Enrollment / Change Form (Consolidated)

Employer: Complete Section A
Employee: Complete Sections B-F

Please print and thank you for providing this information

Insured and/or Administered by
Cigna Health and Life Insurance Company
Cigna HealthCare

A

☐ OPEN ENROLL. ☐ CHANGE
☐ NEW ENROLL. ☐ REINSTATE

EFFECTIVE DATE OF ADD/CHANGE/CANCELLATION (MM/DD/CCYY)

EMPLOYER NAME: County of York Virginia/The County School Board of York County, Virginia

CIGNA ACCOUNT NO.	DEPARTMENT	DATE OF HIRE (MM/DD/CCYY)	BRANCH CODE	MEDICAL BEN. OPTION	VISION BEN. OPTION
3342007					VIS

TYPE OF CHANGE:

☐ Add Dependent(s) * Date: _____
☐ Cancel Employee Last Date of Coverage: _____
☐ Cancel Dependent(s) * Last Date of Coverage: _____
* List Names in Section B

☐ Address Change
☐ Transfer to COBRA ☐ 18 mos. ☐ 29 mos. ☐ 36 mos.

☐ Family Security Benefit/Surviving Spouse
☐ Retirement
☐ Other _____

B

EMPLOYEE NAME (Last) (First) (M.I.) SOCIAL SECURITY NO.

EMPLOYEE DATE OF BIRTH (MM/DD/CCYY) HOME PHONE ( ) WORK PHONE ( ) HOME E-MAIL ADDRESS

MAILING ADDRESS (Street) (City) (State) (Zip Code)

I WOULD LIKE COVERAGE FOR ME AND MY DEPENDENTS. (Specify last name if different from yours) Last Name / First Name / M.I.	DEPENDENT SOCIAL SECURITY NO.	DATE OF BIRTH MM DD CCYY	GENDER	COVERAGE SELECTION	(check one)
Employee			☐ M ☐ F	☐ Med. ☐ Vis.	☐ Add ☐ Cancel
Spouse			☐ M ☐ F	☐ Med. ☐ Vis.	☐ Add ☐ Cancel
Dependent * Relationship			☐ M ☐ F	☐ Med. ☐ Vis.	☐ Add ☐ Cancel
Dependent * Relationship			☐ M ☐ F	☐ Med. ☐ Vis.	☐ Add ☐ Cancel
Dependent * Relationship			☐ M ☐ F	☐ Med. ☐ Vis.	☐ Add ☐ Cancel
Dependent * Relationship			☐ M ☐ F	☐ Med. ☐ Vis.	☐ Add ☐ Cancel

C

MANAGED CARE MEDICAL OPTIONS:

☐ HSA ☐ OAP 1 ☐ OAP 2 ☐ Decline Coverage

D

VISION OPTIONS:

☑ Cigna Vision

E

OTHER HEALTH CARE COVERAGE:

Do you or your dependents have other health insurance under a group plan, HMO, or Medicare that you will continue to hold? ☐ Yes ☐ No *If yes, please provide the following:*

NAME OF PERSON COVERED	SOCIAL SECURITY NO.	EFFECTIVE DATE	MEDICARE Part A	MEDICARE Part B	MEDICARE ID #	MEDICAID	OTHER INSURANCE CARRIER
			☐	☐		☐	☐
			☐	☐		☐	☐

F

SIGNATURE - The information provided above is true and correct to the best of my knowledge, and I accept the provisions on the reverse side of this form which I have read and understand.

EMPLOYEE'S SIGNATURE / DATE

CLICK TO PRINT CLEAR FORM

PROVISIONS

- "Cigna HealthCare" refers to the various HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. HMO plans are offered by Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc. (IL & IN), Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc. (MO, KS, IL), Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (TN & MS), and Cigna HealthCare of Texas, Inc.

- The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.
- The DHMO (Cigna Dental Care) plan is underwritten or administered by Cigna Health and Life Insurance Company, Cigna HealthCare of Connecticut, Inc. or Cigna Dental Health, Inc. and its operating subsidiaries, including Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes,** Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc.
- The Cigna Dental PPO, EPO and Traditional plans are underwritten or administered by Cigna Health and Life Insurance Company, with network management services provided by Cigna Dental Health, Inc. and certain of its operating subsidiaries.
- I agree, for myself and my covered dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person, I will fully inform the health plan and will execute such assignments, liens or other documents which may be necessary to enable the health plan to recover the value of the services provided. I further agree that in the event I or any of my covered dependents collect benefits or damages from any other party who has primary responsibility for services provided by the health plan, I will immediately reimburse the health plan to the extent of services provided and to the extent permitted by state law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

AUTHORIZATION TO DEDUCT CONTRIBUTIONS

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

SPECIAL PROVISIONS FOR EMPLOYERS WITH SECTION 125 PLANS

By allowing an individual to enroll in the health plan, other than during the open enrollment period, Cigna Health and Life Insurance Company and its affiliates do not waive any terms of its contract. Further, by allowing an individual to enroll in the health plan, other than during an open enrollment period, Cigna Health and Life Insurance Company and its affiliates do not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 Plan.

Cat. #915863 7-18 (OVER)