

**GROUP HEALTH
INFORMATION
RELEASE ID**



408 E. Parkcenter Blvd., Suite 100
Boise, ID 83706
(208) 342-3709 or (888) 492-2875
Membership Fax (541) 225-3642
PacificSource.com

To reduce paperwork for you, PacificSource may accept another insurer's enrollment application or the Idaho universal application as an alternative application for your enrollment in PacificSource group coverage. To be acceptable, the application must contain substantially the same information as a PacificSource Small Group Enrollment Application, and must comply with Idaho law that permits the use of such an application. If the other application does not contain everything needed to complete your enrollment, you may be asked later for additional information.

Employee Information										
Employer/Group Name										
Employee Last Name	First Name	M.I.	Social Security Number							
						-			-	
Name/Description of Attached Application										

To accept the alternative application, we require that you: (a) acknowledge that you understand how your information may be used, and (b) authorize its use in the manner described. Please read, sign, and date the Health Information Acknowledgement and Declaration below.

Health Information Acknowledgement and Declaration
<p>I acknowledge and understand that my health plan may request or disclose health information about me or my dependents (persons who are listed for benefits coverage on this enrollment form) from time to time for the purpose of facilitating health care treatment, payment, or for business operations necessary to administer healthcare benefits; or as required by law. Health information requested or disclosed may be related to treatment or services performed by: a physician, dentist, pharmacist, or other physical or behavioral healthcare practitioner; a clinic, hospital, long-term care, or other medical facility; any other institution providing care, treatment, consultation, pharmaceuticals or supplies, or an insurer or group health plan.</p> <p>Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes). A separate authorization will be used to obtain information regarding psychotherapy notes. I also understand that this authorization is needed for the purpose of gathering information to make eligibility or underwriting and risk rating determinations.</p> <p>As proof of status of employment, I authorize my employer to release to PacificSource appropriate documents, including but not limited to W-2 Wage and Tax Statements and other wage and tax summaries or forms.</p> <p>Unless revoked earlier, this authorization will be valid for sixty (60) days after the date it is signed. I understand that I can revoke this authorization at any time by giving written notices to PacificSource. I understand that this application will become part of the contract between PacificSource and my employer. I also understand that my revocation will not affect the rights of any individual who has acted in reliance on the authorization prior to receiving notice of my revocation.</p> <p>I understand that there is a possibility of re-disclosure of any information disclosed pursuant to this authorization and that information, once disclosed, may not be protected by federal rules governing privacy and confidentiality.</p> <p>I have reviewed all answers and, regardless of whether a producer or other person has completed the answers for me, I affirm that the answers on this application are true and complete. PacificSource may terminate or rescind an employer's group coverage for any revocation or misrepresentation or omission of fact that would have been material in acceptance of a risk, extension of coverage, provision of benefits, or payment of any claim.</p> <p>Employee Signature: _____ Date: _____</p>

The reverse side of this form contains important information about the group health plan's pre-existing medical condition exclusion period and your special enrollment rights. Please read the information carefully.

Important Information Regarding Small Group Enrollment – Please Read Carefully

Your enrollment application contains two parts: the Disclosures Section and the Enrollment Information Section. **Read the Disclosures Section** carefully. **Make a copy of the Disclosures page** and save it for future reference. **Complete the enrollment application.** Answer everything in the application that applies to you. Please **sign and date** before **returning the form to your plan administrator.**

Pre-Existing Condition Exclusion Period

What is a pre-existing condition? A pre-existing condition is any physical or mental condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a licensed provider during the six months preceding the effective date of coverage.

The pre-existing conditions exclusion period does not apply to: Newborn babies; Newly adopted children; Pregnancy; Genetic information without a diagnosis of a condition related to such information; Employees who re-enroll after a layoff if they returned to work within six months, to the extent the exclusion period was satisfied before the layoff (exclusion period does apply to their family members, however); or Employees who re-enroll after leave under the Family Medical Leave Act, and their previously enrolled dependents, to the extent the exclusion period was satisfied before the leave.

