KETTERING CITY SCHOOLS OPEN ENROLLMENT FORM **INSURANCE APPLICATION**

	CIRCLE ALL THAT APPLIES	POSITION	FULL TIME	PART TIME/HRS
NEW ENROLLMENT	YES			
CANCEL INSURANCE	YES	**INSURANCE EFFECTIVE DATE**		
ADD DEPENDENT	YES	1/1/2019		
CANCEL DEPENDENT	YES	**DATE EMPLOYED**		
NAME CHANGE	YES			

(A) EMPLOYEE INFORMATION Name		**MEDICAL**	**DENTAL**	**WAIVE ALL**
Address		YES / NO	YES / NO	**INELIGIBLE**
Social Security number				
Date of Birth	Gender: M / F			
Marital Status (Circle one)	Single Married Divorced Widowed			
(B) FAMILY INFORMATION Spouse		YES / NO	YES / NO	
Social Security number		address if different than employee		
Date of Birth	Gender: M / F			
Name of Dependent		YES / NO	YES / NO	
Social Security number		address if different than employee		
Date of Birth	Gender: M / F			
Relationship to employee				
Name of Dependent		YES / NO	YES / NO	
Social Security number		address if different than employee		
Date of Birth	Gender: M / F			
Relationship to employee				
Name of Dependent		YES / NO	YES / NO	
Social Security number		address if different than employee		
Date of Birth	Gender: M / F			
Relationship to employee				

IF MORE DEPENDENTS, PLEASE WRITE INFORMATION ON ANOTHER SHEET OF PAPER AND ATTACH

(C) THIS SECTION MUST BE COMPLETED IF YOU HAVE OTHER MEDICAL INSURANCE

Do you or any dependents have other health coverage? YES NO

If yes, provide information

Name of Policy Holder	Name of other Insurance Co	Policy #	Policy Type (single, etc)

Are you covered by Medicare?	YES	NO	
Are your spouse and/or dependents covered by Medicare?	YES	NO	

If enrolled in Medicare, please attach a copy of Medicare ID card(s)

(D) LIFE INSURANCE BENEFICIARY'S NAME(S) (Please print) Group Policy# 5479448 Annual Salary: $

Last Name	First Name	Middle Initial	Relationship to Employee	%
Last Name	First Name	Middle Initial	Relationship to Employee	%

I confirm that the information I have provided on this form is complete and accurate.

(Employee Signature) **Date**

Dependent Enrollment Procedures 2018-2019

This form and appropriate documentation ***MUST BE SUBMITTED DURING THE ELIGIBILITY PERIOD*** *(within* ***31 days of the qualifying event****) before coverage will be effective. If all documents are not provided within the eligibility period (****31 days****) or during the open enrollment period (****31 days****), your dependents will not be covered this plan year. You will need to wait until the next open enrollment to add your dependent.*

Dependent children are eligible until the end of the month they turn age 26, regardless of marriage or student status. A dependent child's spouse or child is *NOT* eligible for coverage.

In order to enroll any dependents for coverage under your district's insurance plans, you must provide documents showing that they qualify for dependent status. The following outlines who qualifies as a dependent and what documents are required:

Please present the following documents to your District Treasurer's or HR Office:

Spouse: Your legally married (including same sex) spouse, not legally separated or divorced.

Documents required:

1) Marriage certificate that has been filed with court **AND**
2) First page of your most recent Federal tax form (1040) showing that you are still married. Please black out Social Security numbers and financial information to protect your financial privacy.

Children: You or your spouse's natural or adopted child and/or a child for whom you are the legal guardian. EPC coverage terminates the end of the month they turn age 26.

Documents required:

1) Birth certificate naming you / your spouse as the parent **OR**
2) Adoption papers naming you / your spouse as adoptee parents **OR**
3) Appropriate court documents naming the employee/spouse as the child's legal guardian.

PART I - Dependent Enrollment Affidavit

Please present the following documents to your District Treasurer's or HR Office:

Spouse:

- Marriage certificate **AND**
- Front page of the most recent federally filed tax return. Actual income numbers can be blacked out.

For Each Child:

- Birth certificate naming the employee/spouse as the child's parent ***OR***
- Adoption papers naming the employee/spouse as the child's adoptive parent ***OR***
- Appropriate court documents naming the employee/spouse as the child's legal guardian.

By my signature on this form, I certify and warrant to my employer that all information submitted is true, correct and current as of the date signed and any attempt to enroll for/or maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action. I have provided the documentation for each eligible dependent as required. I understand I will be responsible for any claim payments made for ineligible dependents.

