

## Large Group Enrollment/Change/Cancellation Form: Tips for Employers

To help us process your enrollment\change\cancellation applications in a timely manner, please be sure to fill out the appropriate sections with complete information.

### General reminders:

- Print neatly – photocopies & faxes can distort the clarity of the information.
- Please use the newest version of the form. The forms are updated periodically and can be found at [Medica.com](http://Medica.com)>Employers>Group Administration. Print the forms as needed rather than keeping a large supply on hand.
- Review the employee information to ensure that all required sections have been completed.

### How to enroll an employee with or without dependents

- Check “Enroll” in section A
- Sections A, B, C, E, F, G, and H will need to be completed by the employee
- Sections I1, I2a, and I3 will need to be completed by you

#### *Please be sure to include the following:*

- Full name for everyone being enrolled
- Date of birth for everyone being enrolled
- Full address, including city, state and zip code
- Social security number(s) for those age 45 and older is required
- The name and clinic number of primary care clinic(s) being selected (Elect, Essential and Focus only)
- The employee’s plan selection
- Group name and group number
- Signature of employee
- Signature of employer
- Employee date of hire (DOH)

### How to terminate coverage for an employee

- Check “Cancel” in section A

#### *Please fill out the following sections:*

- Section A (full name and social security number)
- Section B (dependent full name and social security number)
- Section H
- Section I1, I2c, I3

### How to reinstate an employee with or without dependents

- Check “Enroll” in section A
- Sections A, B, C, E, F, G, and H will need to be completed by the employee
- Section I1, I2a, I3 will need to be completed by you

#### *Please be sure to include the following:*

- Full name for everyone being enrolled
- Date of birth for everyone being enrolled
- Full address, including city, state and zip code
- Social security number(s) for those age 45 and older is required
- The name and clinic number of primary care clinic(s) being selected (Elect, Essential and Focus only)
- The employee’s plan selection
- Group name and group number
- Signature of employee
- Signature of employer
- Employee date of hire (DOH)

### How to make a demographic change (i.e. employee name or address change, etc.)

- Check “Change” in section A

#### *Please fill out the following sections:*

- Section A (full name and social security number and all fields that need to be changed)
- Section B (all fields that need to be changed)
- Section H
- Section I1, I2b, I3

### How to enroll an employee in COBRA/ Group Coverage Continuation

- Check “Change” in the section A

#### *Please fill out the following sections:*

- Section A (full name and social security number)
- Section B (dependent full name and social security number)
- Section C
- Section H (employee signature and date)
- Section I1, I2b, I3

**Incomplete or missing information may cause delays in processing the enrollment, change, or cancellation. If you have questions on filling out this form, please contact the Medica Service Center at 952-992-2200.**