

Directions for Completing the Application for Group Coverage

Company Name: Saint Mary's University of Minnesota

Group Number: 5MN04080

New Member Applications:

Section A: Complete entire section.

Section B: List yourself and all dependents to be covered under your policy. Complete Add/Cancel, Sex, Marital Status, Social Security Numbers, Date of Birth and check if any child is a full time student.

Section C: Check if you are electing or waiving coverage for yourself and/or dependents. Sign and date at the "X".

Section D: Your employer will complete this section.

Section E: Complete entire section if you checked 'yes'.

Section F: Complete if you or any dependents are covered by Medicare.

Member Coverage Changes:

Section G: Check box or boxes that apply. (If terminating coverage for an employee, check other box, enter terminating coverage and the date coverage terminates)
Complete Sections A, B and C for those to be added or terminated.