H.I.H.I.T. Employee Enrollment and Change Form 2023

H.I.H.I.T. Hospitality Industry Health Insurance Trust

KAISER PERMANENTE® aetna Willamette Dental Group TRANSAMERICA Employee Benefits Ameritas fulfilling life TELADOC. COMPSYCH GuidanceResources® Worldwide

EMPLOYER: PLEASE COMPLETE THIS SECTION.

Coverage Effective Date ____/____/____
Group Name _____
Group Number _____
Employee Class _____
Employee Location _____

Hours Worked Per Week _____
Original Date of Hire ____/____/____
Date of Re-Hire ____/____/____
Date transferred from part time to full time ____/____/____

Qualifying Event Description (choose one)
☐ Open Enrollment ☐ New Employee
☐ Add Dependent ☐ Address/name change
☐ Remove Coverage ____Subscriber ____Dependent
Date of Qualifying Event: ____/____/____
Prior Medical Carrier: _____
Coverage end date ____/____/____

☐ Transfer to COBRA
Start Date ____/____/____
☐ 18 Months
☐ 36 Months

EMPLOYEE: COMPLETE THE FOLLOWING. *(PLEASE PRINT, *indicates required field)*

*Last	First	MI	*Date of Birth / /	*Gender ☐ M ☐ F	*Social Security #
*Mailing Address: City, State, Zip			*Home Phone		Work Phone
*Marital Status: ☐ Single ☐ Married Date Married: ____/____/____ ☐ State Registered Domestic Partnership Washington State Registered Domestic Partners are treated the same as a spouse			E-mail address*		

*Add or Remove (circle one)	*Name of Dependent (If dependent has different mailing address, please attach) Last First MI	*Social Security Number	*Gender (Circle One)	*Birth Date (children age 26 or over requires certificate)	Relationship to Employee
Add/Delete	Spouse/Registered Domestic Partner		M F	/ /	
Add/Delete	Child		M F	/ /	
Add/Delete	Child		M F	/ /	
Add/Delete	Child		M F	/ /	
Add/Delete	Child		M F	/ /	

BENEFICIARY INFORMATION *(if life benefit is offered by employer)*

Primary Beneficiary Name/Relationship:	Address:
Contingent Beneficiary Name/Relationship:	Address:

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PLAN SELECTIONS	
Medical and Prescription Drug (Rx) Plan Selection Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc	☐ Employee only (EE) ☐ EE & Spouse ☐ EE & + Children ☐ EE & Family Please see your employer for plan details. If more than one health plan is offered, please write in your choice, including the group number below: *Health Plan* _____ *Group number*_____
Medical and Prescription Drug (Rx) Plan Selection Aetna Life Insurance Company and its affiliates (Aetna)	☐ Employee only (EE) ☐ EE & Spouse ☐ EE & + Children ☐ EE & Family Please see your employer for plan details. If more than one health plan is offered, please write in your choice, including the group number below: *Health Plan* _____ *Group number*_____
Dental Plan Selection Ameritas Dental or Wilamette Dental	☐ Employee only (EE) ☐ EE & Spouse ☐ EE & Children ☐ EE & Family Dental plan choice: _____
Vision Plan from Ameritas	☐ Employee only (EE) ☐ EE & Spouse ☐ EE & Children ☐ EE & Family Vision plan choice: _____

Employee Signature: The undersigned understands that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. The changes on this form supersede all previous forms submitted. I authorize my employer to deduct from my earnings the amount, if any, for the coverage selected.

Employee Signature	Date Signed

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Endorsed Carrier Contact Information

Vimly Benefit Solutions : 12121 Harbour Reach Dr, Ste. 105, Mukilteo, WA 98275; Customer Service 206.456.9940
Kaiser Permanente :1300 SW 27th St, Renton, WA 98057; Customer Service 888.901.4636
Aetna Life Insurance Company: 151 Farmington Avenue, Hartford, CT 06156; Customer Service 888.802.3862
Willamette Dental of Washington, Inc. 6950 NE Campus Way, Hillsboro, OR 97124 Customer Service 855.433.6825
Ameritas : 5900 O Street, Lincoln, NE 68501; Customer Service 800.659.2223
Transamerica : 433 Edgewood Road NE, Cedar Rapids, IA 53499 Customer Service 800.797.2643
Teladoc : 2 Manhattanville Road, Purchase, NY 10577 Customer Service 800.835.2362
ComPsych : 455 N Cityfront Plaza Dr, Chicago, IL 60611; Customer Service 877.357.4322

For Employer Use Only

Kaiser Foundation Health Plan of Washington Options, Inc. (Access PPO): ☐ Diamond ($500 Ded.) ☐ Emerald ($1,000 Ded.) ☐ Sapphire ($1,500 Ded.) ☐ Quartz ($2,500 Ded.) ☐ Ruby ($3,000 Ded.) ☐ Ruby no Spouse ($3,000 Ded) ☐ Opal ($5,000 Ded.)

Kaiser Foundation Health Plan of Washington (HMO): ☐ Jade ($2,500 Ded.) ☐ Pearl ($2,500 Ded.) ☐ HSA ($2,500 Ded.) ☐ Onyx ($5,000 Ded.) ☐ Topaz ($5,000 Ded.) ☐ Zircon ($5,000 Ded.) ☐ Virtual Plus 1000 ☐ Virtual Plus 2000 ☐ Virtual Plus 3000 ☐ Virtual Plus 5000

Aetna (PPO): ☐ $1,500 Ded. ☐ $2,500 Ded. ☐ $5,000 Ded. ☐ HDHP $3,000 Ded.(TIF) ☐ $3,500 Ded. (FF) ☐ $5,500 Ded. (FF) ☐ $6,000 Ded. ☐ $7,700 Ded.

Aetna (Whole Health Plans PPO): ☐ $1,500 Ded. ☐ $5,000 Ded.

Ameritas Dental: ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 ☐ Plan 6 ☐ Plan 7 Ameritas Dental Ortho Rider: ☐ $1,000 ☐ $1,500 ☐ $2,000

Willamette Dental of Washington, Inc: ☐

Ameritas Vision Plan: ☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4 ☐ Plan 5 ☐ Plan 6 ☐ Plan 7 ☐ Plan 8 ☐ Plan 9 ☐ Plan 10

TransAmerica: ☐ Basic $10,000 Teladoc: ☐ ComPsych Employee Assistance Plan: ☐