

ENROLLMENT/WAIVER FORM INSTRUCTION SHEET

NOTE: DO NOT FILL THIS OUT IF YOU ARE NOT ELIGIBLE TO PARTICIPATE IN THE HEALTHFLEX PLAN THROUGH YOUR EMPLOYER (i.e. if you are a lay employee working less than 30 hours per week or are a deacon appointed less than ½ time or a non-salaried Deacon)

Please follow these instructions carefully:

NOTE: This form is enrolling you in the HealthFlex Plan only – you will be asked to make a selection between the PPO Plan or EPO by marking the appropriate box at the top of the form. If no plan is selected you will automatically be enrolled in the PPO plan and may not make a plan change until open enrollment for an effective date of 1/1 of the next year.

Part 1: We have pre-filled out part of this section for you. A couple of the blanks are less than clear, so please note those at this time and fill out the appropriate response:

“Conference/Plan Sponsor” fill in the name of your church or employer.

“Membership” your current status with the Central Texas Conference

“Membership Effective Date” the date that your current status went into effect

“Percentage of Employment” deacons only check one of the boxes.

Part 2 – Dependent information:

Follow instructions 1 – 4 printed on enrollment form

Part 3 – Participant Signature: sign and date in the appropriate spaces.

Part 4 – Plan Sponsor Authorization of Enrollment/Change for lay employees: this section is to be signed and dated by the person at your church who is responsible for administering this plan. For Clergy: this section is to be signed and dated by Conference Office.

Part 5 – Declination of Coverage this section is to be signed by an employee who is declining coverage on themselves or ANY of their eligible dependents (*this section must be signed in order to be eligible for enrollment outside of open enrollment in the case of a change in family status*)

NOTICE to ANY Clergy waiving coverage: Your church will still be responsible for a monthly MINIMUM CONTRIBUTION equal to the SINGLE PPO CLERGY RATE.

Part 8 – Mailing Address Only fill this out if you wish to receive mail from Healthflex and/or Blue Cross Blue Shield at an address other than that listed in Part 1

IF YOU ARE WAIVING COVERAGE FOR YOURSELF AND/OR FOR YOUR ELIGIBLE DEPENDENTS YOU MUST:

Part1: Fill out all personal information and name of church.

Part 2: Fill out information with your name on the first line, your spouses name on the second line, and all eligible dependents on the following lines (more space to fill out dependents may be found in Part 9). Check the box under the heading “Cover?” indication which persons for whom you are declining coverage and whether they have other health insurance.

Part 5: Read the statement carefully in Part 5 and sign and date.

**Completed Enrollment Forms
must be returned to the Conference Office
464 Bailey Ave Fort Worth, TX 76107
fax: 817.338.4541
within 31 days of your hire date or eligibility date**