

Once a year, open enrollment allows you to update your benefit elections. During this period, you will receive a task in your Workday Inbox. To complete your open enrollment, use the following instructions:

## SELECT YOUR BENEFITS

From your Home page:

Click the **Inbox** icon .

Click the **Open Enrollment Change** task.

Select **Elect** or **Waive** for each Health Care Election choice. Your current elections are set as your default.

Modify your coverage, if needed.

**PLEASE NOTE:** If you are electing to “waive” coverage, you will also need to select “waived” in the coverage column.

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Event Date	01/01/2020
Initiated On	10/21/2019
Submit Elections By	11/08/2019

Total Cost	Total Credits	Total Employee Net Cost/Credit
\$268.74 Monthly Cost	\$0.00 Monthly Credit	\$268.74 Monthly Cost

**Each year at Open Enrollment, employees are given the opportunity to make changes to their healthcare elections without needing a qualifying event. This year's Open Enrollment is from October 28th to November 8th. The selections you see below are what you are currently enrolled in, and the dependents you have enrolled.**

- For any coverage you wish to change, select “Elect” for the ones you want, and “Waive” for the ones you do not want. If you need to add or remove a dependent, please see the “*Open Enrollment Instruction Guide*” if you need help.
- Your new elections will become effective 1/1/2020. If you are changing carriers i.e.; Regence to Kaiser, you should receive your new ID cards by the first of the year.
- Be sure to select the “plan type” you are wanting. Both carriers offer a Traditional Plan and a High Deductible Plan (HDHP). Click here <https://www.clark.wa.gov/human-resources/employee-benefits> to be taken to the SBC’s (Summary of Benefits Coverage), for each plan.
- If you choose Regence for your medical, you will also need to choose the vision option below as well, for they go hand-in-hand. For Kaiser medical, the vision portion is included.
- Kaiser Dental and Kaiser Medical are not joined, they are stand-alone plans and are not tied together. You can choose Regence for medical, and Kaiser for dental if you wish.
- If you waive a coverage, **DO NOT** add your dependents to that line.
- If you choose to waive medical and or dental coverage, you must mark the “elect” option next to the waived choice, otherwise you will receive an error. You can not have all choices listed marked as waived.
- If you waive, you must provide proof of other group coverage. You will be sent a form in which to do so after Open Enrollment closes.

## > Health Care Plan Dependencies

Health Care Elections 9 items



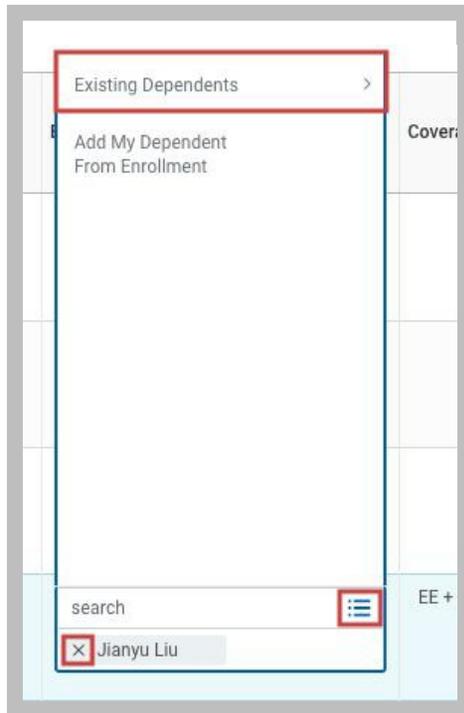
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Provider Website
Medical - Clark County Washington Opt Out	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	
Medical - Kaiser Foundation Health Plan of the Northwest HDHP	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	<a href="#">Kaiser Permanente</a>
Medical - Kaiser Foundation Health Plan of the Northwest Traditional	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	<a href="#">Kaiser Permanente</a>
Medical - Regence Blue Cross Blue Shield HDHP	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<div style="border: 1px solid #0070C0; padding: 5px; width: fit-content;">           Existing Dependents &gt;            Add Dependent                      </div>				0.00	<a href="#">Regence Blue Cross Blue Shield</a>
Medical - Regence Blue Cross Blue Shield PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid #0070C0; padding: 5px; width: fit-content;">                     </div>	Employee Only	\$35.90	\$767.66	0.00	<a href="#">Regence Blue Cross Blue Shield</a>
Dental - Clark County Washington Opt Out	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	
Dental - Delta Dental of Washington PPO	<input checked="" type="radio"/> Elect	<div style="border: 1px solid #0070C0; padding: 5px; width: fit-content;">                     </div>	Employee Only	\$2.84	\$41.95	0.00	<a href="#">Delta Dental of Washington</a>

