Tuscarora Intermediate Unit 11
2527 US Highway 522 South
McVeytown PA 17051

814-542-2501 or 717-899-7143
Fax: 814-542-2569

TIU-45
Rev 11-29-2018

TIU 11 Employee Request for Insurance Coverage or Change Medical, Vision, or Dental

Employee Last Name	Employee First Name	Department or Program Area

A. Mark the qualifying event from the following list. Changes must be requested within 30 days of qualifying event, date of the event must be provided. COBRA qualifying events must be submitted within 60 days of event. ***Copies of supporting documentation must be submitted with the form for items indicated with "*".***

Mark one		DATE			DATE
	Annual Open Enrollment Period			Change in insurance coverage for spouse or dependent*	
	New Enrollment/New Hire			Change in employment – spouse *	
	Birth or Adoption of new dependent *			Death of spouse or covered dependent *	
	COBRA Qualifying Event Notice:				
	Age Out of Dependent			Change in marital status *	

B. Checkmark Current Coverage Level(s) and New Coverage Level(s)

	1. Medical				**2. Vision**		**3. Dental**	
	High Deductible		**PPO**					
Coverage Level -:	**Current**	**New**	**Current**	**New**	**Current**	**New**	**Current**	**New**
IND – Individual/Employee								
E1D – Employee and Child								
ECH – Employee and Children								
ESP – Employee and Spouse								
FAM – Family								
NONE or Coverage Waived								

C. List all individuals (include yourself) to be added (A) to or removed (R) from coverage (proof of eligibility may be required), fill in all blanks. (if more space is needed attach additional forms).

Last Name	First Name, Middle Initial	Date of Birth	Sex	Relation Code*	Social Security Number	Mark Add (A) or Remove (R)		
						Medical	Vision	Dental

*Relation Codes: S-Self, SP-spouse, C-Child, SC-Stepchild, N-Niece or Nephew, GC-Grandchild

D. Other Coverage

Do any of the individuals being added have other coverage for:	**Medical**: Yes No	**Vision**: Yes No	**Dental**: Yes No

Is any family member on your policy currently eligible for Medicare Benefits?	Yes No

You may be asked for additional information if you have answered yes to any of these.

Employee Signature	Date	Daytime Phone

For Office Use:

	Eligibility Approval		BC Reviewed
	TIU Personnel		Trust Report
	TIU Payroll		Trust Database
	Provider Site		