

Enrolling Employees

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How to Enroll Employees

Timely Enrollee Requirements – Contributory (Standard Language)

A contributory plan is one in which the employer and employees share in the cost of the insurance.

An enrollment form **must be properly completed, signed and dated** by the employee within the eligibility waiting period (usually 31 days) and must be received by Home Office within 31 days after the completion of the eligibility waiting period.

Note: The following applies unless otherwise stated in your Plan. Please refer to the Group Policy/Plan for specific details.

Medical - Dental - Vision - Basic Life - Supplemental Life - Voluntary Term Life - STD - LTD Coverages:

- If the plan states that employee insurance begins “on the first day of the policy month” and the enrollment form is received within the eligibility waiting period, the employee will become insured on the later of:
 - the first day of the policy month which coincides with or follows the day the employee becomes eligible; or
 - the first day of the policy month which coincides with or follows the date the enrollment form is signed by the employee.

Example “on the first day of the policy month” below:

EMPLOYEE PERMANENT FULL-TIME HIRE DATE	TWO MONTHS WAITING PERIOD	ELIGIBILITY DATE	IF FORM IS SIGNED AND DATED NO LATER THAN 04-01 THE EFFECTIVE DATE IS	ELIGIBILITY PERIOD 31-DAYS	LAST DAY TO SIGN AND DATE ENROLLMENT FORM IF SIGNED AFTER 04-14, THE LATE PROVISIONS OF THE PLAN APPLIES	IF FORM IS SIGNED AND DATED FROM 04-02 TO 04-14 EFFECTIVE DATE IS
01-15	+ 2 months	03-15	04-01*	-----	04-14	05-01*

- If the plan states that employee insurance begins “on the day” and the enrollment form is received within the eligibility waiting period, the employee will become insured on the later of:
 - the day the employee becomes eligible; or
 - the date the enrollment form is signed by the employee.

Example “on the day” below:

EMPLOYEE PERMANENT FULL-TIME HIRE DATE	TWO MONTHS WAITING PERIOD	ELIGIBILITY DATE	IF FORM IS SIGNED AND DATED NO LATER THAN 03-15 THE EFFECTIVE DATE IS	ELIGIBILITY PERIOD 31-DAYS	LAST DAY TO SIGN AND DATE ENROLLMENT FORM IF SIGNED AFTER 04-14, THE LATE PROVISIONS OF THE PLAN APPLIES	IF FORM IS SIGNED AND DATED FROM 03-16 TO 04-14 EFFECTIVE DATE IS
01-15	+ 2 months	03-15	03-15*	-----	04-14	Signature date*

DentaBenefits

The employee will become insured the first day of the policy month following the date specified by the Policyholder in its enrollment information. Example below:

EMPLOYEE PERMANENT FULL-TIME HIRE DATE	TWO MONTHS WAITING PERIOD	ELIGIBILITY DATE	IF FORM IS SIGNED AND DATED NO LATER THAN 04-01 THE EFFECTIVE DATE IS	ELIGIBILITY PERIOD 31-DAYS	LAST DAY TO SIGN AND DATE ENROLLMENT FORM IF SIGNED AFTER 04-14, THE LATE PROVISIONS OF THE PLAN APPLIES	IF FORM IS SIGNED AND DATED FROM 04-02 TO 04-14 EFFECTIVE DATE IS
01-15	+ 2 months	03-15	04-01*	-----	04-14	05-01*

*The effective date is based on the date the employee signs and dates the enrollment form provided it is within 31 days of eligibility.

NOTE: If the waiting period is by days, the employee becomes eligible on the day after completion of such waiting period.

Timely Enrollee Requirements – Contributory (Optional Language)

Medical - Dental - Vision - Basic Life - Supplemental Life - Voluntary Term Life - STD - LTD Coverages:

If the plan states that employee insurance begins “on the first day” of the policy month and the enrollment form is received within the eligibility waiting period, the employee will become insured on the first day of the policy month which coincides with or follows the day the employee becomes eligible.

