

Small Group Late Enrollment Acknowledgement

Thank you for choosing Premera Blue Cross for your employees' health care benefits. We appreciate the trust you are placing in us to provide your employees and their families with peace of mind about their health care benefits.

We want you to know that while we will certainly do our best to implement your group as quickly as possible, completed materials must be received at Premera by:

- **5th of the month HSA plans**
- **10th of the month for all other plans**
- Materials received **after the 5th of the month HSA plans** must include a signed Late Enrollment Acknowledgement form
- Materials received **between the 11-20th for all other plans** must include a signed Late Enrollment Acknowledgement form
- Enrollment materials **cannot be received after the 20th of the month** for the following month's effective date

Enrollment materials received after the 5th of the month for HSA plans or the 10th of the month for all other plans will likely experience delays in receiving the following:

- ID cards
- Access to Pharmacy Benefits
- Benefit Booklets
- Initial Billing Statement
- Access to HSA funds (if selected), for employee reimbursement of claims activities incurred prior to the HSA set-up being complete

In addition, late enrollments and renewals will impact employee awareness and access to the wellness program. We are unable to extend the wellness program completion dates due to late enrollments or renewals.

ATTESTATION: Please sign below to acknowledge you understand the potential impact to your employees and their families and have told them of these impacts by sharing the following statement with them:

Due to late submission of our health benefit enrollment materials, your family may not receive your ID cards or be able to access pharmacy benefits by the effective date of coverage. Initially, you may need to pay upfront for services until you're entered into the Premera system.

If you selected an HSA plan, you will not be able to use your Premera HSA funds to refund any claims incurred prior to the setup of the HSA plan.

Group Name

_____ Title _____
Group Representative Name (Please Print)

_____ Date _____
Signature

General Agent/Producer of Record (Please Print)

_____ Date _____
Signature