



NationCare Change Form Small Employer

Complete Applicable Sections Only

Employee Name \_\_\_\_\_ Subscriber Id \_\_\_\_\_ Date Of Birth \_\_\_\_\_

A. EMPLOYEE/DEPENDENT INFORMATION CHANGE

Name Changed From \_\_\_\_\_ Marital Status Change  Legally Married  Divorced  Death
Name Changed To \_\_\_\_\_ Effective Date Of Marital Change \_\_\_\_\_
New Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ New Ph# \_\_\_\_\_

B. ADD NEWBORN/ADOPTED CHILD ONLY

Use this section only to add newborn children, adopted children, or children placed for adoption. This Change Form must be submitted within 31 days from the child's date of birth, adoption, or placement for adoption. all other dependents must submit a completed employee application.

Table with 6 columns: Last Name, First Name, Initial, Sex, Relationship, Date Of Birth (MM/DD/YY). Rows 1 and 2.

\*Submit copy of adoption or placement papers

C. DELETE FAMILY MEMBERS

Delete Children

Table with 5 columns: Last Name, First Name, Initial, Effective Date (MM/DD/YY), Reason. Rows 1, 2, 3.

Delete Spouse

Table with 5 columns: Last Name, First Name, Initial, Effective Date (MM/DD/YY), Reason. Reason options:  Death  Annulment\*  Divorce\*  Other  Open Enrollment

\*If you are deleting coverage for your spouse as a result of a recent divorce or annulment, please complete the following:

- If you have family coverage, you must submit the first and last page of the divorce decree and any page specifying coverage responsibilities for dependent children.
 If you do not have family coverage, your spouse may sign this form below acknowledging the request to discontinue coverage, or you may submit a copy of the first and last page of the divorce decree.

By signing this form, I acknowledge that I will no longer have healthcare coverage through nationcare. I understand that I may have rights to continue coverage as the result of my recent divorce and that additional information regarding how to continue coverage may be obtained through the plan sponsor (spouse's employer).

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Except for the reason of death or at open enrollment, spouse's signature is required.

D. EMPLOYEE TERMINATION/DISCONTINUATION OF MEDICAL BENEFITS (Check any applicable boxes for employee only)

Actual date of change \_\_\_\_\_ (last day worked/lost eligibility/retired, etc.)

- Termination of employment  Loss of eligibility (full- to part-time, etc. but still employed)  Waiving medical coverage (due to group coverage under a spouse or Parent plan). Must submit a waiver form
 Retirement  Termination of cobra coverage
 Death (employee signature not required)  No longer want coverage
 Leaving for active military service

E. EMPLOYEE SIGNATURE

By signing, you agree to the changes requested above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

F. EMPLOYER INFORMATION (Must be completed)

Note: If an employee is applying for cobra coverage, proof of cobra eligibility may be required. Employees applying for cobra coverage must complete a separate cobra form. Cobra questions can be answered by calling 415-625-2481. Cobra forms can be obtained by calling 801-442-5615.

After completing this change form, return by faxing to 801-442-5798.

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Group# \_\_\_\_\_

Comments \_\_\_\_\_

# Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 SelectHealth。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éí ná hólq', koji' hódíílnih SelectHealth.

ध्यान दनिहोस: तपार्इले नेपाली बोलनुहुन्छ भने तपार्इको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

تدعاسملا تامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم  
تكرشب ل لصتا. ن اجملاب كل رفاوتت ةيوجللا  
SelectHealth.

សមគ្គាល់: បីស៊ិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្នើរដំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ  
គឺអាចមានសរាប់ អ្នក ។ សូមទូរស័ព្ទមក  
SelectHealth ។

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

تامدخ، دینک یم تبحص یسراف نابز هب رگا: هجوت  
دهاوخ امش رای تخا رد ناگیار تروص هب ینابز کمک  
سامت هرامش قی رط زا. تفرگ  
SelectHealth.

ATENȚIE: Dacă vorbiți limba română, vă sunt disponibile servicii de asistență pentru această limbă în mod gratuit. Apelați SelectHealth.

ILANI: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo, zinapatikana kwako. Piga simu SelectHealth.

**SelectHealth: 1-800-538-5038**

**SelectHealth Advantage: 1-855-442-9900**

