Group Health & Life Insurance Trust Fund

P.O. Box 5234 CHRB Saipan, MP 96950 Tel. (670) 664-1100 / Fax (670) 664-1115 WEBSITE: www.aetnainternational.com



FOR GHLI USE ONLY:	
MAGIC/Entered:	
Payroll/PPE:	
AGB/Eff. Date:	

2019 ENROLLMENT / WAIVER / CHANGE REQUEST

Employee / Retiree/ Surviving Spouse Completes Sections A-E

	A. EMPLO	YEE / RETIE	REE / SU	RIVIVIN	IG SPOU	SE INFORM	ATION		
	Last Name, First Name, Middle Ir	•			ial Security		ı	rth (MM/DD/YY)	Gender (M/F)
	Street or PO Box Address			Ho	me Phone	Number		E-mail Addre	ess
City	State	Zip	Departme	nt Name		Division	Name	Work Phone Nur	mber
		B.	TYPE (OF ACTI	VITY				
Progra	R: I fully understand and acknown, and that the CNMI government dependents. (STOP HERE, co	ent shall have i	no liability	to cover			_	_	
ENROLLMENT—I	NEW SUBSCRIBER:								
Active Employee		etirement—mu		-		ment		ng Spouse	
Date of Hire:	Da	ite of Retireme	ent:				Date E	Benefits Began:_	
	pouse Dependent Child Domestic Partner	☐ Chang	e Change ge of Dept				REMO	Spouse Domestic Part	
	ully understand and acknowledge gram. My initials below signify my				I am choo	sing the PPO Hig	gh Option o	coverage under th	e GHLI
TERMINATE COVE	RAGE: I fully understand and acknown the GHLI Program.	owledge that by	affixing m	y signatur	e below, I a	am terminating	medical/he	alth insurance cov	verage under
	C.	PLAN OPT	IONS / S	UBSCRI	BERS PI	REMIUMS			
PLAN DESCRI	PTION (ENROLLMENT CODE)	Retir	ee:	Semi-M	onthly		Active en	nployee: Bi-W	/eekly
		HIGH	LO\	N	BASI	С Н	GH	LOW	BASIC
Employee		\$84.15	 \$2	5.85	□\$0.0	0	7.68	\$23.86	\$0.00
Employee + Spou	use or One Dependent	\$172.49	□ \$5	2.98	□\$0.0	0 🔲 \$1	59.22	\$48.90	\$0.00
Employee + Fam	ily	\$269.25	□ \$8	2.69	□\$0.0	0 \$2	48.53	\$76.32	\$0.00
D.	INDIVIDUALS COVERED -	List individ	luals for	whom	you are	adding/cha	nging/r	emoving cov	erage
(A) ADD	Nan	ne First, MI, La	st			Relationship	Gender	Date of Birth	SS#
(C)CHANGE									
(R)REMOVE									

Medicare ID Number	Last Name	First Name	Gender
IMPORTANT INFO	RMATION BELOW - PLEASE REA	D CAREFULLY BEFORE SIGN	NING_
1) All new enrollees are required to	submit the following (as applicable)		
Marriage Certificate			
Affidavit of Domestic	Partnership form (with attachments)		
Birth Certificate (s) of	f dependent child (ren)		
Court documents att	esting to an adoption decree or appoi	tment of legal guardianship	
retiree, my semi-monthly retirer Additionally, I acknow	nereby authorized to make the requirement pension to pay my portion of the ledge that if I do not concept the terminated automatical	ed deduction from my bi-weekly s premium. ntribute for three (3)	•
retiree, my semi-monthly retirer Additionally, I acknow periods, coverage will k Certification, Acknowledgement	ment pension to pay my portion of the ledge that if I do not concerninated automatical and Authorization to release medical	ed deduction from my bi-weekly so premium. ntribute for three (3) ly. nformation: I certify that the state	consecutive pay ements provided in
retiree, my semi-monthly retirer Additionally, I acknow periods, coverage will be 3) Certification, Acknowledgement at this application are true and complete	rent pension to pay my portion of the release that if I do not content to release medical at the best of my knowledge and her	ed deduction from my bi-weekly so premium. ntribute for three (3) ly. nformation: I certify that the state by authorize GHLI to verify information:	consecutive pay ements provided in nation or
retiree, my semi-monthly retirer Additionally, I acknow periods, coverage will to the seriods of the seriods o	renent pension to pay my portion of the release that if I do not content and Authorization to release medical at to the best of my knowledge and her tion with this application. I understand a physician, medical practitioner, or in	ed deduction from my bi-weekly so premium. ntribute for three (3) ly. nformation: I certify that the state by authorize GHLI to verify information that coverage is in effect on the contitution that has any records or known and the coverage of the cove	ements provided in nation or date shown herein nowledge of my or my
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