



Montana Food Distributing

Employee Enrollment & Waiver - MT

Account & Unit Number

Employee Information

Form fields for Employee Information including Name, Address, Social Security Number, Date Employed, Birth Date, and Gender options.

Benefit Options

Benefit Options table with columns for Coverage, Employee, Spouse, and Children, including Medical coverage options.

Important! If declining any coverage for yourself or any dependent, give reason. Covered under: Spouse's Group Coverage, Individual Insurance, Other Coverage Offered by my Employer, Other.

Eligible Dependent Information (Complete if you have elected benefits for your spouse and/or children.)

Form fields for Eligible Dependent Information including Spouse's Name, Birth Date, Social Security Number, and Name(s) of Child(ren).

* If you checked Foster Child, do you provide principal support and does the child(ren) live with you at least 50% of the time? Yes No

Employee Signature (Read and sign below.)

I understand and agree with the following statements: My dependents are not eligible for any coverage for which I am not covered. I declare that the information I have completed on this enrollment form is complete and true.

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company: One for the employer One for the employee



Preexisting Condition Exclusion & Special Enrollment Rights

Federal Regulations require an employee to receive the following notices for medical coverage offered in the state of Montana.

Preexisting Condition Exclusion

Preexisting Conditions Exclusions apply to individuals covered on the policy issue date of a new group whose prior coverage was 12 months or less; and late enrollees.

A Preexisting condition is a condition present before your enrollment date in any new health plan. If you or your dependents received, or were recommended to receive medical advice, diagnosis, care, or treatment for a condition (physical or mental), in the last six months, the preexisting exclusion will apply. This preexisting exclusion period is 12 months and will exclude benefits for any treatment or services during the preexisting condition period.

Late enrollees may not enroll until the next annual open enrollment period at which time the preexisting condition exclusion period will apply. The preexisting exclusion will not apply to newborns or children under the age of 18 whom are adopted or placed for adoption if coverage is requested within 31 days of birth, adoption or placement for adoption; or pregnancy.

The preexisting exclusion period may be reduced by the number of days you and/or your dependents were covered under a prior health plan. You and/or your dependents have the right to demonstrate previous coverage by requesting a certificate of coverage from your prior health plan. If necessary, Principal Life Insurance Company will assist in obtaining a certificate. Once the amount of prior creditable coverage has been determined, you will receive a notice stating the length of any preexisting condition exclusion period that applies to you and/or your dependents.

Special Enrollment Rights

If you and/or your dependents decline coverage because you have other health insurance, you may enroll within 31 days following the loss of other insurance. Loss of coverage includes:

- COBRA or state continuation coverage exhausted
- Reduction in work hours or termination of employment
- Employer contributions have terminated
- Death, divorce or legal separation

If you and/or your dependents have declined coverage, you may enroll within 31 days if there is a change in your family status. This includes:

- Marriage
- Birth of child
- Adoption or placement for adoption

If you and/or your dependents do not enroll within 31 days, you will be considered a late enrollee and are subject to the Preexisting Condition Exclusion rules.

If you are already enrolled for coverage, and your dependents have declined coverages, your spouse and/or dependent child may enroll if coverage is requested within 31 days, of a court or administrative order to provide health coverage (and dental, if applicable).

Please keep this notice for your records.