Example “on the first day of the policy month” below:

EMPLOYEE PERMANENT FULL-TIME HIRE DATE	TWO MONTHS WAITING PERIOD	ELIGIBILITY DATE	IF FORM IS SIGNED AND DATED NO LATER THAN 04-01 THE EFFECTIVE DATE IS	ELIGIBILITY PERIOD 31-DAYS	LAST DAY TO SIGN AND DATE ENROLLMENT FORM IF SIGNED AFTER 04-14, THE LATE PROVISIONS OF THE PLAN APPLIES	IF FORM IS SIGNED AND DATED FROM 04-02 TO 04-14 EFFECTIVE DATE IS
01-15	+ 2 months	03-15	04-01*	-----	04-14	04-01*

If the plan states that employee insurance begins “on the day” and the enrollment form is received within the eligibility waiting period, the employee will become insured on the day the employee becomes eligible.

Example “on the day” below:

EMPLOYEE PERMANENT FULL-TIME HIRE DATE	TWO MONTHS WAITING PERIOD	ELIGIBILITY DATE	IF FORM IS SIGNED AND DATED NO LATER THAN 03-15 THE EFFECTIVE DATE IS	ELIGIBILITY PERIOD 31-DAYS	LAST DAY TO SIGN AND DATE ENROLLMENT FORM IF SIGNED AFTER 04-14, THE LATE PROVISIONS OF THE PLAN APPLIES	IF FORM IS SIGNED AND DATED FROM 03-16 TO 04-14 EFFECTIVE DATE IS
01-15	+ 2 months	03-15	03-15*	-----	04-14	03-15*

*The effective date is based on the date the employee signs and dates the enrollment form provided it is within 31 days of eligibility.

NOTE: If the waiting period is by days, the employee becomes eligible on the day after completion of such waiting period.

Basic Life - Supplemental Life - Voluntary Term Life Coverages:

Do not remit premiums for amounts over the Guarantee Issue amount until you have received formal approval from us to begin payroll deductions.

All eligible employees will automatically be covered for the amount of life insurance requested, up to the guarantee issue amount or maximum the policy allows, whichever is less. The guarantee issue amount is the amount of coverage for which employees (and eligible dependents, if applicable) are eligible without providing evidence of good health. To receive the guarantee issue amount, employees must apply within 31 days of the date they become eligible. Refer to your Master Policy/Contract for your group’s guarantee issue amount. Life Insurance over the guarantee issue amount requires a health application to be completed by the employee. Medical records, exams and/or blood profiles may also be subsequently requested by Group Underwriting – Individual Selection.

Timely Enrollees Requirements – Non-Contributory

Medical - Dental - Vision - Basic Life - Supplemental Life - STD - LTD Coverages:

1. A noncontributory plan is one in which the employer pays the entire cost of the employee and/or dependent insurance.
2. On the noncontributory plan, a properly completed, signed and dated enrollment form must be completed by every newly hired eligible employee on or before his/her eligibility date. If the Plan is also noncontributory for the dependents, every eligible dependent must be indicated on the enrollment form for coverage.
3. If the enrollment information is not received within 31 days from the eligibility date, the appropriate retroactive premium will be required and reflected on a subsequent billing statement. If the Plan is self-billed, the employer is responsible for submitting retro premiums.

Note: The above applies unless otherwise stated in your Plan. Please refer to the Group Policy/Plan for specific details.

Enrollment Forms

Group Office representative will provide you with the enrollment forms/kits applicable to your Group Policy/Plan.

When collecting the completed enrollment/applications from your employees, please send them to Group Premium and Enrollment Services at the address listed in the Contacts section. Premiums should not be submitted until the name appears on the billing statement. After processing, our Group Premium and Enrollment Services Department will return the forms and applications to you for your records, if applicable.

