declining: \_\_\_\_\_

Small Business  
**DECLINATION OF COVERAGE**

**SIGNATURE**

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If you decline coverage for yourself or an eligible dependent, you can only enroll or change your coverage during an annual open enrollment period established by your employer or during a special enrollment period if you have experienced a qualifying event. You must request coverage within 60 days of a qualifying event. Special enrollment qualifying events include:

- Increase in an employee's hours so that he or she meets your requirement for medical plan eligibility
- Return from a leave of absence
- Involuntary termination or loss of other group coverage
- A dependent loses coverage elsewhere
- Marriage or addition of a domestic partner
- Birth
- Adoption of a child or placement for adoption
- Court order
- Death of a spouse, domestic partner, or dependent

Employee name (please print)	Social Security number (last 4 digits)
Signature <b>X</b>	Date