



Reasons for Employee Enrollment Delays

The key to quick and accurate processing of employee enrollment forms is to make them legible and don't make any of these top ten errors. These errors can lead to processing delays.

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Health Net
We help remove barriers to necessary care.

3. Employee personal information			
Last name:	First name:	MI:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residence address:			
City:	State:	ZIP:	County:
Date of birth (mm/dd/yyyy):	Social Security #/Matricular ID # (required for all applicants):		Job title:
Telephone #: () ()	Work phone #: () ()	Email address:	
Date of hire: / /	Dept. #:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic partner	
If available, I would prefer to receive communication and plan information in Spanish: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Participating physician group:		Primary care physician:	
PPG/PCP Enrollment ID # (4-digit PPG and 6-digit PCP numbers):		Is this your current PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Full name is incomplete

2. Address is incomplete

3. Date of birth is incomplete

4. Date of hire is incomplete

5. SSN is not provided

6. Gender is not indicated

1. Health plan information (All medical plans include pediatric)		
CommunityCare HMO Network ⁴		
Gold <input type="checkbox"/> \$5	Silver <input type="checkbox"/> \$20	Bronze <input type="checkbox"/> \$45
PureCare HSP Network ¹		
<input type="checkbox"/> Platinum 90 HSP 0/15	<input type="checkbox"/> Silver 70 HSP 2000/45	
<input type="checkbox"/> Gold 80 HSP 0/25	<input type="checkbox"/> Bronze 60 HSP 6300/75	

7. Plan choice is not indicated

7. Declination of coverage (Complete this section if any coverage is being declined by you or your eligible dependents.)	
Employee signature: _____	Date: _____
(Sign only if declining coverage. If signed in error, please cross out and initial.)	

8. Acceptance of coverage (Signature required.)	
Employee signature: _____	Date: _____
(Sign only if declining coverage. If signed in error, please cross out and initial.)	

8. Declination and Acceptance of coverage sections are both signed unintentionally

9. Missing signature and Date of acceptance

10. Do not use a white-out product. Just cross out and initial each correction.

(continued)

More tips for employees to keep in mind when filling out the employee enrollment application:

- If you are accepting coverage, make sure that all of the required sections are completed; sections 1, 2, 3, 5, and 8 are required.
- Make sure to use the most current version of the health plan enrollment application.
- You can access an enrollment application through your employer's benefits administrator or health insurance agent.
- Your employer must complete the information at the top of page 2 labeled "To be completed by your employer." We must have the Employer group number and the Employer name.
- Before choosing a health plan, check that your doctor is in the provider network.
- If you are choosing an HMO plan, you must choose a primary care physician (PCP).
- If you are choosing an HMO plan, you must provide a physical address in section 3. A post office box cannot be used when applying for an HMO.
- When filling out a Pharmacy Transition of Care Form, include a list of all your prescription drugs.
- If you are interested in having your daily maintenance medications delivered to your home, fill out the Medication Mail Order Form.
- If you or a dependent is electing COBRA coverage, the COBRA section must be filled out completely. You may be required to provide proof of coverage from your prior COBRA carrier.
- Be sure you list your accurate contact information, so your employer's benefits administrator or health insurance agent can contact you to verify if your form has any missing information.
- Make sure your answers are typed, or, if handwritten, that your handwriting is legible.
- Save a copy of your enrollment application so you can follow up with your employer's benefits administrator or health insurance agent.
- Check to make sure your prescription drugs are listed on the plan's drug formulary.
- If you are pregnant, find out if your OB/GYN is in the provider network for your plan, and fill out a Continuity of Care Assistance Request Form.
- If you are electing dental or vision coverage, be sure to include those products in the appropriate section of the enrollment application.
- If you are going away on vacation during your employer's open enrollment period, talk to your benefits administrator or health insurance agent to make sure you have all the information you need to complete your application.

We hope you find these tips helpful in completing your open enrollment application. It is important that your application is accurate and complete. You will not be able to make changes until the next open enrollment period, unless there is a qualifying event such as a divorce, marriage, job change, newborn, or adoption of a child.

If you have any questions about the application process, or if you are unable to access care, contact your employer's benefits administrator or health insurance agent.