Note: Acceptance of premium does not deem an employee eligible at time of claim. Refer to the Group Policy/Plan for eligibility provisions that are specific to your Plan(s).

Note: A person who is unauthorized to work in the United States pursuant to the Immigration and Nationality Act and related rules and regulations is not eligible for insurance under the Group Policy/Plan.

Note: If the waiting period exceeds 60 days, do not submit the enrollment form to us until 30 days before the expiration of the waiting period.

Note: If the group has Life Coverage, the enrollment form must be signed and dated by the employee for beneficiary purposes.

Note: DO NOT deduct premium for any amount or additional coverage that requires a health application or exam. Group Underwriting - Individual Selection will provide you with the notification of approval or denial, and if approved, the date to begin payroll deductions.

Late Enrollees Requirements

If the employee's enrollment form is signed and dated **more than 31 days after** the employee's completion of the eligibility waiting period, the Late Enrollee provisions as specified in the Group Policy/Plan will be applied to the employee and any eligible dependents. The Late Enrollee provisions also applies if the insured employee's written request for dependent coverage is signed and dated more than 31 days after acquiring an eligible dependent. **The following applies unless otherwise stated in your Plan. Please refer to the Group Policy/Plan for specific details.**

- **Medical Coverage**

Please refer to the employee and/or dependent Late Enrollee provisions specified in the Group Policy/Plan for specific details, in addition to other provisions that may also apply (i.e., Subsequent Enrollment Periods, or as otherwise stated in the Group Policy/Plan). In certain situations, the Special Enrollment provisions may apply as specified in the Group Policy/Plan.

- **Dental and Vision Coverages**

Employee and/or dependent will be subject to the Late Entrant Limit or Benefit Waiting Periods as specified in the Group Policy/Plan and may be subject to other provisions (i.e., Subsequent Enrollment Periods, or as otherwise stated in the Group Policy/Plan).

- **Dental Benefits Coverage**

Employee and/or dependent(s) will be subject to the Late Enrollment provision as specified in the Group Policy/Plan. Employees (and any eligible dependents) cannot enroll for dental coverage until the next annual enrollment period as designated by the group.

- **Life, AD&D, Short Term Disability and Long Term Disability Coverages**

The Late Request provision of your plan requires satisfactory evidence of insurability for all Late Enrollees, (which includes employees who previously declined coverage). Employees must complete a health application and return it to you. The application and copy of the enrollment form should then be forwarded to Mutual of Omaha, Group Underwriting-Individual Selection. Upon our receipt, medical records, exams and/or blood profiles, at the employee's own expense, may also be subsequently requested by Group Underwriting – Individual Selection. Coverage will be subject to Insurance Company's approval. If approved, we will provide you the date the insurance will begin. We will provide you with notification of the approval or denial. **Do not remit premiums until you have received formal approval from us to begin payroll deductions.**

Statement of Responsibility for a Dependent Child Form Instructions

A Statement of Responsibility for a Dependent Child is to be completed for all foster children, stepchildren, grandchildren, or any child who is not the employee's biological child (does not apply to an adopted child). This form represents the additional enrollment information that is necessary to determine the eligibility of a dependent child.

This form should be completed at the time of the employee's eligibility waiting period for initial enrollment or request for dependent insurance to avoid processing delays.

Obtain forms specific to your plan from your Group Office or visit our Website.

Note: This form is not required for an employee's natural born child(ren) or adopted child(ren).

How to Complete the Statement of Responsibility for a Dependent Child Form:

1. The form must be completed for **each** child.
2. All information requested (1-18) on this form must be completed in full.
3. Requires the employee's signature and date the form was completed.
4. **Please attach the entire court orders or other document** for legal custody or guardianship for a child, if question 16 is answered "Yes."
5. The form and any attachments must be reviewed by the Home Office to verify all plan requirements have been met in accordance to the Group Policy/Plan.
6. If the plan requirements are not met, dependent coverage for the child(ren) will be declined.
7. If the plan requirements are met, Group Premium and Enrollment Services will determine the effective date of coverage. If the request for dependent coverage is not received timely (within the eligibility waiting period), the Late provisions as specified in the Group Policy/Plan will be applied.