## ADD DEPENDENTS

1. Click the **prompt** icon in the Enroll Dependents column.
2. Select **Existing Dependents** to add an existing dependent or **Add My Dependent From Enrollment** to add a new dependent. Complete all required information.

## REMOVE DEPENDENTS

1. Click the **prompt** icon in the Enroll Dependent field.
2. Click the **X** next to a dependent's name to remove them from the plan.
3. Click **Continue**.



# Add Dependent

## Dependent Eligibility

- Dependents are not required to reside with the employee
- Dependents are not required to be dependent upon the employee for support
- Eligibility for medical assistance is not considered when determining eligibility for coverage or making payments
- Dependent children are eligible for coverage through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan

## Domestic Partners

- Washington State Registered Domestic Partners are treated the same as a spouse
- If children of the primary insured are covered, children of Domestic Partners are eligible for coverage on the same basis

## Existing Dependents 1 item

Dependent	Relationship
[REDACTED]	Child

## ADD THE HEALTH SAVINGS ELECTION - IF YOU ARE ENROLLED IN A HDHP

The next step displays the **Health Savings Account** election information. If you choose a High Deductible Health Plan (**HDHP**), then you must elect this. You do not however, have to contribute to this account. The County will contribute **\$20.83** per pay period to this account for Employee Only coverage, or **\$41.67** per pay period for Employee Plus One or Two/more coverage.

1. Select **Elect** if you choose a HDHP (High Deductible Health Plan)..
2. Enter the amount you want to contribute, either a yearly amount or a monthly amount. The monthly amount will be divided by two to become your "per pay period" amount. This amount can be changed during the year.
3. Click **Continue**

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**IF YOU CHOSE A HDHP PLAN ON THE PRIOR PAGE, YOU MUST SELECT THE HSA ACCOUNT OPTION LISTED BELOW, even if you decide not to contribute to it yourself.**

**Health Saving Account (HSA):** Employees enrolled in the HDHP plans will also have an HSA account, which they will need to open - see below. The county will contribute \$20.83 per pay period for single coverage or \$41.66 per pay period for two-party or family coverage into this account. You may also contribute to this account per pay period an amount up to the annual maximum allowed. The amount you contribute can be changed throughout the year, and rolls over from year to year.

**EMPLOYEES THAT ARE NEW** to the HDHP will need to visit [www.Healthequity.com](http://www.Healthequity.com) and create their HSA account, which includes assigning a beneficiary. This will need to be done between December 16th and December 31st. If this is not done, the money to be deposited into your account will not have a place to go.

If you are a returning HDHP participant, you do not need to do anything online with Healthequity. You can change the amount of your personal contribution is you would like, or you can leave it just as it is.

Benefit Deduction Periods Remaining 24

Remaining Deductions Override

> **Health Savings Account Plan Dependencies**

Health Savings Election 1 item



Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
Health Savings Account - Health Equity	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<p>Your number of remaining payroll deductions for the year 24</p> <p>Your actual contributions from payroll \$0.00</p> <p>How much do you want to contribute for the total year? 0.00</p> <p>How much do you want to contribute per paycheck (Semi-Monthly)? 0.00</p> <p>Your contribution (Monthly) \$0.00</p>	<p>Provider Website <a href="#">Health Equity</a></p>

## ADD HEALTHCARE FSA AND/OR DEPENDENT CARE FSA

For the **Healthcare FSA** account, you must be enrolled in the Traditional healthcare plan, you cannot be in a HDHP.

For the **Dependent care FSA** account, you can be in **ANY** of the healthcare plans.

For the **Limited Purpose FSA** account, you must be enrolled in a HDHP.

