Concordia Plan Services
The Lutheran Church—Missouri Synod
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CONCORDIA PLAN SERVICES

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Reason for Non-Enrollment in the Concordia Health Plan

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A Instructions

- If you are declining or have previously declined coverage under the Concordia Health Plan (CHP) for yourself or your eligible dependent(s), this form must be completed in order to preserve special enrollment rights under the CHP for you and/or your dependents in the future. (Terms of Special Enrollment are provided on reverse side.)
- If you are requesting to terminate coverage for yourself or any dependents in the CHP, you must complete a Request for Membership Change form **instead** of this form.

B Employer Information

Employer Name _____ Employer ID Number _____

Employer Address _____

City _____ State _____ Zip Code _____ Daytime Phone Number _____

C Worker Information

Full Name (Last, First, Middle Initial) _____ Previous Last Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Email Address _____ Daytime Phone Number _____

D Reason For Non-Enrollment in The Concordia Health Plan

Place a check mark on the line next to the reason you, your spouse, or dependent child(ren) are declining CHP coverage.

Worker	Dependent Spouse	Dependent Child(ren)	
☐	☐	☐	Covered under spouse's or parent's group health plan (coverage by virtue of employment, including military service). (CODE 51)
☐	☐	☐	Covered as a dependent under my spouse who is also enrolled in CHP as a worker. (CODE 72)
☐	☐	☐	Covered under a military plan (TRICARE) as a retiree, a state mandated health plan (e.g., Hawaii), or another country's mandatory health plan while residing outside the United States. (CODE 52)
☐	☐	☐	Covered under a Medicare supplemental plan or other government plan (e.g., Medicaid). (CODE 63)
☐	☐	☐	Covered under a former employer's health plan or COBRA plan. (CODE 64)
☐	☐	☐	Covered under non-LCMS employer's health plan. (CODE 65)
☐	☐	☐	Purchased coverage through the Health Insurance Marketplace made available by the Affordable Care Act and was eligible for a Premium Tax Credit at the time such coverage was purchased. (CODE 73)
☐	☐	☐	Not eligible for enrollment at this time due to the number of hours worked. (CODE 55)
☐	☐	☐	Other reason (CODE 70) _____

E Worker's Signature

I understand that any future request for enrollment in the Concordia Health Plan may be delayed until an open enrollment period is provided, unless I and/or my eligible dependent(s) become eligible for "special enrollment" as outlined on the reverse side.

X _____

Signature of Worker _____ Date _____

(Continued on reverse side)

E Terms of Special Enrollment

Special Enrollment: Workers and/or their eligible dependent(s), who previously declined CHP coverage due to other coverage in another health plan, may be eligible to enroll in the CHP at a later date under the special enrollment provisions if they are eligible for coverage and the following conditions are met. Application for special enrollment in the CHP must be received by Concordia Plan Services **as soon as possible but no later than 60 days** after the event (i.e., loss of other health coverage or the reason for requesting CHP enrollment).

a. *Statement of reason for declining coverage.* The worker must provide a statement at the time coverage is declined indicating the reason for declining coverage. **Any break in covered periods must be less than 63 days.**

b. *COBRA coverage exhausted.* If coverage was declined for a worker and/or any dependent(s) because the other coverage was COBRA continuation coverage, the COBRA continuation coverage must be exhausted before the special enrollment will be available. **Any break in covered periods must be less than 63 days.**

c. *Loss of other coverage.* If the other coverage that applied to the worker and/or any dependent(s) when enrollment was declined was not COBRA continuation coverage, then to be eligible for the special enrollment period, the coverage must be lost due to a loss of eligibility for the other coverage or the employer contributions toward the other coverage must have ended. Loss of eligibility includes a loss of coverage due to divorce, legal separation, death, termination of employment, or reduction in hours of employment. Loss of coverage does not include a loss due to failure of the participant to pay premiums for any reason or termination of the other coverage for cause. **Any break in covered periods must be less than 63 days.**

d. *Children's Health Insurance Program (CHIP) Reauthorization Act of 2009.* A worker (or dependent) who is eligible, but not enrolled for coverage, may enroll for coverage if: (1) The worker (or dependent) is covered under a state Medicaid or state children's health insurance plan and coverage is terminated as the result of the loss of eligibility for Medicaid or state children's health insurance coverage; or (2) The worker (or dependent) becomes eligible for premium assistance to purchase coverage under the group health plan provided by the applicable state Medicaid or state children's health insurance plan; and (3) The worker requests coverage **no later than 60 days** after the date eligibility is lost or the date the worker (or dependent) is determined to be eligible for state premium assistance.

e. *New dependent due to marriage, birth, adoption, or placement for adoption.* If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependents. However, you *must* request enrollment in writing **within 60 days** after the marriage, birth, adoption, or placement for adoption. Failure to enroll within the 60-day period may result in enrollment being delayed until the next open enrollment period.

f. *Certification.* A certificate of prior coverage or similar evidence of prior coverage must be submitted with the request for special enrollment. In lieu of a certificate of prior coverage, the individual may demonstrate prior coverage by (1) attesting to such coverage, (2) providing corroborating evidence (e.g., a doctor's bill or pay stub showing payroll deduction), and (3) cooperating with the plan to demonstrate coverage. *An individual who meets all three criteria will be treated as providing certification of prior coverage.*

All questions about special enrollment should be directed to
Concordia Plan Services.
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