Reset Form | Print Form

City of Long Beach Health/Dental Insurance Selection Form

No Changes	Current Plans	Action	Health	Beneficiary Information	Flex Spending / Long Term Care
If you are not making any changes, mark this box and sign at the bottom of the form. ☐	Health: Anthem ☐ PPO ☐ HMO _____ Dental: ☐ Delta ☐ UnitedHealthcare	**Mark all that apply:** ☐ New Enrollment ☐ Open Enrollment ☐ Cobra Enrollment ☐ Plan Change ☐ Name/AddressChange ☐ Add Dependent ☐ Delete Dependent	**Enroll or change to:** PPO ☐ Anthem Prudent Buyer HMO ☐ Anthem Premier HMO **Dental** **Enroll or change to:** ☐ Delta Dental ☐ UnitedHealthcare Dental	If you are changing coverage due to a change in family status and need to update your beneficiary information, please mark the appropriate box. ☐ **PERS** ☐ **Life Insurance** ☐ **Deferred Compensation** (Your PPA will provide the appropriate forms for processing these changes.)	Are you interested in signing up for: Flexible Spending? ☐ Yes ☐ No ***Long Term Care? ☐ Yes ☐ No ***Employees and spouses must complete a medical questionnaire (included in application package) as part of the application process. New employees are guaranteed a policy for themselves within 30 days of hire.

Effective Date:

Name:	**Birth Date:**	**Department:**	**Hire Date:**
Address:	**Sex:**	**Bureau/Division:**	
	Marital Status:	**Do you or any dependents have other health insurance?** ☐ Yes ☐ No	
Home/Cell Phone: / **Social Security No.:**	**Marriage/Divorce Date:**	Name of Insurance Co.: _____ Policy Number: _____ Employer Name (if applicable): _____	

LIST SELF AND (if applicable) DEPENDENTS

Relationship	Name	Add/Delete	Social Security No.	Birth Date	Sex	HMO Only: PCP Name	HMO Only: Group Name or No.	HMO Only: Current Doctor	UHC Dental Code
								Yes No	
								Yes No	
								Yes No	
								Yes No	
								Yes No	

Enrollment Agreement and Deduction Authorization

I acknowledge that the above information represents my enrollment choice(s). I understand that by signing this form I am electing to reduce my compensation in exchange for pre-tax health care coverage and I authorize payroll deductions for any required contribution. I understand my coverage elections cannot be changed until a future benefits enrollment period. I represent that to the best of my knowledge and belief, all statements and answers made on this form are true, complete and correct. If applicable, I hereby authorize any insurance company, hospital, physician or any other health care provider to release all information to all those who may have a bearing on benefits payable under this plan. Adjustments may be made to increase or decrease the amounts specified for deductions identified above by the City's Coding System, provided that the method, manner and amount of each such adjustment is in full compliance with the applicable laws or administrative rules and regulations of the City.

I understand that if my coverage is provided pursuant to an employer-sponsored benefit plan that it is exempt from ERISA or if I have a dispute that is not governed by ERISA that I will be subject to the following binding arbitration provision: If you are applying for coverage, please note that Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company require binding arbitration to settle all disputes including but not limited to disputes relating to the delivery of service under the plan/policy or any other issues related to the plan/policy and claims of medical malpractice, if the amount in dispute exceeds the jurisdictional limit of small claims court. It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. This means that you and Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company are Waiving the right to a jury trial for both medical malpractice claims, and any other disputes including disputes relating to the delivery of service under the plan/policy or any other issues related to the plan/policy.

Employee Signature _____ **Date** _____