

Enrollment exception request

To be completed by group:

Group name	Group number	Date
Group renewal month		
Member name	Member number	Date of hire
Requested enrollment exception effective date		
Exception request explanation		

	assumes and retains all responsibility for compliance with any laws related to this exception, including but not limited to any ERISA and tax laws, and agrees to indemnify and hold Premera Blue Cross HMO harmless from any loss or liability which may arise as a result of approving the attached enrollment exception.	
Group name		
Please note: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.		
Plan administrator name	Plan administrator signature X	Date

Key employee affidavit

<p>A key employee is one who would directly or indirectly cause substantial and grievous economic injury to the company if they were not hired.</p>	
<p>Is this a request to waive the probationary period for a key employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">If yes, please complete section below.</p>	
Job title:	
Job responsibilities:	
<p>By completing and signing this document the undersigned certify that the above-named individual is an active employee as of the above date of hire, meets the definition of a key employee stated above and would otherwise be eligible for group coverage under the employer's group health plan.</p>	
<p>X</p> <p style="text-align: center;">Group administrator signature</p>	

To be completed by Membership and Billing:

Analyst name	Group size	Probationary period
Premium impact	Premium amount	
Adds past current plus two <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____	Terms past current plus two <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____	
Medical/Dental claims impact \$ _____	Medical/Dental claims impact \$ _____ Rx (Express Scripts) claims impact \$ _____	
Date group notified of approval	Date group notified of denial	
Exception request explanation		

To be completed by Underwriting:

<input type="checkbox"/> Exception approved as requested		
<input type="checkbox"/> Exception approved with following revisions: _____		
<input type="checkbox"/> Exception approved provided the following conditions are met: _____		
<input type="checkbox"/> Exception denied		
Exception comments		
Underwriter name	Underwriter signature X	Date