

Waiver of Medical Coverage Enrolled on Another State Employee's Coverage

Directions:

- Use this form when an employee's spouse or parent is enrolled in the MN Advantage Health Program and the employee is electing to receive coverage as a dependent of that spouse or parent.
- Submit this form to SEGIP: fax to 651-296-5445; or email to segip.mmb@state.mn.us; or 400 COB, 658 Cedar Street, St. Paul, MN 55155.
- **Waiver of Medical Coverage Forms not in the SEGIP office by the deadline printed on your enrollment packet will not be processed and you will be enrolled in single medical coverage.**
- For more information or assistance, call SEGIP at 651-355-0100 or at our website at <http://mn.gov/mmb/segip/>.

Employee waiving coverage completes this section:

- My spouse or parent has enrolled or will enroll me on his/her state medical and/or dental coverage.
- I am providing my spouse/parent the information necessary to ensure I am enrolled on time, including the date my enrollment period ends.
- **I acknowledge that if I am not enrolled on my spouse's/parent's medical plan by the deadline printed on my enrollment packet that I will be automatically enrolled in the MN Advantage Health Plan.**
- I acknowledge that by waiving medical coverage at this time I will not be able to enroll in single medical coverage or otherwise change my elections until either the next SEGIP annual Open Enrollment or when I experience a qualifying life event.

Print Name: _____

State Employee ID: _____

Signature: _____

Date: _____

Employee carrying the coverage completes this section:

Check the applicable box and sign this section:

- My spouse/adult child is currently enrolled on my family coverage offered through SEGIP. I authorize SEGIP to verify that my spouse/adult child is enrolled and to continue coverage under the present enrollment status.
- I will enroll my spouse/adult child on my state employee coverage by taking these two steps:
1. I will submit a completed Basic Application by the due date printed on my spouse's/child's enrollment form. <http://mn.gov/mmb/images/BasicApplication2014.pdf>
 2. I will submit documentation verifying the eligibility of the spouse/adult child I am enrolling when it is sent to me by MMB/SEGIP.

My spouse/adult child will automatically be enrolled in single medical coverage if the Basic Application and requested verification documentation are not received at SEGIP by the due date.

Print Name: _____

State Employee ID: _____

Signature: _____

Date: _____

Relationship: Spouse Parent

Retain a copy of all documents and verification of submission sent to SEGIP; it will serve as proof you made a timely submission. Waiving insurance coverage and enrolling under another employee's insurance coverage is only allowed during annual open enrollment, hire or rehire, or due to a qualifying life event. <http://mn.gov/mmb/segip/>

Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide that information.

What information will we use?

We will use the information you provide us at this time, as well as information previously provided us, about yourself, your spouse, or dependent(s). If you provide any information about that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

Why we ask you for this information?

We ask for this information so that we can successfully administer SEGIP. This information is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested information helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The information is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for information about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction.

Do you have to answer the questions we ask?

You may not be legally required to provide any of the information requested.

What will happen if you do not answer the questions we ask?

If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this information about you and your spouse and dependents?

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to the information; and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information.

How else may this information be used?

We can use or release this information only as stated in this notice unless you give us your written permission to release the information for another purpose or to release it to another individual or entity. The information may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.