

Complete Questions 13 to 20 only if you've waived the health coverage.

13. Home address _____
street city state ZIP
14. Telephone number: _____ Daytime (if different) _____
15. Email address _____
month day year
16. Birth date _____ 17. Age _____
18. Gender M F
19. Marital status single married widowed
 separated divorced
20. Job title _____

Spouse and dependents (complete if to be covered)

21. Name (first, middle, last)	Social Security Number	Birth Date (month, day, year)	Gender
Spouse			
Dependent			
Dependent			
Dependent			

22. If you and the other parent of the dependents listed above are divorced or separated,
- a. who has custody of the dependents? _____
- b. who has financial responsibility for health expenses? _____

Employee certification and authorization

I certify that the above information is true and correct. I am responsible to notify my employer of any changes in the above information. I authorize all health care providers to release any necessary dental information to Everence to certify dental treatment or process claims for myself, my spouse, or my dependents. I understand that Everence will share this information with third parties only if necessary for managing or processing claims.

Employee's signature Date

Notice of Special Enrollment Rights

Mennonite Church USA Dental Plan

Everence Association Inc., a fraternal benefit association, as claims administrator has prepared this notice on behalf of the Mennonite Church USA Dental Plan.

If your employer provides coverage under the Mennonite Church USA Dental Plan and you or your dependents meet eligibility requirements, but are not enrolled in these plans, you will be automatically enrolled at a later time as outlined below.

Termination of employer contributions and loss of eligibility for other creditable coverage

If you and/or your dependents waive coverage under the dental plan because you are enrolled in other dental coverage, you and/or your dependents will automatically be enrolled in the Mennonite Church USA Dental Plan later if employer contributions toward the other dental coverage cease or if eligibility for the other coverage is lost as a result of any of the following events:

- Termination of employment.
- Involuntary termination of the other dental coverage.
- Reduction in the number of hours of employment.
- Change in marital status such as marriage, legal separation, divorce, or death.
- The other dental coverage discontinues dependent coverage.

You or your dependent will be enrolled in the dental plan during the 90-day special enrollment period that immediately follows the day employer contributions cease or the other dental coverage ends.

When new dependents become eligible for coverage

If you were not eligible to enroll in the dental plan because you chose not to enroll in the Congregational Employee Plan, you will automatically be enrolled later at the same time a new dependent becomes eligible to be covered under the dental plan because of marriage, birth, or adoption.* You and the new dependent will be enrolled in the dental plan within the 90-day special enrollment period that immediately follows the date the new dependent becomes eligible to enroll in the dental plan.

In the same way, if your spouse is not enrolled in the dental plan, he or she will automatically be enrolled later at the same time a newborn or newly adopted child becomes eligible to be covered under the dental plan.* Your spouse and the new dependent will be enrolled in the dental plan within the 90-day special enrollment period that immediately follows the date the new dependent becomes eligible to enroll in the plan.

Special enrollment rights under Children's Health Insurance Program Reauthorization Act of 2009

If you and/or your dependents waive coverage under the dental plan because you are enrolled in Medicaid or a state Children's Health Insurance Program (CHIP), you and/or your dependents will automatically be enrolled in the Mennonite Church USA Dental Plan later if Medicaid or CHIP coverage ends because of loss of eligibility.

In addition, if you and/or your dependents were not eligible to enroll in the dental plan because you chose not to enroll in the Congregational Employee Plan, you and/or your dependents will automatically be enrolled later without being considered a late enrollee if you and/or your dependents become eligible for a state group health plan premium assistance subsidy under Medicaid or CHIP which provides help in paying for coverage under the dental plan.*

You and/or your dependents will be enrolled in the dental plan within the 90-day special enrollment period that immediately follows the date coverage under Medicaid or CHIP terminates or the date it is determined that you and/or your dependents are eligible for a state premium assistance subsidy, whichever applies.

***Note:** Special enrollment will occur only if you enroll in the Congregational Employee Plan (or waive coverage in that plan due to having other health coverage) at the time of the qualifying event. You do not have special enrollment rights under the dental plan if you do not enroll in or waive coverage in the Congregational Employee Plan.

To request special enrollment

To request special enrollment or obtain additional information, contact your participating institution.

Employee – keep this copy for your records.

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