1. Select **Elect** if you choose to participate, or **Waive** if you do not.
2. Enter the amount you want to contribute, either a yearly amount or a monthly amount. The monthly amount will be divided by two to become your "per pay period" amount. This amount **CANNOT** be changed during the year without a qualifying family status change event.
3. Click **Continue**

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### FSA ACCOUNTS REQUIRE RE-ENROLLMENT EVERY YEAR FOR BOTH THE HEALTHCARE AND DEPENDENT CARE (CHILD CARE) ACCOUNTS.

**HEALTHCARE FSA:** Allows employees to pay for qualified health expenses for themselves and their dependents with pre-tax dollars. Minimum contribution of \$10 per pay period, maximum of \$2,650 for the year. This account works hand-in-hand with the Traditional Medical Plans only.

**DEPENDENT "DAY" CARE FSA:** Allows employees to pay for qualified day care expenses for their children under 13 years of age, or an incapacitated dependent that is unable to care for themselves. Minimum contribution of \$10 per pay period, maximum of \$5,000 for the year, or \$2,500 if each parent participates. This account works hand-in-hand with both the Traditional or the HDHP plans.

**LPFSA (Limited Purpose FSA):** Allows employees to set aside additional funds for healthcare expenses, but is limited to dental and vision expenses only. This account works hand in hand with the HDHP Plans only.

Remaining Payroll Deductions 24

Remaining Deductions Override

> **Spending Account Plan Dependencies**

Spending Account Elections 3 items



Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Health Care FSA - Health Equity	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<p>Your number of remaining payroll deductions for the year 24</p> <p>Your actual contributions from payroll \$0.00</p> <p>How much do you want to contribute for the total year? 0.00</p> <p>How much do you want to contribute per paycheck (Semi-Monthly)? 0.00</p> <p>Your contribution (Monthly) \$0.00</p>	<p>Minimum Contribution (Annual) \$240.00</p> <p>Maximum Contribution (Annual) \$2,700.00</p> <p>Provider Website <a href="#">Health Equity</a></p>
Dependent Care FSA (Daycare) - Health Equity	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<p>Your number of remaining payroll deductions for the year 24</p> <p>Your actual contributions from payroll \$0.00</p> <p>How much do you want to contribute for the total year? 0.00</p> <p>How much do you want to contribute per paycheck (Semi-Monthly)? 0.00</p>	<p>Minimum Contribution (Annual) \$240.00</p> <p>Maximum Contribution (Annual) \$5,000.00</p> <p>Provider Website <a href="#">Health Equity</a></p>

## ADD GROUP LIFE INSURANCE OR LTD BUY-UP

Open Enrollment is a good time to assess your Life Insurance needs. If you decide to apply for Additional Life Insurance for yourself, your spouse, your domestic partner or dependent child, you will receive a follow-up task from Human Resources to fill out a **Medical History Statement**. This must be filled out and sent in to The Standard Insurance Company. Once their Underwriter's Department approves, the additional cost and coverage will begin.

1. Click the **Arrow** to expand the Insurance Plan Dependencies and Coverage Limitations section.
2. Select **Elect** or **Waive** for each insurance election and modify your Coverage Levels, as needed. The cost related to the amount of coverage you have selected will automatically populate. You will not be charged this amount until after the coverage have been approved.
3. If you choose to participate in the voluntary "LTD Buy-Up" program at Open Enrollment, you do not need to fill out a Medical History Statement.
4. Click **Continue**

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Each year at Open Enrollment, we encourage employees to look over their Life Insurance options and evaluate their current needs. If you feel you need to add Additional Life Insurance, or increase the amount you may already have, or decrease, or possibly remove the Additional Life you might already be carrying, you can do that now. Keep in mind however, that making changes to your Additional Life Insurance can be done at anytime, it DOES NOT need to be done along with your Open Enrollment; we just like to remind our employees to do a life insurance check-up on their families needs.

**GROUP TERM LIFE INSURANCE:** Employer paid; includes Accidental Death & Dismemberment (AD&D). The exact amount is dependent upon your Union/Employee Group. The amount that applies to you will be listed below.

