



## Special Enrollee Form

If you are an employee or dependent(s) who previously waived coverage and now have involuntarily **lost coverage, had a benefit/coverage change or a life-changing event, you may be considered a Special Enrollee.** Please complete this form and return it with your completed enrollment form. **Starmark must receive these forms within 31 days of the special enrollment event.** If the enrollment form has already been submitted for your special enrollment, submit only this form and any other necessary documentation. Failure to submit your request within the 31 days could result in an extended pre-existing limitation period or a delay in coverage.

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee Social Security Number \_\_\_\_\_

Name of person(s) applying for coverage, if OTHER than the employee \_\_\_\_\_

**Unless otherwise noted, you must provide supporting documentation within the 31 days of your special enrollment event. If you are unable to obtain the supporting documentation within the time frame allotted, please do not delay your enrollment request. We will hold your request until the necessary information is received. Once approved, you will be added to the plan as of your event date and premium will be charged accordingly.**

**Involuntary Loss of Coverage** – Coverage Termination Date: \_\_\_\_\_  
MM/DD/YY

Job termination

No longer eligible – company policy (i.e., dependent coverage is no longer offered, etc.)

**Benefit/Coverage Change** – Date of Change: \_\_\_\_\_  
MM/DD/YY

Contribution (increase/decrease in employer contribution level)

Benefit (increase/decrease in deductible, coinsurance, etc.)

Premium (increase in premium due to renewal or age change)

**Life-Changing Events:**

Full-Time Student – Date of Enrollment in School: \_\_\_\_\_

Adoption of a child – Date of Placement: \_\_\_\_\_

Divorce – Date: \_\_\_\_\_

Marriage – Date: \_\_\_\_\_ *Documentation is not required.*

Birth of a child – Date of Birth: \_\_\_\_\_ *Documentation is not required.*

**Other** – Provide Detailed Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To ensure your paperwork is received by Starmark within the 31 days of your special enrollment event, please fax all correspondence to 847.615.3955; Attention: Add-Ons.**