This form is a fill in form that has fields that can be completed using your computer before printing. Press the Tab key to activate the first field. You can continue tabbing through the fields on the form as fill them in or you can also use your mouse to navigate and fill-in the form. This message will not print.

EideBailly℠
EMPLOYEE BENEFITS

STATE OF MINNESOTA
Change in Participation
MDEA & DCEA

segip
state employee group insurance program

Plan Year: _____

Employee ID Number: ___ ___ ___ ___ ___ ___ ___ ___

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

CHANGE IN PARTICIPATION or MID-YEAR ENROLLMENT DUE TO A STATUS CHANGE

I hereby revoke any previous authorization for the current year and authorize the State of Minnesota to make the pre-tax payroll deductions, which I have indicated below. I understand that the deducted amounts will be available for the reimbursement of my qualifying expenses incurred during the period of the calendar year in which I am an active, contributing employee under the terms of the formal plan document. (Reducing your contributions to zero will cause your period of coverage to end and could result in forfeiture of funds remaining in your account.) I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts. Note - Changes cannot be made retroactively and the mid-year election change must be consistent with the status change that affects insurance eligibility for coverage under the plan, e.g. birth of a child – you may *increase* your MDEA account, not *decrease* it. The change must be made with in 30 days of the event date.

Change in Marital Status:

- ❑ Marriage
- ❑ Divorce or Annulment
- ❑ Legal Separation
- ❑ Death of Spouse

Change in Number of Tax Dependents:

- ❑ Birth
- ❑ Adoption
- ❑ Death of Dependent

Change in Employment Status That Affects Insurance Eligibility For You, Your Spouse or Dependents:

- ❑ Termination of employment/Retirement
- ❑ Commencement of employment
- ❑ Change in work schedule, hours, or shift
- ❑ Hourly to salaried or salaried to hourly
- ❑ Commencement of unpaid leave of absence/Lay off/Unpaid FMLA
- ❑ Return from unpaid leave of absence/Lay off/Unpaid FMLA

Change in Spouse or Dependent's Insurance Eligibility Under an Employer's Plan:

- ❑ Loses eligibility (age, student status, marital status)
- ❑ Gains eligibility (student status, marital status)

Change Due to:

- ❑ Judgments, Decrees or Orders
- ❑ Entitlement to Medicare or Medicaid

Changes Specific to Dependent Care Expense Account (DCEA) Only:

- ❑ Significant increase or decrease in cost (no change can be made when provider is a relative)
- ❑ Addition, elimination, or reduction of your spouse or dependent's dependent care expense plan
- ❑ Change in coverage or open enrollment of spouse or dependent under their employer's dependent care expense plan

Note - if your employment terminates and you are rehired **within** *30 days, your prior election amounts are reinstated unless another event has occurred that allows a change. If your employment terminates and you are rehired* **after** *30 days, you may make new elections. Please see the Plan Summary for more information.*

Event date: _____

Please explain the event(s) marked above on which you are basing your request for a mid-year coverage change and describe how the requested change is consistent with the event:

_____

Enter your new annual election amount:

Medical/Dental Expense Account: _____ Dependent Care Expense Account: _____

Employee Signature **DON'T FORGET TO SIGN AND DATE BEFORE SENDING IN COMPLETED FORM**

THIS FORM SHOULD BE RETURNED TO:

MINNESOTA MANAGEMENT & BUDGET
STATE EMPLOYEES GROUP INSURANCE PROGRAM,
658 CEDAR STREET, ST. PAUL, MN 55155
FAX: 651-797-1313

PRINT SAVE

Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management & Budget administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your dependents and beneficiaries, how we will use it, who will see it, and your obligation to provide that information.

What information will we use?
We will use the information you provide us at this time, as well as information you have previously provided us about yourself, your dependent(s), and/or your beneficiary. If you provide any information about yourself or your dependent or beneficiary that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We do not need the gender or marital status for your beneficiary designation, so you may enter "unknown" in these fields. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We only need your dependent's social security number to offer insurance continuation or process a death benefit.

Why we ask you for this information?
We ask for this information to process your request to add or change coverage for yourself, your dependent or a beneficiary. The requested information helps us to determine eligibility, to identify you and your dependents and beneficiaries, and to contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including analyzing unidentifiable aggregate data to develop new programs and ensure current programs are effectively and efficiently meeting member needs. We may ask for information about you that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct change request or other insurance benefit transaction.

Do you have to answer the questions we ask?
You are not legally required to provide any of the information requested.

What will happen if you do not answer the questions we ask?
If you do not answer these questions, the insurance benefit transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this information about you and your dependents and beneficiaries?
We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, The State of Minnesota's actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. We can use or relates this information only as stated in this notice unless you give your written consent to authorize release of the information to another person/entity, or if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.

We ask for this information to process your request to add or change coverage for yourself, your dependent or beneficiary. The requested information helps us to determine eligibility, identify you and your dependents and beneficiaries, and contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including using unidentifiable, aggregate data to develop new programs and ensure current programs effectively and efficiently meet member needs. We can use or release this information only as stated in this notice unless you give us your written permission to release the information or to use it for another purpose.

You are not legally required to provide us any of this information and you may refuse to provide the information. However, if you do not provide us the requested information, the insurance transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. This information may also be used or released if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.