

Coverage Election

FOR MEMBERS WHO ARE RETIRED

A Your Personal Information

Legal Name (First)	MI	Last	<input type="text"/>
			Member ID
Email Address	Date of Birth (MM/DD/YYYY)		XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address			
City	State	ZIP Code	
()	()	()	
Home Phone	Work Phone	Cell Phone	

I elect the following health coverage:

- Continue or activate ELCA health benefits¹
 Sign in to myPortico to view benefit details for all benefit options and continuation costs
- I am eligible for Medicare. I elect the following ELCA Medicare-Primary option:
 - Economy Option Standard Option Premium Option
- I am not eligible for Medicare. I elect the following ELCA-Primary health benefit option (must be the same as other family members covered under ELCA-Primary health benefits):
 - Bronze+ Silver+ Gold+ Platinum+
- Waive ELCA health benefits²
- Continue waiving ELCA health benefits²
- Terminate ELCA health benefits³

This election should begin on _____.

I am making this change in my health benefits coverage because I am:

- Retiring
- Becoming eligible for Medicare
- Re-enrolling in ELCA health benefits after previously waiving coverage¹
- Waiving health coverage due to having other valid health coverage²
- Changing who is covered due to:
 - Birth/adoption
 - Marriage
 - Divorce
 - Change in eligibility for a child under age 26

1. Confirmation of other valid health coverage is required prior to activating ELCA health coverage. Complete Section D.
 2. If ELCA health coverage is waived, you must be covered under other valid group health coverage or individual coverage purchased through a health insurance exchange for which you received a premium tax credit (subsidy). A list of other valid group health coverage can be found on myPortico under Overview & Life Changes > Stopping or Starting Health Benefits. Complete Section D. Retired members (and family members of retired members) who are eligible for ELCA Medicare-Primary Benefits on or after Jan. 1, 2019, but elect to waive or do not enroll in ELCA Medicare-Primary Benefits, will thereafter relinquish all eligibility for ELCA predecessor retiree health subsidies.
 3. If you/your family terminates coverage, you/your family members will be subject to a 90-day waiting period if you later elect to activate ELCA health coverage.

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B Eligible Spouse's Health Coverage Election (Portico must receive a copy of your marriage certificate if you are adding your spouse.)

Spouse's Legal First Name MI Last Social Security Number

Date of Marriage (MM/DD/YYYY) Date of Birth (MM/DD/YYYY)

I elect the following health coverage for my spouse:

- Continue or activate ELCA health benefits¹
 - My spouse is eligible for Medicare. I elect to enroll or continue my spouse's coverage in the following ELCA Medicare-Primary option:
 - Economy Option
 - Standard Option
 - Premium Option
 - My spouse is not eligible for Medicare. I elect the following ELCA-Primary health benefit option for my spouse (must be the same as other family members covered under ELCA-Primary health benefits):
 - Bronze+
 - Silver+
 - Gold+
 - Platinum+
- Waive ELCA health benefits²
- Continue waiving ELCA health benefits²
- Terminate ELCA health benefits³

This election should begin on _____.

C Eligible Child's Health Coverage Election (Portico must receive a copy of the birth certificate, if you are adding an eligible child.)

(Photocopy this page for each eligible child if more space is needed.)

Child's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

I elect the following health coverage:

- Continue or activate ELCA health benefits¹
 - Enroll my child in ELCA-Primary benefits. I elect the following ELCA-Primary health benefit option for my child (the option must be the same for all family members with ELCA-Primary health benefits):
 - Bronze+
 - Silver+
 - Gold+
 - Platinum+
 - My child is eligible for Medicare. I elect to enroll or continue my child's coverage in the following ELCA Medicare-Primary option:
 - Economy Option
 - Standard Option
 - Premium Option
- Waive ELCA health coverage²
- Continue waiving ELCA health coverage²
- Terminate ELCA health coverage

This election should begin on _____.

1. Confirmation of previous other valid health coverage is required prior to activating ELCA health coverage. Complete Section D.
2. If ELCA health coverage is waived, you must be covered under other valid group health coverage or individual coverage purchased through a health insurance exchange for which you received a premium tax credit (subsidy). A list of other valid health coverage can be found on myPortico under Overview & Life Changes > Stopping or Starting Health Benefits. Complete Section D. Retired members (and family members of retired members) who are eligible for ELCA Medicare-Primary Benefits on or after Jan. 1, 2019, but elect to waive or do not enroll in ELCA Medicare-Primary Benefits, will thereafter relinquish all eligibility for ELCA predecessor retiree health subsidies.
3. If you/your family terminates coverage, you/your family members will be subject to a 90-day waiting period if you later activate ELCA health coverage.

D Other Insurance (only if re-enrolling or waiving coverage)

(Photocopy this page for multiple plans.)

A list of other valid health coverage can be found on myPortico under Overview & Life Changes > Stopping or Starting Health Benefits. To waive ELCA health coverage, you are required to have other valid group health coverage, or individual coverage purchased through a health insurance exchange for which you received a premium tax credit (subsidy). To activate ELCA health coverage, you must have been covered within the last 60 days under other valid health coverage.

Family members covered under other insurance or re-enrolling in ELCA health benefits (check [✓] one):

Entire Family Member Only Spouse Only Child(ren) Only Spouse and Child(ren)

Other group health coverage:

Name of Primary Insured Family Member

Name of Employer or Entity Providing Coverage

ID Number (Required)

Group Number (Required)

Name of Health Insurance Company (Required)

Phone (Required)

Type of Coverage: Medical and Hospital Prescription Drug Dental

Subsidized exchange coverage:

Name of State Exchange (Required)

Name of Insurance Company (Required)

ID Number

Exchange Phone

Type of Coverage: Medical and Hospital Prescription Drug Dental

E Signature of Member

I agree to participate in the ELCA Health Plan as indicated on this form. I understand that I (and my family):

- May waive ELCA health coverage if I have other valid health coverage. A list of other valid health coverage can be found on myPortico under Overview & Life Changes > Stopping or Starting Health Benefits. If I am a retired member (or family member of a retired member) who is eligible for ELCA Medicare-Primary Benefits on or after Jan. 1, 2019, but elect to waive or do not enroll in ELCA Medicare-Primary Benefits, I (my family member) will thereafter relinquish all eligibility for ELCA predecessor retiree health subsidies.
- If I am activating coverage, Portico will contact the insurer named on this form to verify previous coverage.
- Will be subject to a 90-day waiting period for ELCA health coverage if coverage is activated more than 60 days following termination of other valid health coverage.
- Can terminate coverage and enroll at a later date, if eligible, but will then be subject to a 90-day waiting period for health coverage, unless special or open enrollment applies.
- Am responsible for paying the cost of health coverage under the ELCA Health Plan. If I wish to terminate coverage, I must notify Portico. Failure to provide notification will result in continuing accrual of charges for my (and my family members') coverage.

Signature of Member (Required)

Date (MM/DD/YYYY)

Return the completed form to the Portico Customer Care Center. Incomplete or illegible forms may be returned.

Portico Benefit Services
800 Marquette Ave., Ste. 1050
Minneapolis, MN 55402-2892
800.352.2876 / 612.333.7651
F 612.334.5399
mail@PorticoBenefits.org
PorticoBenefits.org

PORTICO[®]
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