**ADDITIONAL TERM LIFE INSURANCE: (OPTIONAL)** Purchased in increments of \$10,000 up to a maximum of \$500,000. Spouse coverage available in \$10,000 increments up to 100% of the employee's total coverage. Dependent child coverage available. Evidence of Insurability (EOI) required.

If you request Additional Life, or increase the amount you currently have, you will need to submit a Medical History Statement to The Standards Underwriter's Department. Once approved, the new amount will go into force and the new deduction will begin. This form will be sent to you after Open Enrollment closes.

**LONG TERM DISABILITY INSURANCE:** Employer paid benefit. Pays 60% of covered salary up to a maximum monthly benefit of \$9,000 following a 60 calendar day waiting period\* or total length of accrued PTO and/or sick leave, whichever is longer.

**LONG TERM DISABILITY BUY-UP: (OPTIONAL)** Purchase an additional 6 2/3% benefit to increase total long term disability benefit to 66 2/3%. Not available for all Groups. It will be listed below if it is available to you.

If you choose to participate in this program, it would normally require a Medical History Statement to be filled out and sent in. During Open Enrollment only, this requirement is waived.

\* for most groups, waiting period may be different for your group.

> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 9 items



Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Provider Website
Group Term Life - The Standard Insurance Company 1 X Annual Salary - Max \$50,000 (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1 X Salary		\$50,000.00		\$8.05	0.00	<a href="#">The Standard Insurance Company</a>
Group Term AD&D - The Standard Insurance Company 1 X Annual Salary - Max \$50,000 (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1 X Salary		\$50,000.00		\$1.00	0.00	<a href="#">The Standard Insurance Company</a>
Additional Employee Life - The Standard Insurance Company (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x \$500,000"/>		\$500,000.00	\$220.00		0.00	<a href="#">The Standard Insurance Company</a>
Additional Employee AD&D - The Standard Insurance Company (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x \$500,000"/>		\$500,000.00	\$10.00		0.00	<a href="#">The Standard Insurance Company</a>
Additional Spouse Life - The Standard Insurance Company (Spouse / Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	<a href="#">The Standard Insurance Company</a>
Additional Spouse AD&D - The Standard Insurance Company (Spouse / Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	<a href="#">The Standard Insurance Company</a>
Additional Child Life - The Standard Insurance Company (Child)	<input type="radio"/> Elect <input type="radio"/> Waive						0.00	<a href="#">The Standard Insurance Company</a>

## DESIGNATE LIFE INSURANCE BENEFICIARIES

Your life insurance plan requires beneficiaries. This means that you **must** designate one or more beneficiaries, or you will not be able to complete your Open Enrollment task. It is highly recommended that you designate a contingent beneficiary as well.

1. Click the **Add Row** icon  to add a beneficiary.
2. Click the **prompt** icon  in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Create** to add a new beneficiary. To remove a beneficiary, click the **Remove Row** icon  next to that beneficiary.
3. Enter the percentage of benefits for each beneficiary in the Primary Percentage / Contingent Percentage column. Your primary beneficiary and contingent beneficiaries must add up to 100%.
4. Click **Continue**.

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### YOUR BENEFICIARIES DESIGNATION MUST BE COMPLETED HERE, IN ORDER TO FINISH YOUR OPEN ENROLLMENT TASK!

**You must have a primary beneficiary on file. It is strongly recommended that a contingent(s) is/are listed as well.**

- To add a **PRIMARY** beneficiary click on the CIRCLE/PLUS icon (towards the middle of the page) to add a row and select or create your beneficiary choice. Follow the prompts for adding your person.
- Once the person as been added, to the right of their name you need to designate whether they are primary or contingent.
- Select the percentage amount you wish to assign this beneficiary. There can be more than one primary beneficiary but the total percentages assigned as primary must equal 100%
- To add a **CONTINGENT** beneficiary, follow the same instructions. Again, be sure the total percentages for contingent beneficiaries equal 100%

If you need help with this step, please refer to the "Open Enrollment Instructions Guide" located here <https://www.clark.wa.gov/human-resources/employee-benefits>.

