

**NOTIFICATION OF THE REQUIREMENTS OF THE
HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996 (HIPAA)
FOR *INITIAL* ENROLLMENT PERIOD**

As a new full-time employee, you have the opportunity to enroll in our group health plan during your initial enrollment period (first 31 days of employment). If you do not elect to enroll yourself or your dependents in the health plan during your initial enrollment period, you will not be able to enroll yourself or your dependents in the future, unless you qualify for a "special enrollment right" or until the next annual open enrollment period.

SPECIAL ENROLLMENT RIGHTS: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Our health plan may impose a pre-existing condition exclusion on your coverage. The pre-existing exclusion delays coverage for conditions for which you sought medical advice, diagnosis or care, had treatment recommended, or received treatment from a licensed or authorized person during the six months immediately prior to your enrollment date.

Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), participants may have the right to reduce any pre-existing exclusion period by the length of time you had health coverage prior to your current enrollment. You are entitled to a certificate from your prior health care carrier or your prior employer, which will show evidence of such prior creditable coverage.

The full pre-existing condition exclusion period will be imposed by our health plan, unless you provide us with evidence of prior creditable coverage by presenting a certificate or other documentation from your prior health plan which establishes creditable coverage. This proof of coverage must be provided to our health plan within 31 days of your effective coverage date with our health plan.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS NOTICE, REGARDING THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), AND MY OBLIGATION TO PROVIDE DOCUMENTATION TO MY EMPLOYER, WHICH COULD BE USED TO REDUCE OR ELIMINATE THE PRE-EXISTING CONDITION EXCLUSION PERIOD UNDER MY EMPLOYER'S GROUP HEALTH PLAN. I AM AWARE THAT IF I DO NOT SUBMIT A CERTIFICATE OF CREDITABLE COVERAGE WITHIN 31 DAYS OF MY ELIGIBILITY DATE, THE PLAN'S PRE-EXISTING CONDITION LIMITATION WILL APPLY. I AM AWARE THAT IF I DO NOT ELECT HEALTH COVERAGE FOR MYSELF OR MY DEPENDENTS DURING THE INITIAL ENROLLMENT PERIOD, MY DEPENDENTS AND I MUST WAIT UNTIL THE NEXT OPEN ENROLLMENT TO ENROLL IN MY EMPLOYER'S GROUP HEALTH PLAN, UNLESS WE HAVE A SPECIAL ENROLLMENT RIGHT OR LOSE OUR OTHER HEALTH COVERAGE.

Employee Name (Print)

Date

Employee Signature

SIGN, DATE & RETURN TO BENEFITS OFFICE