

# Employer Annual Election Form

## Group Plans

Complete this form and return to **Insurance Plans by 10/28/2022** for changes that will be **effective 1/1/2023**.

### 1. EMPLOYER INFORMATION

Employer name: \_\_\_\_\_

Employer number: \_\_\_\_\_ State: \_\_\_\_\_

### 2. MEDICAL PLAN OPTIONS

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1) Are you adding, deleting or changing any medical products?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Are you adding, deleting or changing any medical classes?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Are you adding, deleting or changing any medical contribution amounts/arrangements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Are you making changes to the current continuation options for your employees?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you selected "Yes" to question 1, 2 or 3, please fill out the information below.**

**Please limit your medical plan choices to no more than two plans.** If you would like to discuss a need for multiple plan designs, please contact your Insurance Plans relationship manager.

EMPLOYER CONTRIBUTION PERCENTAGE/AMOUNT			
Employee class	Plan	Employer contribution for employee	Employer contribution for dependent

<sup>1</sup>These plans do not constitute "creditable coverage" for Massachusetts residents.

<sup>2</sup>This plan does not constitute "creditable coverage" for active members age 65 and older under Medicare Part D. Participants in this plan could incur late enrollment penalties from Medicare.

Health Legacy 200 is only available to employers that currently offer it.

#### Notes:

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Employer name: \_\_\_\_\_ Employer number: \_\_\_\_\_

**3. MEDICARE-COORDINATING PLAN OPTIONS**

- 1) Are you adding, deleting or changing any Medicare-coordinating plan products?  Yes  No
- 2) Are you adding, deleting or changing any Medicare-coordinating plan classes?  Yes  No
- 3) Are you adding, deleting or changing any Medicare-coordinating plan contribution amounts/arrangements?  Yes  No

**If you selected "Yes" for any of these questions, please fill out the information below.**

EMPLOYER CONTRIBUTION PERCENTAGE/AMOUNT			
Employee class	Plan	Employer contribution for employee	Employer contribution for dependent

<sup>1</sup>To maintain eligibility for the Senior or Senior Plus plan, the employer must contribute at least 50% of the plan cost for each employee or retiree who joins the Senior or Senior Plus plan effective 1/1/2009 or later.

**4. DENTAL PLAN OPTIONS**

- 1) Are you adding, deleting or changing any dental products?  Yes  No
- 2) Are you adding, deleting or changing any dental classes?  Yes  No
- 3) Are you adding, deleting or changing any dental contribution amounts/arrangements?  Yes  No
- 4) Are you making changes to the current continuation options for your employees?  Yes  No

**If you selected "Yes" to question 1, 2 or 3, please fill out the information below.**

EMPLOYER CONTRIBUTION PERCENTAGE/AMOUNT			
Employee class	Plan	Employer contribution for employee	Employer contribution for dependent

<sup>1</sup>Waiting periods may apply.

Employer name: \_\_\_\_\_ Employer number: \_\_\_\_\_

**5. ANCILLARY PRODUCTS**

1) Are you adding, deleting or changing any non-medical/dental products, classes or contribution amounts/arrangements?  Yes  No

If you selected "Yes," please fill out the information below.

EMPLOYER CONTRIBUTION PERCENTAGE/AMOUNT			
Employee class	Plan	Employer contribution for employee	Employer contribution for dependent

**6. COMMENTS**

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**7. ACKNOWLEDGEMENTS**

**Responsibilities Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996**

By checking the box below, the employer or the employer's authorized representative agrees to protect the confidentiality of protected health information (PHI) that the employer receives from GuideStone® and from its employees and their dependents as required under HIPAA and other applicable laws, to not use or disclose PHI other than permitted or required by GuideStone or the law, and to not use or disclose PHI for employment-related actions and decisions. The employer also agrees to make available to its employees any required notices under the provisions of HIPAA and any other applicable laws.

**Terms and Conditions of the Employer Acceptance Agreement**

By checking the box below, the employer or the employer's authorized representative acknowledges that the employer has read and agreed to the terms and conditions of the *Employer Acceptance Agreement* (Agreement).

**8. SIGNATURE**

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Log into GuideStone Employer Access® Program (EAP) to access all of your renewal information.

*EAP.GuideStone.org*

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please scan and email to ***InsuranceRenewal@GuideStone.org***.

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**GUIDESTONE FINANCIAL RESOURCES USE ONLY**

Yes  No Employer requested that Group Plans mass move all employees from their existing medical/dental plan to:

Insurance Plans approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

GP processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_