#### PLEASE NOTE:

- Beneficiary Designations only show for the Basic Life Insurance, the same Beneficiary Designations are used for your AD&D and Additional Life Insurance, if you are enrolled in those.
- The employee is automatically the Beneficiary for their spouse, domestic partner's or dependent child(s) coverage's.
- You can update/change this information at any time.

Beneficiary Designations 1 item



Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries		
			*Beneficiary	*Primary Percentage / Contingent Percentage	
Group Term Life - The Standard Insurance Company 1 X Annual Salary - Max \$50,000 (Employee)	<a href="#">The Standard Insurance Company</a>	<input checked="" type="checkbox"/>	+		
			-	<input type="text"/>	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

## ADD ADDITIONAL BENEFITS

The EAP program (Employee Assistance Program), is a benefit that every county employee receives at no cost to them.

### 1. Click Continue

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**EAP (Employee Assistance Program):** Referral and short term counseling service for employees and their covered dependents. Up to 6 individual counseling sessions per issue; legal and financial counseling available. For more information on this free service and the wide variety of topics it covers and offers, download the attached [document](#). This is a county paid benefit for all employees.

Additional Benefits Elections 1 item



Benefit Plan	*Elect / Waive	Coverage	Amount (Monthly)	Percent	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Provider Website
Employee Assistance Program - Cascade Centers	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">                     × Employee ...                 </div>	0.00	0		\$2.25		<a href="#">Cascade Centers</a>
					0	2.25	0	

## LOOK OVER AND REVIEW YOUR ELECTIONS FOR ACCURACY - Notice your monthly cost in the upper-right corner

Scroll down and confirm that the coverage information you chose, dependents to be covered, and beneficiary information is accurate.

Click **Continue**.

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### PLEASE TAKE A MOMENT TO LOOK OVER YOUR SELECTIONS TO MAKE SURE THEY ARE ACCURATE

- If you need to make any changes, click on the "Go Back" button below until you reach the page you need to make your correction in. Once you have made your change, click the "Continue" button until you have reached the end.
- Read the "Electronic Signature" statement, click the "I agree" button, and "submit".
- You will be given an opportunity to print off a copy of your selection once you have submitted. We strongly suggest you print yourself a copy, for you will not be able to "see" your Open Enrollment selections after you submit them until the Open Enrollment process has "hard closed" and are then posted to each employees file.

Employees **WILL NOT** receive individual confirmations that their elections have been received or are correct. We ask that you please refrain from calling or emailing us to "confirm" if your elections have been received. We highly recommend after submitting your elections, printing off a copy for your records by clicking the "PRINT" button *before* clicking the "DONE" button. Thank you.

Elected Coverages 9 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)
Medical - Regence Blue Cross Blue Shield PPO	01/01/2020	01/01/2020	Employee Only				\$35.90	\$767.66	
Dental - Delta Dental of Washington PPO	01/01/2020	01/01/2020	Employee Only				\$2.84	\$41.95	
Vision - Vision Service Plan VIS	01/01/2020	01/01/2020	Employee Only					\$6.12	
Group Term Life - The Standard Insurance Company 1 X Annual Salary - Max \$50,000 (Employee)	05/01/2018	05/01/2018	1 X Salary	\$50,000.00				\$8.05	
Group Term AD&D - The Standard Insurance Company 1 X Annual Salary - Max \$50,000 (Employee)	05/01/2018	05/01/2018	1 X Salary	\$50,000.00				\$1.00	
Additional Employee Life - The Standard Insurance Company (Employee)	04/16/2018	04/16/2018	\$500,000	\$500,000.00			\$220.00		
Additional Employee AD&D - The Standard Insurance Company (Employee)	04/16/2018	04/16/2018	\$500,000	\$500,000.00			\$10.00		

## COMPLETE YOUR ENROLLMENT

1. Select the **I Agree** checkbox to confirm your electronic signature.

### Electronic Signature

Legal Language from Clark County CPSS Enrollment Application – 5201WO (Rev. 6/13)

I hereby apply for enrollment, change, or cancellation of coverage as indicated above. I understand any coverage will be under the master contract between Regence, VSP, DDWA or Kaiser and my employer and I agree to the terms and conditions of the certificate issued pursuant to it. I agree to abide by the Employer's enrollment provisions and certify that all those who I seek to enroll, including myself, meet the eligibility criteria as agreed to by the Group in the master contract. I understand that coverage cannot start until after I have served an eligibility waiting period agreed to by the employer as recorded on the provider's records.

