

COVERAGE TRANSFER FORM

Plans Effective April 1 – December 31, 2011

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Please use a separate form for each carrier, i.e., all Health Net, all Kaiser, MetLife Dental, ASH Chiro, Blue View Vision and all VSP.

Company Name: _____

Exchange / Association: _____

- Type of Coverage to transfer:
- HN HMO to HMO HN PPO to PPO, PPO HSA
 - Kaiser to Kaiser
 - Dental Vision Chiro

Note: Transfers between Carriers (HN to K / K to HN) or plan types (HMO to PPO / PPO to HMO) require a NEW Application. For medical, this form is only required if you transfer to a plan that the carrier did not roll you plan into (natural migration).

	Employee Name: Last, First	Social Security #	Current Plan Name	New Plan Name	*ADMIN USE ONLY* New Plan Group #
1					
2					
3					
4					
5					
6					
7					
8					

If applicable:

- How many employees are currently enrolling in any MetLife Dental as of 04/01/2011? 1 – 5 6 – 9 10 +
- How many employees are currently enrolling in any ASH Chiro/Acu as of 04/01/2011? 2 – 9 10 +

Completed by: _____

Title: _____

** Authorizing Signature: _____

Date: _____

** All transfers MUST be completed by an authorized company representative