Please refer to your Group Policy/Plan for a specific definition of "eligible dependent" to your Plan.

NOTE: For Life Products Only - The Statement of Responsibility form is not required to be provided to the insurance company until the time of claim for determination of the dependent's eligibility under the Group Policy. Please refer to dependent eligibility requirements specific to your group policy.

Student Dependent Attendance Report Instructions

Employees use this form to submit student information for dependents over the plan's limiting age. (Please refer to your Group Policy/Plan for the exact qualifying limiting and maximum ages applicable to your Plan.)

Obtain forms specific to your Plan from your Group Office or visit our Website.

This form must be completed, signed and dated by the employee when requesting dependent coverage for a full-time student over the limiting age; and also must be filed with the first claim submitted each semester. If all questions are not answered, consideration of the claim may be delayed.

Note: A dependent child is considered a full-time student based solely on that college, university or other learning institution's definition of full-time student. In addition, employees may be requested to obtain documentation from the school to verify the dependent's full-time student status.

How to Complete the Student Dependent Attendance Form:

1. The employee must complete this form for each child over the limiting age, but not exceeding the maximum age as specified in your Plan.
2. All information requested (1-11) on this form must be completed in full.
3. Question #4 requires the dates of all current and subsequent semesters, and number of credit hours for the next 12 months to be completed.
4. Question #5 requires the child's enrollment dates of the prior semester.
5. Question #7 verifies whether the child is chiefly dependent upon the employee for support and if the child is reported on the employee's income taxes.
6. Requires the employee's signature and date the form was completed.
7. If the Plan requirements are not met, dependent coverage for the child(ren) will be declined.
8. If the Plan requirements are met, Group Premium and Enrollment Services will determine the effective date of coverage. If the request for dependent coverage is not received timely (within the eligibility waiting period), the Late provisions as specified in the Group Policy/Plan will be applied.

Please refer to your Group Policy/Plan for a specific definition of "eligible dependent" to your Plan.

NOTE: For Life Products Only - The Student Dependent Attendance Report form is not required to be provided to the insurance company until the time of claim for determination of the dependent's eligibility under the Group Policy. Please refer to dependent eligibility requirements specific to your group policy.

Proof of Incapacitated Child Form Instructions

Insurance for a child who is mentally or physically handicapped on the day the child attains Limiting Age and/or is no longer a full-time student prior to attaining the Limiting Age in accordance to the Group Policy/Plan, may be continued if the child is:

1. insured under this Policy/Plan immediately prior to attaining the Limiting Age;
2. continuously insured under this Policy/Plan from the day the child attains the Limiting Age;
3. chiefly dependent on You for support; and
4. not capable of self-sustaining employment,

as indicated by evidence acceptable and received by us no later than 31 days after the child attains the Limiting Age; and thereafter as required, but not more than once every two years. Insurance under this provision will end in accordance with the When Dependents Insurance Ends provision.

Obtain forms specific to your Plan from your Group Office (this form is not available on our Website).

How to Complete the Proof of Incapacitated Child Form:

Employer is responsible for completing (typing) the entire section "To Be Completed by Employer":

The employee must:

1. Complete the entire section "To Be Completed By Employee";
2. Sign and date the Authorization to Release Claim Information.
3. Have the attending Physician complete the reverse side of the form in its entirety.
4. Submit the form to the appropriate Group Claims area for review.

The Group Claims area will review the form and determine if the child meets the dependent eligibility provisions as specified in the Group Policy/Plan. Notice of approval or denial will be sent to the employer and the employee.

Please refer to your Group Policy/Plan for a specific definition of "eligible dependent" to your Plan.