An eligible individual not listed on this application will be considered as waiving coverage. I acknowledge that I have had the opportunity to enroll, but do not wish to make application for any eligible individual not listed. In waiving coverage, I am aware that waiving individuals (including me, if I am waiving) may enroll later only at my group's anniversary, unless qualified for a Special Enrollment Period.

If I have waived enrollment for myself or any of my dependents (including my spouse/domestic partner) because of other health insurance or group health plan coverage, I may in the future be able to enroll the waived individuals in this plan, provided I request enrollment within 30 days after the other coverage of the individual(s) ends due to loss of eligibility or an employer's ceasing to contribute toward that other coverage. In addition, if I have a new dependent as a result of marriage/domestic partnership, birth, adoption, or placement for adoption, I may be able to enroll myself and my dependents, provided that I request enrollment within 30 days after the marriage/domestic partnership, or within 60 days after the birth, adoption, or placement if payment of additional premium is required to provide coverage for the dependent child. To obtain more information about these rules, please call (360) 397-2456.

Except by express amendment signed by an officer of Regence, VSP, DDWA or Kaiser, no person, including, but not limited to any independent producer, agent or employee of Regence, VSP, DDWA, Kaiser or of my employer, may change the terms of the master contract, any of its amendments, or this application and no person may waive the requirement that I answer all questions on this application completely and accurately. I understand that this application will become part of the contract between Regence, VSP, DDWA or Kaiser and my employer.

I authorize my employer to act as my agent in all matters of administration of the group coverage, and acknowledge that my employer is in no way acting as agent for Regence, VSP, DDWA or Kaiser. I agree to pay the appropriate premium rates for myself and my enrolling dependents in advance, and authorize payroll deduction of premiums as required.

I authorize any source to release to Regence, VSP, DDWA or Kaiser any medical, health, employment, and/or insurance information requested for any enrolled member. I acknowledge and understand that Regence, VSP, DDWA or Kaiser may request or disclose health information about me or my dependents (persons who are eligible for benefits coverage and are listed on the enrollment form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits, or as required by law. Health information requested or disclosed may be related to treatment or services performed by:

- A physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- A clinic, hospital, long term care or other medical facility;
- Any other institution providing care, treatment, consultation, pharmaceuticals or supplier or;
- An insurance carrier or group health plan.

Health information requested or disclosed may include, but is not limited to: claims, records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes). This acknowledgment does not apply to obtaining information regarding psychotherapy notes. A separate authorization will be used for psychotherapy notes.

I have provided these answers as part of the application procedure required by Regence, VSP, DDWA and Kaiser to enroll in coverage and I certify that all information completed on this form is true, correct, and complete. I understand that Regence, VSP, DDWA and Kaiser will rely on each answer in making coverage and rating determinations. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I hereby verify that I have reviewed all the information provided on this application (regardless of whether I completed it or someone else assisted me with completion) and certify that it is accurate and complete. I agree to promptly inform Regence, VSP, DDWA or Kaiser in writing if anything happens before my coverage take effect that makes any answer on this application inaccurate or incomplete.

Kaiser Foundation Health Plan of the Northwest (500 NE Multnomah Street, Suite 100, Portland, OR 97232) is licensed as a Health Care Service Contractor in Washington and should not be referred to as an HMO.

I Agree

Submit

Save for Later

Go Back

Cancel

2. Click Submit. A confirmation page displays

3. Click **Print** to generate a PDF version for your records and then **Done** to complete the task.

**PLEASE NOTE: IF YOU NEED TO MAKE A CORRECTION AFTER YOU HAVE SUBMITTED YOUR ELECTIONS, AND OPEN ENROLLMENT HAS NOT CLOSED YET:**

1. Go to your home page.
2. Click on the Benefits Worklet



3. Click on the “Change Open Enrollment” tab
4. Go through the process and make the appropriate corrections and submit again.

