

**West Virginia Public Employees Insurance Agency
Plan Year 2011
Special Transfer Form**

This is your Plan Year 2011 Special Enrollment Transfer form. **You must write in all of the requested information.** Please use the full name of the policyholder, include your Social Security Number and sign your form using blue or black ink. This form is only valid for the purpose of transferring from the PEIA PPB Plan to The Health Plan. If you decide to transfer your coverage, please complete the information below, mark the plan of your choice and return the form to PEIA as soon as possible, but no later than June 11, 2010. Retirees are not eligible for HMOs if Medicare will be primary coverage for you or your dependents during Plan Year 2011 (July 1, 2010 – June 30, 2011).

Policyholder's Name: _____
 Address: _____
 City, State, Zip: _____

Social Security Number
County of Residence
Home Phone ()
Work Phone ()

E-mail address: _____

Employee Signature _____	Date _____
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Enrollment Transfer Information

If you wish to transfer your medical coverage from the PEIA PPB Plan to The Health Plan for Plan Year 2011 (effective July 1, 2010), please select Plan A or B below.

1		The Health Plan HMO Plan A
2		The Health Plan HMO Plan B

I hereby transfer my health coverage to The Health Plan indicated above effective through June 30, 2011, 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, 2011, unless there is a qualifying event.

Employee Signature _____	Date _____
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