



BUTTE SCHOOLS
SELF-FUNDED PROGRAMS

Butte Schools Self-Funded Programs

Healthy Employees Supported by Quality, Well-Managed Programs



BSSP SUPPLEMENTAL ENROLLMENT FORM

SSN First Middle Last Marital Marriage

Title Group Board

Alt. Address City State Zip

Alt. Phone Alt. Email address

DOUBLE COVERED DISCOUNT You may be eligible for a 25% premium discount ONLY IF your spouse/RDP is an employee of the same or another BSSP-participating District and covered under a **composite-rated** BSSP Medical Plan. You must be covered as a dependent under your spouse's plan and he/she must also be covered as a dependent under your BSSP Medical plan to be eligible.

IF you meet the above criteria, please list your spouse's name and the District Name of which he/she is employed.

Spouse Name Spouse District Name

ELECTED COVERAGE

Medical Dental Vision

HSA Account

Group Life If yes, complete separate enrollment form for life coverages and input optional amounts below.

Optional Employee Optional Spouse Optional Dependent STD/LTD (BGCCD only)

PLEASE READ CAREFULLY

- Authorization to obtain or release medical information: Butte Schools Self-Funded Programs (BSSP) is authorized to obtain and release medical information in compliance with HIPAA and any other insurance and privacy protection act.
- I hereby authorize my physician, health care practitioner, hospital, clinic or other medical or medically-related facility to furnish an agent, designee or representative of Anthem Blue Cross, Delta Dental, VSP, Navitus or BSSP any and all records of medical history, services rendered, or treatment given to anyone enrolled hereunder or added hereafter for purpose of review, investigation or evaluation of an application or a claim.
- I authorize BSSP or its agents, designees or representative to disclose to a hospital, self-insurer or insurer any such medical information obtained if such disclosure is necessary to allow the processing of the claim.
- This authorization shall become effective immediately and shall remain in effect as long as necessary to enable BSSP to process claims and establish rates.

- I understand I am responsible for a greater portion of my medical costs when I use a non-participating provider.
- I understand any dispute between myself (and/or enrolled family member) and Anthem Blue Cross, Delta Dental, VSP, Navitus or any affiliate, must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the small claims court and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage the member and Anthem Blue Cross, Delta Dental or VSP are giving up the right to have any dispute decided in a court of law before a jury.

I DECLARE, UNDER PENALTY OF PERJURY AND THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT. I WILL REPAY ANY CLAIMS PAID FRAUDULENTLY ON BEHALF OF MYSELF, MY SPOUSE/PARTNER AND/OR MY DEPENDENT CHILDREN.

Signature Date

Information below this line is to be completed by district HR/Payroll Staff

All coverages effective Notes, Signature and Date

Appointment of Butte Schools Self-Funded Programs as Authorized Agent to Open an HSA

Appointment and Certification

By signing below, I appoint Butte Schools Self-Funded Programs ("BSSP") as my agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. ("Bank") Health Savings Account ("HSA") on my behalf and authorize BSSP to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank's USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit MasterCard® to me. I certify that I have received or viewed the Bank's statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that BSSP will remain my agent unless and until BSSP and the Bank receive notice that the appointment of BSSP as my agent has been terminated, that I am no longer employed by BSSP, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

*** Return this completed and signed form to your District *
Do not send to Optum Bank**

Signature Field

Date

Optum Bank Access to and Retention of Electronic HSA Records

To view the Bank's hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, follow the link below.

<https://www.optumbank.com/content/dam/optumbank/resources/ns/238-Hardware-and-Software-Requirements.pdf>