PEIP Employee Enrollment Form

Minnesota Public Employees Insurance Program

Section 1: Employee Information

Employer Name	

First Name		**Social Security Number**	
Middle Initial		**Date of Birth**	
Last Name		**Gender**	
Address			
Phone			

Section 2: Coverage Options

Coverage Effective Date	
Enrollment Type	☐ **New Employee** (Date of Hire: _____) ☐ **Annual Open Enrollment** ☐ **COBRA** or ☐ **Early Retiree** ☐ **Loss of Other Coverage** (Supporting Documentation Required) ☐ **Other** (Explain: _____)
Network Carrier	☐ **HealthPartners** ☐ **Blue Cross Blue Shield**
Plan Level	☐ **Advantage High Plan** ☐ **HSA-Compatible Plan**
Coverage Tier	☐ **Employee Only** ☐ **Employee + Spouse** ☐ **Employee + Child(ren)** ☐ **Family**

Section 3: Covered Member Information

Use an additional form if covered family members exceed the allotted space. See PEIP Clinic Directory for PCC #.

Name	DOB	Gender	SSN	Primary Care Clinic Name & PCC #
Employee				
Spouse				
Child				
Child				
Child				
Child				
Child				

Section 4: Waiver of Coverage – *Only Complete if Not Enrolling in Coverage*

☐ I decline PEIP coverage because I have other health insurance.

☐ I decline PEIP coverage and do not have other health insurance.

Signature: _____ Date: _____

Section 5: Signature

I am applying for coverage under the Public Employees Insurance Program, subject to eligibility approval. I authorize my employer to share the information provided with the Public Employees Insurance Program, the selected insurance carrier, and authorized agents for eligibility verification, application processing, and any additional purposes described on the reverse of this application. This authorization remains valid until revoked by law. If premiums are paid through payroll, I authorize payroll deduction for my share.

Signature: _____ Date: _____

There are laws to protect your rights to: INFORMATION AND PRIVACY

Several state and federal laws aid in protecting your right to privacy and make it easier for you to review information in your insurance file. Under one of these laws, the **Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.43)**, you have the right to know:

A. Why the information is needed:
The information we request about you, your employment, and family members is needed for one or more of the following reasons:

- Determine whether you are eligible for the Minnesota Public Employees Insurance Program (PEIP).
- To establish the amount of insurance coverages you and/or your family members are eligible for.

B. Your rights regarding supplying information:

- **Minnesota Statute 13.04:** You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your application for insurance coverage under the group plan.
- **Federal Privacy Act of 1974 (Public Law 93-579):** Disclosure of your social security number is voluntary. It is requested to identify your records in the Minnesota Public Employees Insurance Program system maintained by the administrative organization responsible for enrollment and claims processing procedures for the Program. It is also used for records maintained by insurance companies. While you are not legally required to furnish this information, processing of your application for group benefits may be delayed without it.

C. Who the information is used by and how it is used:
The information we collect will be used by employees of the Minnesota Public Employees Insurance Program's administrative organization operating the group insurance program, federal and state tax authorities, and will be shared with the insurance carrier(s) and administrator involved in providing your benefits.

Depending on the coverage you request (and are eligible for), information may be used to:

- Provide enrollment and/or change information to your insurance carrier(s) and the Minnesota Public Employees Insurance Program administrative organization so they can provide benefits and pay claims.
- When required, provide underwriting information to insurance carrier(s) necessary to acquire insurance coverage.
- Prepare statistical reports and evaluative studies.

When you are no longer an active participant under the group insurance plan, your file will be kept until state document retention requirements are met.

D. What information you have access to:
You may request in writing to be shown insurance information about yourself that is maintained by your employer.

E. How can you obtain information on your benefit files:
Questions regarding your eligibility, level of coverage, and premium rates should be directed to the designated insurance representative for your employer. Questions regarding medical, dental or life insurance claims should be directed to the specific plan chosen.