



## Subscriber Application and Member Change Form Frequently Asked Questions

The following guide is intended to help provide guidance on some of the most commonly encountered questions regarding Group Health Cooperative of Eau Claire's subscriber application and member change form.

For additional questions regarding the completion of these forms, please contact our Enrollment department by calling (715) 552-4300 or (888) 203-7770.

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**1. Is it important that I fill in the group and division number and the policy code?**

Yes. These fields indicate to the Cooperative which plan option (if applicable) that the employee is selecting. If an application is received without this information, it cannot be processed and will be returned to you for completion. For any questions regarding these fields, we encourage you to contact our Enrollment department by calling the phone numbers listed above.

**2. If the employee doesn't fill in all of the information in the "Applicant Information" section, can I still send the application to Group Health Cooperative?**

While you can send an application with missing Applicant Information to us, this practice can delay the enrollment process, as we will need to contact the employee to obtain the missing information. Having this information included in the original application submission will expedite your employee's receipt of their member ID card and membership information.

**3. Do I need to pay attention to the COBRA and State Continuation Dates?**

Yes. This is a critical field in the subscriber application. COBRA and State Continuation is determined by either federal or state law and the start date is required for appropriate and accurate COBRA policy administration.

**4. What if my employee doesn't know what primary clinic they want to use?**

This section can be left blank if an employee does not know which primary care clinic they would like to select. A primary care clinic will be auto-assigned to the employee based on their place of residence. Once the employee decides which clinic to use, he or she should contact Member Services by calling (715) 552-4300 or (888) 203-7770 to change the listed primary care clinic. A new ID card reflecting their primary clinic choice will be generated and mailed to the employee at that time.

**5. Do I need to fill out the "Enrollment Reason" section? My employee is applying for insurance because they work for me.**

Yes. Every employer group has eligibility criteria that were decided at the time of your contract with the Cooperative. The information reported in the "Enrollment Reason" section enables us to verify the enrollment date against the eligibility criteria of your contract. It is critical that a certificate of creditable coverage letter accompanies the application if an employee or dependent is enrolling due to loss of coverage. Until the certificate of creditable coverage letter is received, claims will not be paid for your employee.

**6. Why does my employee need to fill out the "Other Insurance Information" section?**

According to state law, insurance providers must coordinate insurance benefits when more than one health plan is involved with an individual's coverage. If this section is not completed, the Cooperative will need to contact the employee to obtain this information. By ensuring this section of the application is completed prior to submission, including checking "Yes" or "No" for Medicare coverage, you can aid in faster enrollment materials processing for your employees.



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**7. My employee did not sign and date the application. Will you accept the application without the signature and date?**

We are unable to accept and process unsigned applications. The application is a legal document and must be signed and dated by the employee. In situations where an employee resigns or is let go and is unavailable to sign the change form, we will allow the Human Resource Representative to sign and date the term notice. However, it is not permissible for the Human Resource Representative to sign a new subscriber application or member change form when the employee is adding or removing a dependent from their plan.

**8. There does not seem to be much information on the 3rd page of the subscriber application (the "Waiver of Coverage"). Do I need to submit this page?**

Yes. This is important documentation for the Cooperative as well as you, the employer. This portion of the application serves as important documentation signifying that all family members of your employees have been accounted for. If your employee is married and/or has children and has chosen not to enroll his/her dependents at the time of eligibility, this waiver of coverage must be completed and submitted with the application to the Cooperative.

**By verifying that all submitted applications and change forms are filled out legibly and completed in their entirety, you can help ensure the fastest possible processing of your employees' health plan enrollment materials.**

**For additional questions regarding the completion of these forms, please contact our Enrollment department by calling (715) 552-4300 or (888) 203-7770.**