HEALTH INSURANCE ENROLLMENT/CHANGE FORM (FY2018)

Employees with Dates of Hire PRIOR TO: AFSCME unions 5/1/12; IAFF, Library Teamsters & Non-affiliates 3/6/12; MAFS 2/21/12; Welfare 6/5/12

(Administered by Anthem Blue Cross & Blue Shield of NH)

Please send form to:
City of Manchester
Human Resources/Benefits
One City Hall Plaza
Manchester, NH 03101
Phone (603) 624-6543 Fax (603) 628-6065
benefitscoordinator@manchesternh.gov

Decline Coverage ☐	Type of Change: ☐ Change of Address or Name Change ☐ New Enrollment ☐ Open Enrollment ☐ Add Dependent (s) ☐ Cancel/Terminate ☐ Remove Dependent (s) ☐ Change Benefit Option	Date of Hire	Date of Change	Effective Date

MEDICAL BENEFIT OPTIONS (Based on 52 weeks)

ANTHEM HMO PLAN			ANTHEM POS PLAN			LUMENOS HIGH DEDUCTIBLE REGIONAL HEALTH PLANS					
						HDHP With HSA ($1500/$3000 City Contribution)			HDHP Without HSA		
(Cost per week)	Employee Share	City Share	(Cost per week)	Employee Share	City Share	(Cost per week)	Employee Share	City Share	(Cost per week)	Employee Share	City Share
☐ Single	$28.87	$163.61	☐ Single	$ 41.69	$236.27	☐ Single	$26.47	$150.00	☐ Single	$22.04	$124.90
☐ 2 - Person	$58.03	$328.85	☐ 2 - Person	$ 83.81	$474.90	☐ 2 - Person	$53.06	$300.68	☐ 2 - Person	$44.30	$251.06
☐ Family	$77.66	$440.10	☐ Family	$112.16	$635.56	☐ Family	$68.05	$385.61	☐ Family	$59.29	$335.99

Please select a Division: ☐ Fleet Union ☐ Fleet Non Aff

☐ Airport ☐ Airport/Union ☐ Aldermen ☐ Assessors ☐ BMD/Fac ☐ BMD/Fac-Union ☐ City Clerk ☐ City Solicitor ☐ EPD ☐ EPD/Union ☐ Eld. Services ☐ Finance ☐ Fire
☐ Fire Chiefs/Union ☐ Fire/Union ☐ Health ☐ Health/Union ☐ Hwy ☐ Hwy/Union ☐ HR ☐ Info Systems ☐ Library ☐ Library/Union ☐ Mayor ☐ MEDO ☐ OYS ☐ Parking
☐ Parks & Rec ☐ Parks & Rec/Union ☐ Plan&Comm Dev ☐ Police/Non Aff. ☐ Police/PDSS ☐ Police/Maps ☐ Police MPPA ☐ Tax ☐ Water ☐ Water/Union ☐ Welfare

Employee Name *(Last)*	*(first)*	*(M.I.)*	Home Phone #	Employee DOB	Employee SSN

Address (*Street*)	*(City)*	*(State)*	*(Zip Code)*	Home E-Mail Address

Last Name First Name M. I.	Date of Birth	Social Security # (Required)	Gender	Relation to Subscriber	ADD/DELETE (adult children up to age 26)	Doctors Full Name and PCP# *(If left blank Anthem will assign a doctor)* *(Leave PCP# blank if you can't find it)*	Existing Patient
EMPLOYEE (As Above)	As Above	As Above	☐ Male ☐ Female	Self		Name / PCP #	☐ Yes ☐ No
Spouse *(Whom you wish to cover or remove)*			☐ Male ☐ Female	Spouse		Name / PCP #	☐ Yes ☐ No
Dependent *(Whom you wish to cover or remove)*			☐ Male ☐ Female			Name / PCP #	☐ Yes ☐ No
Dependent *(Whom you wish to cover or remove)*			☐ Male ☐ Female			Name / PCP #	☐ Yes ☐ No
Dependent *(Whom you wish to cover or remove)*			☐ Male ☐ Female			Name / PCP #	☐ Yes ☐ No
Dependent *(Whom you wish to cover or remove)*			☐ Male ☐ Female			Name / PCP #	☐ Yes ☐ No

Other Health Care Coverage:

Do you or your dependents have other health insurance under a group plan, HMO or Medicare? ☐ **No** ☐ **Yes** (If yes, include a photocopy of the insurance card front & back)

Name of person covered	SSN or Medicare #	Effective Date	End Date	Medicare Part A	Medicare Part B	Medicaid	Other Insurance Carrier
				☐	☐	☐	☐

Employee Signature Original signature required, please print then sign & return to HR	Date Completed	Employer's Signature To be signed by Benefits Coordinator when entered into Anthem	Date Entered

This form can be found at http://www.manchesternh.gov/hr