

SPECIAL ENROLLEE FORM

If you are an employee or dependent(s) who previously waived coverage and now have **lost coverage, had a contribution change or a life-changing event, you may be considered a Special Enrollee.** Please complete this form and return it with your completed eligibility statement. **We must receive these forms within 31 days of the special enrollment event.** If the eligibility statement has already been submitted for your special enrollment, submit only this form and any other necessary documentation. Failure to submit your request within the 31 days could result in a delay in coverage.

Group Name _____ Group Number _____

Employee Name _____ Employee Social Security Number _____

Employee Signature _____

Name of person(s) applying for coverage, if OTHER than the employee _____

Unless otherwise noted, you must provide supporting documentation within the 31 days of your special enrollment event. If you are unable to obtain the supporting documentation within the time frame allotted, please do not delay your enrollment request. We will hold your request until the necessary information is received. Once approved, you will be added to the plan as of your event date and premium will be charged accordingly.

Loss of Coverage (including occurrences due to entrance into the U.S.) –

Coverage Termination Date: _____

MM/DD/YY

Type of Loss: Group Coverage Individual Coverage

Reason for Loss:

Job termination

No longer eligible – company policy (i.e., dependent coverage is no longer offered, etc.)

Other _____

Contribution Change – Date of Change: _____

MM/DD/YY

Contribution (increase/decrease in employer contribution level)

Life-Changing Events:

Adoption of a child – Date of Placement: _____

Divorce – Date: _____

Marriage – Date: _____ Documentation is not required.

Birth of a child – Date of Birth: _____ Documentation is not required. Sex: M F

Legal Separation: _____

Other – Provide Detailed Explanation:

To ensure your paperwork is received by us within the 31 days of your special enrollment event, please fax all correspondence to 847.615.5885 or email AdministrationSB@trustmarkbenefits.com

Self-funded plans are administered by Star Marketing & Administration, Inc., and stop-loss insurance and ancillary coverage are provided by Trustmark Life Insurance Company

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