



DISTRICT OF COLUMBIA EMPLOYEES BENEFITS ENROLLMENT REGISTRATION FORM

TEMPORARY CONTINUATION OF COVERAGE

If you wish to continue your health coverage beyond the 31 day extension, this enrollment form MUST be received within 30 days after your separation date.

1 Employee Information: (All information is required)

Form with fields for Last Name, First Name, Middle Initial, Home Address, City, State, ZIP, EMPL ID, SSN, Date of Birth, Gender, Home Phone, and Email Address.

2 Health Insurance: DCEHB provides coverage for full-time and part time benefits eligible employees. Please elect your tier coverage and carrier below. An employee or family member cannot be covered under more than one DCEHB enrollment.

Form with checkboxes for Coverage Tier (Employee Only, Employee and Family, AETNA - HMO, Kaiser Permanente- HMO, United Healthcare - HMO, United Healthcare - POS, AETNA - PPO) and a field for Agency Code.

You may select any plan in the DCEHB Program in which to continue your coverage; however, you must pay the full amount of the premium, both employee and government shares, plus a 2 percent administrative charge. Aetna PPO is the only plan that provides coverage outside of the Washington, DC metropolitan area.

3 Dependents: List all individuals to be covered by this enrollment. Coverage is available to dependents up to age 19 (up to age 22 for full time students) *1=Spouse 2=Son 3=Daughter 4=Domestic Partner (Domestic Partners must meet the requirements of 29 DCMR 8001.1)

Table with 7 columns: Coverage, Name, Relationship*, Gender, Date of Birth, SSN, Full Time College Student? and 5 rows for dependent entries.

In making this election I understand that:

I have the right to temporarily continue my DCEHB coverage for up to 18 months after my separation. Enrollment charges begin on the first day following the 31-day period of free coverage. If I continue the coverage to the end of the 18-month period, I will have another 31-day temporary extension of free coverage.

4 Employee Signature: and Date: fields.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FOR AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE

Form with fields for Separation Date, Date Processed, Pay Period End Date, Effective Date, Signature of Authorized Agency Official, Agency (DCPS / DCHR), and Self DC Code (1 - 622.2 ET Seg).