



BSSP ENROLLMENT FORM
For Dental, Vision and/or Life Insurance enrollments.

SSN, First, Middle, Last, Birth date, Gender, Marital, Address, City, State, Zip, Phone, Marriage Date, Hired, Employee #, Title, Group, Status, Board

APPLICATION TYPE (check all that apply)

New enrollment at date of hire, Transfer from another BSSP district, Declination of coverage at initial eligibility date

Email address

DEMOGRAPHIC CHANGE (check all that apply)

New address, New phone number, New email, Name change. Enter former name below.

DEPENDENT CHANGE (indicate changes under Dependent(s) below.)

Dependent child or former spouse electing COBRA, Surviving spouse. Enter spouse's name below.

Add child at birth, Add child due to other qualifying event, Add spouse/registered domestic partner, Delete dependent

ELECTED COVERAGE

Re-enrollment due to change in hours or work year, Re-enrollment due to court order or loss of other coverage, Voluntary disenrollment

Dental, Vision, Life, STD/LTD (BGCCD only), Optional Employee, Optional Spouse, Optional Dependent

DEPENDENT(S): Application for dependents must be submitted within 31 days of dependent's eligibility date. See the reverse for a summary of eligible dependents and dates of eligibility.

Table with columns: Add / Drop, Relationship, Gender, Last, First MI, Date of Birth, Certificate attached?, Social Security #, Coverage (Dental, Vision)

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 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 Delta Dental, VSP, or any affiliate, must be resolved by binding arbitration...

Signature, Date

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

HIPPA/COBRA Date, All coverages effective, Notes, Signature and Date, District-paid retiree medical? Yes No