Concordia Plan Services
The Lutheran Church—Missouri Synod
PO Box 229007
St. Louis, MO 63122-9007

CONCORDIA PLANS

Toll Free: 888-927-7526
St. Louis: 314-965-7580
Fax: 314-996-1127
E-mail: info@ConcordiaPlans.org
Website: ConcordiaPlans.org

Seminary Student Concordia Health Plan Special Enrollment Application Form

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

Clear

A Seminary Information

Please check one.

☒ Concordia Seminary
801 Seminary Place
St. Louis, MO 63105
Phone: 314-505-7000
Account SEMSL

☐ Concordia Theological Seminary
6600 North Clinton St.
Fort Wayne, IN 46825
Phone: 260-452-2100
Account SEMFW

B Student Information

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

Home Address _____ City _____ State _____ Zip Code _____

Email Address _____ Daytime Phone Number _____

C Marital Status (MM/DD/YYYY)

☐ Single – Never Married
☐ Married, Date . . . . . _____
☐ Widowed, Date. . . . . _____
☐ Divorced, Date . . . . . _____
☐ Legally Separated, Date _____

D

Home Phone Number _____

Cell Phone Number _____

Fax Phone Number _____

Country in Which You Hold Citizenship _____

E Concordia Health Plan Coverage Level

Please check your desired level of coverage from the following:

☐ Self Only (Class 1) ☐ Self and Spouse (Class 2) ☐ Self and Child(ren) (Class 3) ☐ Self, Spouse, and Child(ren) (Class 4)

F Dependent Information

If you are adding a spouse or child, the following information is required. To enroll your child(ren), review 1 and 2 below to determine their eligibility as dependents for the CHP. You may be required to submit a birth certificate or legal documentation. If your spouse is on active duty in any military force of any country, they are not eligible to be enrolled as a dependent.

1. Your child, up to age 26, regardless of student, marital or disabled status.
2. Your unmarried totally disabled child age 26 and older who became disabled before attaining age 26 (subject to approval).

THE FOLLOWING DEPENDENT(S) IS/ARE TO BE ENROLLED IN THE CHP:

- *If listing more dependents than space provided, attach sheet giving information as requested below.*
- *If adding a newborn, do not wait for a Social Security number (SSN) to be issued to add the child. Once the newborn's SSN is issued, submit it to Concordia Plan Services.*

Dependent's Full Name	Relationship	Date of Birth	Social Security Number

(Continued on reverse side)

G Important Notice Regarding Special Enrollment in the Concordia Health Plan

Are you requesting coverage for yourself and/or your eligible dependents because you and/or your dependent(s) were covered under another health plan and are now no longer eligible for such coverage? ☐ YES ☐ NO

If you check "yes," we must have a copy of a certificate of prior coverage for each individual for whom coverage is being requested. A COBRA extension form CANNOT be accepted as a certificate of prior coverage.

Note: If you are unable to promptly obtain a certificate of prior coverage, please submit this application within 60 days of the loss of other coverage and send a copy of the certificate of prior coverage once you have received it. The information submitted will be reviewed to determine special enrollment eligibility in the CHP. If all the requirements are met, eligibility for coverage will be effective on the first day of the calendar month coinciding with or next following the loss of other coverage.

Please provide information regarding the other insurance:

Type of Policy (e.g., medical, dental, etc.)

Name of Insurance Company/Carrier | Policy Number

Street Address | City | State | Zip Code | Phone Number

Date Other Coverage Began | Date Other Coverage Terminated | Reason Other Coverage Terminated

H Terms of Special Enrollment

Special Enrollment: Students 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. *Loss of other coverage.* 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.**

b. *Children's Health Insurance Program (CHIP) Reauthorization Act of 2009.* A student (or dependent) who is eligible, but not enrolled for coverage, may enroll for coverage if: (1) The student (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 student (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 student requests coverage **no later than 60 days** after the date eligibility is lost or the date the student (or dependent) is determined to be eligible for state premium assistance.

c. *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.

d. *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.*

I Student Signature

I verify that the information entered on this form is current and correct to the best of my knowledge. I understand that if I have elected coverage, the cost of participation is my responsibility, according to the provisions of the Concordia Health Plan. Furthermore, I understand that the Seminary will collect the cost of the health coverage from me and remit the amount due to Concordia Plan Services on my behalf. I agree to provide legal documentation of any dependent's relationship to me upon request. I agree to notify Concordia Plan Services immediately if any of my dependents' eligibility changes in the future.

X

Signature of Student | Date

J Seminary Representative Signature

I verify that the information entered on this form is current and correct to the best of our knowledge. If the student has elected coverage, the Seminary agrees to obtain from him or her, the cost for participation required according to the provisions of the Concordia Health Plan, and to remit the amount due directly to Concordia Plan Services.

X

Signature of Authorized Seminary Representative | Date

Printed Name of Authorized Seminary Representative | Title or Office Held

Email Address | Daytime Phone Number