

West Virginia Public Employees Insurance Agency  
Plan Year 2017

◀ **Special Enrollment Transfer Form** ▶

**Use this form to make changes in your coverage during the Special Enrollment period.**

**Demographic Information** (*This section must be completed in its entirety for your form to be processed*):

Policyholder's Legal Name:	PEIA ID Number or Social Security Number
Address:	County of Residence
Address (continued)	Home Phone (      )
City, State, Zip:	Work Phone (      )
E-mail Address	

**Tobacco Affidavit**

Please mark which members of the family use tobacco and sign the affidavit. If none of the people enrolled on your coverage uses tobacco, you will receive any available discount on your health and life insurance premiums. Be sure to sign the bottom of the form.

Who uses tobacco:     Policyholder       Dependent (spouse and/or children)       No Tobacco Users

Use this section to add or remove dependents in the boxes below. You must provide documentation to verify eligibility of any dependents you add.

Legal Name (Last, First, MI) <small>Use a separate sheet of paper for additional dependents</small>	Relationship	Sex (M/F)	Birth Date	PEIA ID or Social Security Number	PCP <small>(indicate physician name and/or number)</small>
Dependent					

**To select a different plan for Plan Year 2017 (effective July 1, 2016), indicate your selection clearly by checking the box beside the plan name:**

1	The Health Plan HMO Plan A	4	PEIA PPB Plan A	6	PEIA PPB Plan C (High Deductible Health Plan)
2	The Health Plan HMO Plan B	5	PEIA PPB Plan B	7	PEIA PPB Plan D (WV ONLY plan)
3	The Health Plan PPO			8	Cancel health coverage. Keep life insurance only.

I certify that this information is correct, and agree that if this information changes, I will notify the plan of such change in writing. I acknowledge by signing this form that WVPEIA or its agents have access to my medical records to check my tobacco use status. I understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby transfer my health coverage to the health care plan indicated above effective July 1, 2016 through June 30, 2017, and authorize payroll deduction for my contribution. I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits. I hereby consent, for myself and my covered dependents, to the release to PEIA and to the plan I have selected of all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations. I understand that this change is binding through June 30, 2017, unless there is a qualifying event.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agency Information:** To be completed by the benefit coordinator:

Agency Name	Account Number
Authorized Signature	Date

## Special Enrollment Transfer Form Instructions

To make Special Enrollment period benefit changes, use this paper form and a pen with blue or black ink and follow these steps:

- 1) Print the policyholder's information at the top of the form. Complete all of the demographic information clearly and legibly or your form cannot be processed!
- 2) **Complete the tobacco affidavit only if your tobacco status has changed.** Remember that being "tobacco-free" means that a person does not use any form of tobacco. You and your enrolled dependents must have been tobacco-free by January 1, 2016, to get the discount for the full plan year. There are no discounts for basic or dependent life insurance.
  - Complete the "Who Uses Tobacco" line:
    - Mark the "Policyholder" box if the policyholder uses or has used tobacco since the 1/1/16. If you mark this box, you will not get the tobacco-free premium discount for health coverage or optional life insurance.
    - Mark the "Policyholder" and "Dependent" boxes if the policyholder and any enrolled dependent(s) use or have used tobacco since 1/1/16. If you mark this box, you will not get the tobacco-free premium discount for health coverage or optional life insurance.
    - If the policyholder is tobacco-free, but enrolled family members use tobacco, mark the "Dependent" box on the affidavit, but leave the "Policyholder" box blank. You will not get the tobacco-free premium discount for health coverage, but you will get a discount on your optional life insurance premium.
    - If the policyholder and all enrolled family members are tobacco-free, mark the "No Tobacco Users" box on the affidavit. You will receive the tobacco-free discount on your health and/or optional life insurance coverage.
- 3) Write in **all** of the requested information for any dependent you are adding on the form; it is **crucial** that you provide the Social Security Number (SSN) for each dependent. If you do not supply the SSN, PEIA may suspend coverage until it is received. When adding a dependent, you must supply documentation of that dependent's eligibility. PEIA cannot add dependents without the following documentation:

Dependent Being Added	Documentation Required
<b>Spouse</b>	Copy of valid marriage license or certificate
<b>Biological Child</b>	Copy of child's birth certificate
<b>Adopted Child</b>	Copy of adoption papers
<b>Any other child who resides with the policyholder</b>	Copy of court-ordered guardianship papers

- 4) If you need to remove a dependent, write in the dependent's full name, date of birth, and SSN, then draw a line through the information to note that the dependent should be removed.
- 5) Make your Plan Selection.
  - **If you DON'T want to change plans**, skip to the signature box at the bottom of the form. You will remain in your current plan for another year.
  - **If you want to change plans**, clearly mark the box beside the plan you want to join.
    - If joining a Health Plan HMO, complete the PCP Selection box on this form for each person listed. This is mandatory for HMOs, and voluntary for other plans. Sign and date the form at the bottom.
- 6) **If you want a copy of the transfer form for your records, please make one.** Take your completed form to your benefit coordinator **by July 15, 2016**. **DO NOT** mail the form directly to PEIA, unless you are a non-Medicare Retiree or a Surviving Dependent. The Agency Information at the bottom of the form must be completed by your benefit coordinator before it comes to PEIA.
  - ✳ **Non-Medicare retirees and surviving dependents** return their forms to PEIA, 601 57<sup>th</sup> St SE, Suite 2, Charleston, WV 25304-2345.
  - ✳ **COBRA enrollees** return their forms to HealthSmart COBRA Department, PO Box 2981, Charleston, WV 25332

Be sure you've studied all of the information in the Supplemental Shopper's Guide about the plan you're joining. Once you make a selection, it is binding for the entire plan year, unless you have a qualifying eligibility event or move outside the enrollment area of the plan you join.

**If you have questions, call PEIA's Open Enrollment Helpline at 1-877-676-5573.**