OPEN ENROLLMENT
October 12, 2009 through October 30, 2009

Benefits Service Center
Post Office Box 2115
602 Scarboro Road, MS-8258
Oak Ridge, Tennessee 37831-2115
Local 865-574-1500
Toll-free 1-877-861-2255
Fax 865-241-0531

Medical
ENROLL, ADD, CHANGE, OR CANCEL FORM

INSURED'S NAME *(First)* *(Middle Initial)* *(Last Name)*	SOCIAL SECURITY NO.		BADGE
STREET	CITY	STATE	ZIP CODE
EMPLOYER (NAME OF COMPANY)	PAYROLL ☐ Hourly ☐ Weekly ☐ Monthly		EFFECTIVE DATE January 1, 2010

STATUS

☐ ACTIVE ☐ RETIRED ☐ SPOUSE OF A RETIREE ☐ SPOUSE OF A DECEASED RETIREE
☐ LONG TERM DISABILITY ☐ DISPLACED DEFENSE WORKER ☐ 3-MONTH CONTINUATION ☐ SPOUSE OF A DECEASED EMPLOYEE
☐ COBRA

IF RETIRED, DO YOU HAVE 10 YEARS OF FULL-TIME COMPANY SERVICE? ☐ YES ☐ NO

COMPANY SERVICE DATE

IF THE INSURED IS A SPOUSE OF A RETIREE THAT IS OVER AGE 65, LIST RETIREE'S SOCIAL SECURITY NO.

COVERAGE TYPE
☐ CIGNA OPEN ACCESS ☐ CIGNA POS ☐ CIGNA INDEMNITY

COVERAGE LEVEL
☐ INDIVIDUAL ☐ DUAL ☐ FAMILY

EMPLOYEES
I ELECT TO HAVE THIS DEDUCTION MADE ON A BEFORE-TAX BASIS FROM MY WAGES.
☐ YES ☐ NO

RETIREES
I AUTHORIZE THIS DEDUCTION TO BE TAKEN FROM MY PENSION PAYMENT.
☐ YES ☐ NO

LONG TERM DISABILITY PARTICIPANTS
I AUTHORIZE THIS DEDUCTION TO BE TAKEN FROM MY DISABILITY PAYMENT.
☐ YES ☐ NO

MEDICAL INSURANCE ENROLLMENT INFORMATION

INSTRUCTIONS Complete this section to:
- Add or cancel a dependent from your medical insurance
- Select your Primary Care Physician on initial enrollment. *(Required for CIGNA POS; optional for CIGNA Open Access)*
- Make changes to your dependents' personal information such as spelling of name or date of birth.

If you are adding or canceling coverage of a dependent, you must indicate a reason in the space provided.

***PLEASE NOTE** -Changes to your medical insurance cannot take effect until you return this enrollment form to:* **Benefits Service Center** P.O. Box 2115, 602 Scarboro Road, MS-8258, Oak Ridge, TN 37831-2115

First Name	Last Name	Date of Birth	Sex	**Relationship** (Spouse, Son, Daughter, or Handicapped Child Over Age 24)	**Primary Care Physician** ***Enter ID Number for either CIGNA option.***	Current Patient? (yes/no)	Enroll , Add, Change or Cancel Coverage
				Self			Enroll

REASON FOR ADDING OR CANCELING COVERAGE

I understand that any additions to the medical plan must be added within 30 days of the qualifying event. If it is more than 30 days, the addition can only be made during an open enrollment. I can cancel coverage at any time, however, if there is not a qualifying event or it is more than 30 days since the qualifying event, I understand that if the premium is deducted from my pay on a pretax basis, the deduction will not be changed or cancelled until the next calendar year.

REASON FOR CHANGE

☐ MARRIAGE — DATE OF MARRIAGE
☐ BIRTH OR ADOPTION — ***(A copy of the adoption papers signed by the court must be provided.)*** — DATE OF BIRTH OR ADOPTION
☐ DIVORCE — ***(A copy of the divorce decree signed by the court official must be provided.)*** — DATE OF DIVORCE
☐ DEPENDENT LOST ELIGIBILITY STATUS *(Complete COBRA Information Worksheet, UCN-20898.)* — DATE OF EVENT
☐ CHANGE OF EMPLOYMENT STATUS *(Self or Spouse)* — DATE OF EVENT
☒ OTHER EXPLAIN BELOW — DATE OF EVENT

OTHER CHANGE EXPLANATION
OPEN ENROLLMENT

SIGNED DATE

ORNL-731 (10/2009)

Customer Service Representatives are available Monday through Thursday from 7:00 a.m. to 5:00 p.m. Eastern Time.

PRINT SAVE