

ADMINISTERING YOUR GROUP HEALTH PLAN

ADMINISTRATIVE MAILING:

All enrollment forms, additions, deletions and changes etc. should be sent to:

Insurance Design Administrators
153 Bauer Drive / P.O. Box 875
Oakland, N.J. 07436

ENROLLING EMPLOYEES:

New employees cannot be considered covered until they have completed the Waiting Period, if any. "Certificates of Creditable Coverage", illustrating prior coverage will apply to any pre-existing clause exclusionary period, if applicable. When an employee is hired, the following procedures must be followed:

1. Have the employee complete an Enrollment Form and an Insurability Form (where applicable) and return these forms to your attention. Confirm the effective date of coverage. Attach any supportive documentation (birth certificates, full time student verification, copy of Medicare card, legal documentation for guardianship, etc.)
2. A "Certificate of Creditable Coverage" may be provided by the new employee (and dependents), if available.
3. You should then report this information on the Monthly Change Summary and thoroughly complete all sections and sign where indicated. Please note: When additions are reported you must submit an Enrollment Form and an Insurability Form (where applicable) for each new employee. We will not add or change any status of any employee until we receive a completed and signed Enrollment Form or a Change Request Form.

CHANGES:

The participant must complete an IDA Change Request Form. You must complete the EMPLOYER USE ONLY section of the form and indicate the change under sections 3b and 5 of the Monthly Change Summary.

TERMINATIONS:

Report all employee terminations on the Monthly Change Summary under the TERMINATIONS SECTION on the back of the Monthly Change Summary.

COBRA ADMINISTRATION:

ADMINISTRATION PROVIDED BY EMPLOYER OR OUTSIDE ORGANIZATION

Beneficiaries electing continuation coverage must complete a New Enrollment Form. You must indicate the COBRA election on the back of the Monthly Change Summary and provide a copy of the completed COBRA Election Form for our records.

ADMINISTRATION PROVIDED BY IDA

Participants who have coverage terminated due to a qualifying event, must complete the COBRA Qualifying Event Notification Form for COBRA Continuation Coverage. You must confirm all information on this form, then indicate the termination of the participant(s) on the Monthly Change Summary.

IDA will provide all appropriate notifications once this information is received.

IF ANY INFORMATION IS MISSING ALL FORMS WILL BE RETURNED.