

LAST NAME		DISTRICT	
FIRST NAME		SOCIAL SECURITY NUMBER	

LAKE ERIE REGIONAL COUNCIL

1885 Lake Avenue, Elyria, Ohio 44035 440-324-5777 Fax: 440-324-4485

INSURANCE ENROLLMENT FORM-Please return to your district office

STREET ADDRESS		CITY		ZIP CODE	
----------------	--	------	--	----------	--

BIRTH DATE		SEX		DATE OF HIRE		EFFECTIVE DATE OF COVERAGE	
------------	--	-----	--	--------------	--	----------------------------	--

STATUS	SINGLE		MARRIED		MARRIAGE DATE		DIVORCED		WIDOWED		PHONE	
--------	--------	--	---------	--	---------------	--	----------	--	---------	--	-------	--

MEDICAL PLANS	SINGLE	FAMILY	DECLINE	ADDITIONAL MEDICAL PLANS Please note all schools do not offer these plans	SINGLE	FAMILY	DECLINE
PREMIUM PLAN ALL DISTRICTS EXCEPT FIRELANDS				STANDARD PLAN CLEARVIEW, COLUMBIA, FIRELANDS KEYSTONE, LORAIN			
MINIMUM VALUE PLAN (Affordable Care Act) ALL DISTRICTS				BASIC PLAN COLUMBIA, FIRELANDS, KEYSTONE, LORAIN			
DENTAL PLANS	SINGLE	FAMILY	DECLINE	VISION PLANS	SINGLE	FAMILY	DECLINE
DELTA DENTAL PPO All districts except those listed below				EYEMED All districts			
DENTAL A PPO-AMHERST DENTAL A 200-LORAIN							
DENTAL B EPO-AMHERST DENTAL B-1000-LORAIN							

I would like to cover the following dependents:									
DEPENDENT	LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DEN	VIS	
SPOUSE									
DEPENDENT									
DEPENDENT									
DEPENDENT									
DEPENDENT									
DEPENDENT									

DOES YOUR SPOUSE WORK FOR ANOTHER SCHOOL DISTRICT?		DISTRICT NAME	
---	--	---------------	--

Are you or any dependent on Medicare?	YES		NO		MEDICARE POLICYHOLDER NAME	
---------------------------------------	-----	--	----	--	----------------------------	--

If you and/or your spouse are on Medicare but have coverage through LERC, your group health plan is primary and Medicare is secondary.

EMPLOYEE SIGNATURE		DATE	
--------------------	--	------	--

By signing I agree that I received a HIPAA Notice of Special Enrollment Rights Statement

TREASURER/DESIGNEE SIGNATURE		DATE	
------------------------------	--	------	--

Please note that birth certificates, marriage certificates, spousal forms and Social Security Card copies may be requested when necessary.