HOSPITALITY HEALTH INSURANCE
FORMERLY H.I.H.I.T.

Employee Enrollment and Change Form 2024

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	/ /	

Dependent children are eligible for coverage through the age of 26 regardless of marital status, student status, or eligibility for coverage under another plan.

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

Endorsed Carrier Contact Information

Total Benefit Solutions: 155 108th Ave NE, Ste. 800, Bellevue, WA 98004; Customer Service 800.514.4850
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