



When completed send to [summabenefits@summahealth.org](mailto:summabenefits@summahealth.org)

# 2022 Summa Barberton Union Benefits Enrollment/Change Form

Full Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I have experienced the following Qualifying Event on date: \_\_\_\_\_ \*Documentation required  
 Hire  Employment Transfer  Birth of Child/Adoption\*  Marriage/Divorce\*  Death of Spouse/Child Date of Death: \_\_\_\_\_  
 Spouse/Child's Change in Employment/Medical Coverage\* Describe: \_\_\_\_\_

\*If you have a name change, a name change form needs completed. Go to [Summa@Work/HR/HRForms/GENERAL HR FORMS](mailto:Summa@Work/HR/HRForms/GENERAL HR FORMS)

## 1. Medical Insurance (pre-tax) No change, keep current election

Select One Coverage Option:  Employee Medical Benefit Plan  Waive (No Coverage)

Select Coverage Level:  Employee Only  Employee + Spouse  Employee + 1 or 2 Children

Employee + 3 or More Children  Employee + Spouse + 1 or 2 Children  Employee + Spouse + 3 or More Children

### My Spouse is (check one):

- Summa Employed
- Retired, Disabled, Unemployed
- Employed/Self-employed and not eligible for employer's group medical coverage
- Employed/Self-employed and eligible for employer's group medical coverage (Your spouse is not eligible to be covered on your Summa Health medical plan but IS eligible to be covered on your Summa dental and/or vision plan(s)).

## 2. Dental Insurance (pre-tax) No change, keep current election

Select One Coverage Option:  Delta Dental Standard  Delta Dental High  Waive (No Coverage)

Select Coverage Level:  Employee Only  Employee + Spouse  Employee + Child(ren)  Family

## 3. List family member(s) you want to enroll or remove from your Medical (MED) and Dental (DEN).

- I have reviewed the family member guidelines on page 2 and will provide documentation required.
- I understand failure to do so will result in delay or denial of coverage for my dependent(s).

Relationship to you:	Last Name	First Name, Middle Initial	Date of Birth	Gender - Identifies as (M/F)	Social Security Number	Enrolling Member into		Removing Member from	
						MED	DEN	MED	DEN

4. Employee Group Term Supplemental Life and AD&D Insurance (after-tax)  No change, keep current election  
Select Coverage Level (Check One):  Waive (No Coverage)  \$12,000

#### 5. Identity Theft Protection

- No change, keep current
- Waive
- Single
- Family

I authorize Summa Health's Employee Benefits to process my elections & understand that my personal eligibility information will be forwarded to each applicable carrier. Enrollment ID card(s) (if applicable) will require a minimum two-week wait before the carrier establishes my eligibility, produces, and mails Member ID cards. I understand claims will pend until my required family member verification documents are received and verified by Employee Benefits. I further understand that my family member's coverage start date may be delayed to a later date based on when I submit verification documentation to Employee Benefits for review and approval. I acknowledge that my bi-weekly benefit deduction(s) must remain in effect for the entire Plan Year unless I notify Employee Benefits within 31 days of a qualifying event and complete/submit all required forms. Summa Health plans provide care coordination, care management, utilization review and referral services to help manage the healthcare provided to covered members. By enrolling in Summa's health plan I understand that the plan will provide services to manage each covered member's care.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Family Member Eligibility Guidelines

Family members newly added to your Summa Health Employee Medical Benefit Plan must meet the definitions below. You must provide proof of their relationship to you. At the time you enroll, you must provide copies of your required documents to Employee Benefits for review or coverage for your family member will not begin until the first of the month following receipt and approval of your documents.

Email your documents to [summabenefits@summahealth.org](mailto:summabenefits@summahealth.org)

##### Spouse

**Definition:** Your legal spouse

**Acceptable Verification Documents:**

- Spousal Affidavit
- Copy of Page 1 of your most current Federal tax return (black out wage information)

-OR-

Copy of Marriage Certificate AND one of the following:

- Spousal Affidavit
- Current joint bank account statement
- Current joint credit card statement
- Joint ownership of residence
- Sharing of household expenses (current utility bill, etc.)
- Designation of Power of Attorney
- Designation of one another as sole executor or beneficiary

##### Children – Up to age 26

**Definition:**

- Natural child or step-child
- Adopted child
- Foster child or child under legal guardianship
- Unmarried child age 26 or older who is mentally or physically handicapped; incapacity and dependency must have started prior to the child reaching the limiting age under the plan.

**Acceptable Verification Documents:**

- Birth certificate
- Copy of adoption papers
- Copy of custodial papers of legal guardianship
- Proof of child's incapacity and dependency must be furnished