Signature of Employee (REQUIRED): _____ **Date:** _____

Please print Employee Name _____

Part II – Completion by HR/Treasurer Department

Please upload this affidavit and all required document(s) into staff member's file cabinet in Benelogic.

Dependent Name	*Spouse*		Children		
	Marriage Certificate	Recent Tax Form	Birth Cert	Adoption	Legal Guardianship

I have certified that all of the above has been reviewed and the dependents are eligible under the group benefit plan.

Signature of District HR/Treasurer's Department: _____

District: KETTERING CITY SCHOOL DISTRICT **Date:** _____

OPTUM Bank®

If you are enrolling in the medical plan, you must fill out this form.

Health Savings Account (HSA) Application

Toll-Free phone: 1-800-791-9361. **Save time by opening your account through optumbank.com. It's quick and easy!**

To avoid processing delays, please complete all fields on the application – starred fields (*) are required.

Mail your completed application to:
Optum Bank, P.O. Box 30777
Salt Lake City, UT 84130

Or fax both sides of this form to:
1-800-765-6766

PART 1: Personal Information – Account holder

Social Security # / Tax Identification #	*Date of Birth (mm/dd/yyyy)
___ - ___ - ____	__ / __ / ____

First Name	Middle Initial	*Last Name

*Street Address (cannot be a PO Box)	Apt #	*City	*State	*ZIP

Mailing Address (if different than street address)	Apt #	City	State	ZIP

Home Phone	Work Phone
(___) ___ - ____	(___) ___ - ____ ext. ____

Verification Code (such as your Mother's Maiden Name)
to be Used for Security Purposes – Up to 10 Letters

Email Address

PART 2: Request for additional debit card (optional)

If you wish to request a Health Savings Account Debit MasterCard® for use by an authorized user – either your spouse or another eligible dependent – please complete the section below.

Authorized User's First Name	Middle Initial	Last Name

PART 3: High deductible health plan (HDHP)/medical plan information

Medical Insurance Company or Carrier	*Medical Insurance Plan or Group #
UNITED HEALTHCARE	706393 KET

HDHP Member Identification # (you may find on your ID card)	*HDHP Effective Date
	01 / 01 / 2019

Who is covered? (check one): ☐ Individual ☐ Family [Individual + Dependent(s)]

Are you Enrolling in an HSA through your Employer? (check one): ☒ Yes ☐ No	If Yes, Provide your Employer's Name:
	KETTERING CSD

PLEASE TURN PAGE OVER AND COMPLETE BOTH SIDES OF THIS APPLICATION >

PER THE USA PATRIOT ACT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PART 4: Beneficiary information (optional)

If you don't designate a beneficiary, the funds will go to your legal spouse if you have one. If you are not married at the time of your death, the funds will go to your estate. You can update this information once your account is opened by logging in to your account.

PART 5: Required signature (Please Read Before Signing)

By signing below, I acknowledge and certify that:

- I wish to establish a health savings account ("HSA") with Optum Bank as custodian.
- I understand the eligibility requirements for deposits made to my HSA and state that I qualify to make deposits to this account. I have reviewed this application and understand and agree that my HSA will be opened under and governed by Optum Bank's Custodial and Deposit Agreement and that the terms and conditions therein will be binding on me. This document will be sent to me when my account is opened, along with Optum Bank's Privacy Policy and Schedule of Fees.
- I authorize Optum Bank to provide information about my HSA, including my account number, to my employer (if applicable) and those acting on behalf of my employer or Optum Bank (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA and authorize my employer and its designee to take such action deemed necessary and appropriate by my employer to administer my HSA, including but not limited to, effectuating deposits and correcting errors where necessary.
- I understand my monthly account statements will be made available to me electronically. I agree to notify Optum Bank if I wish to have statements mailed to my home address.
- I have requested a Health Savings Account (HSA) Debit MasterCard and if I have filled out the information to request an additional debit card, I hereby request Optum Bank to issue a debit card on my account to the person indicated and I acknowledge I will be liable for the use of the debit card by the Authorized User.
- I certify that the information provided in this application is true and complete.

X_____ _____

*Account Holder – Signature Required Date

IMPORTANT: We cannot process this application without your signature.

PART 6: Opening deposit

We will notify you when your application is approved and your account is open. Then, you can log into your account to make deposits. Or, you can download a contribution/deposit form from optumbank.com and return it with a check or money order.

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