How long is coverage for pre-existing conditions excluded? The plan excludes coverage for pre-existing conditions for twelve months. The twelve-month exclusion period begins on your effective date of coverage.

If I had prior health coverage, will my pre-existing condition exclusion period be shortened or eliminated? You can receive credit if you had qualifying health coverage before enrolling in this plan and there was no more than a 63-day gap between your last day of coverage under the prior plan and your first day of coverage (or the first day of your employer's eligibility waiting/probationary period) under this plan. Your prior coverage must have been qualifying existing coverage. Dependents meeting these qualifications will qualify for credit.

It is your responsibility to show us you had creditable coverage in writing. If you qualify for credit, we will count every day of coverage under your prior plan toward this plan's exclusion period for pre-existing conditions.

How can I prove my prior creditable coverage? You can show evidence by sending us a Certificate of Creditable Coverage from your previous health plan. All health plans, insurance companies, and HMOs should provide these certificates on request, and most issue these automatically when coverage ends. The certificate shows how long you were covered under your previous plan and when coverage ended.

If you do not have a certificate of prior coverage, contact your prior insurance company or plan sponsor (such as your former employer, if a group health plan). If you are unable to obtain a certificate, contact the PacificSource Membership Services Department to assist you.

Example of how your plan's pre-existing exclusion period rules work. Mike worked at Oldco, and was covered under Oldco's group health plan for five months. He did not have any health coverage before his Oldco group plan. Mike quit his job at Oldco and did not elect any continuation coverage. Exactly 60 days after quitting, Mike was hired full time at Newco. Newco has a PacificSource group health plan. Mike enrolled in Newco's group plan as soon as he satisfied Newco's eligibility waiting/probationary period.

Mike will receive five months of prior coverage credit for the Oldco coverage because the gap was less than 63 days. His pre-existing conditions exclusion period is reduced to seven months, which begins on his enrollment date (after he satisfies Newco's eligibility waiting/probationary period). Mike's pre-existing conditions look back period is the six months ending on his hire date.

Health Statement Section

The Health Statement section must be filled out completely and accurately for each person listed on the application. The insurer may, at its discretion, request supplemental information from the applicant, any family member listed on this application, or any healthcare provider. If the insurer discovers any intentional misrepresentation, omission, or concealment of fact in obtaining coverage that was or would have been material to the insurer's acceptance of a risk, extension of coverage, provision of benefits, or payment of any claim, the insurer may take action against the applicant's employer, including but not limited to increasing premiums. If you learn at any time before approval of coverage by the Insurer that any answer on this application is incomplete, **you must advise the Insurer.**

Special Enrollment Rights – Employee and Eligible Family Members

This group health plan offered by your employer contains provisions that, in certain situations, may allow you or your eligible family members to enroll in the plan later if you decline enrollment when first eligible. If you or your family members decline coverage, you and your family members may enroll in the plan later if you qualify under Rule #1 or #2 below and a "Waiver of Coverage" form was submitted to PacificSource during your initial enrollment period or at the time you disenrolled in the group plan. **If you choose to decline coverage, you must complete a Waiver of Health Insurance Coverage form instead of this application.**

Rule #1 - If you declined enrollment because you had other qualifying health insurance coverage, you may enroll in this plan later if the other coverage ends involuntarily. This also applies to dependents that involuntarily lose other coverage. To enroll, request enrollment and pay required premium within 31 days of losing other coverage. Coverage begins on the first day of the month after other coverage ends.

"Involuntarily" means coverage ended because COBRA was exhausted, employment terminated, work hours were reduced below the employer's minimum requirement, other insurance was discontinued or the maximum lifetime benefit of other plan was exhausted, the employer's premium contributions toward the other insurance plan ended, or because of death of a spouse, divorce, or legal separation.

Rule #2 – If you acquire new dependents due to marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your new dependents if you request enrollment within 60 days of the marriage, adoption, or placement for adoption, or in the case of a newborn child, within 120 days of birth (a newborn child, including an adopted child placed with you within 60 days of birth, is automatically covered for the first 60 days of life).