



Medical Insurance Enrollment Form Affordable Care Act Full-time Employee

Employee Name			A-Number
Gender	Birthdate	Job Begin Date	Employee Social Security Number
Address, City, State, Zip			
Email Address			Phone

Select a Medical Plan (check one)

Choice High Deductible Health Plan	Preferred ValueCare (PVC) Network	<input type="checkbox"/>
	Participating (PAR) Network	<input type="checkbox"/>
Wellness Plan	Preferred ValueCare (PVC) Network	<input type="checkbox"/>
	Participating (PAR) Network	<input type="checkbox"/>
High Premium Plan	Preferred ValueCare (PVC) Network	<input type="checkbox"/>
	Participating (PAR) Network	<input type="checkbox"/>

Dependents**

Name	Medical	Gender	Birthdate	Social Security Number	Relationship**
	<input type="checkbox"/>	M/ F			
	<input type="checkbox"/>	M/ F			
	<input type="checkbox"/>	M/ F			
	<input type="checkbox"/>	M/ F			
	<input type="checkbox"/>	M/ F			

** In order to enroll dependents for medical insurance, you must provide proof of the relationship between the employee and dependent(s) listed (e.g. birth certificates, adoption documents or marriage certificate).

Will you or your dependents have other insurance while on the USU plan?	Yes, I or my dependents have other medical insurance	<input type="checkbox"/>
	No, I nor my dependents have other medical insurance	<input type="checkbox"/>

I acknowledge that I am eligible for medical insurance under the Affordable Care Act and wish to enroll. I also acknowledge that if I enroll for medical insurance, I agree to pay the medical insurance premiums via payroll deductions. If at any time I do not have sufficient payroll funds to pay for the medical insurance premiums, I will remit to Utah State University the premium amount within 15 days of the last day in the pay period. I further agree that failure to do so may result in my medical coverage being terminated.

Return Completed form to Human Resources, 8800 Old Main Hill, Logan Utah 84322, Fax 435-797-1816, or hand deliver to Human Resources building on the corner of 1200 East 700 North

Signature: _____

Date: _____