

COMPLETION OF THIS FORM MEANS THAT YOU HAVE READ AND AGREE
TO COMPLY WITH THE FOLLOWING TERMS AND CONDITIONS:

- This form must be submitted directly to the Public Education Health Trust office at 4003 Iowa Drive or by faxing it to 907-222-2556.
- Select the health insurance option that most suits your personal needs.
- Submit required documentation. For spouses, a copy of marriage certificate; for domestic partners, a statement of financial interdependency; for children, a copy of birth certificates or adoption agreement.
- If enrolling dependent(s) for coverage; I certify that they meet the requirements for dependent coverage. Any attempt to enroll individuals which do not meet the requirements will be considered fraud and will be subject to penalties as prescribed by law.
- Any enrollment or waiver change made in anticipation of a qualifying event such as a pending divorce will not be allowed. Until a divorce decree has been finalized the covered spouse cannot be dropped from coverage.
- Qualifying Events are restricted to IRS defined events; these events as listed below allow a change mid-year to your previous election:
 - Open Enrollment (month of June for an effective date of July 1)
 - Marriage/Divorce (notification required within 30 days of event)
 - Death (notification required within 30 days of event)
 - Spouse is provided group insurance through employer for the first time (notification required within 30 days of event)
 - Coordination of spouse's annual election period (notification required within 30 days of event)
- Health plan participants should receive plan information and their I.D. cards in a timely manner. If you do not receive your I.D. card within 14 days of submitting this form, call the Public Education Health Trust office at 907-274-7526.
- Your effective date is governed by the collective bargaining agreement (CBA) and IRS eligible qualifying events.
 - New hires effective date, please refer to CBA or personnel policy manual.
 - Open enrollment changes, effective July 1st.
 - Qualifying event changes, if form is received within 30 days of event, change is effective the first of the month following the event. If form is received after 30 days of the event, the effective date would be at open enrollment.
 - Ratification of a collectively bargained agreement; effective the first of the month following the adoption of the agreement by the School District.
- I agree to the following terms for myself and my dependents: Unless otherwise prevented by law, we authorize health care providers, insurers, claims administrators and employers to provide medical, employment and benefit information, including information relating to drug, alcohol or psychiatric histories and treatment, to the insurance provider or its authorized representatives. Except as otherwise prevented by law; the insurance provider or its authorized representatives may share such information and provide it to other insurers, claims administrators, re-insurers and other provider organizations only for the purpose of administering the group coverage and claims for benefits, utilization review, risk management, provider peer review and the resolution of grievances relating to health benefit coverage and care. This authorization shall be valid for the duration of coverage. I acknowledge that I have obtained a copy of this authorization. I agree that a reproduced copy of this authorization will be as valid as the original.