

CASE ID: _____

Medical Insurance Enrollment Contest Checklist

Please use this checklist if you are contesting enrollment of your child/ren on your medical insurance coverage in response to a National Medical Support Notice or a Notice to Add Dependents sent by our office. You must provide all of the information indicated below and return this checklist with your information so that we may review your contest. **Your contest cannot be processed without this information. Please note the contest time frame indicated on your enclosed notice. This information MUST be returned prior to the expiration of that contest time frame. Our office will review the information you submit and will contact you regarding our findings.**

_____ Your full name and today's date: _____
NAME TODAY'S DATE

_____ Case ID (enter/verify on appropriate line at top of this form)

_____ Current address: _____

_____ Daytime phone number where you may be reached: _____

_____ The reason you are contesting enrollment (**check below**):

_____ Reasonable cost – provide all information requested below

_____ Availability of alternative health care coverage – provide proof of the other existing coverage (copies of cards, information, enrollment date, etc.)

_____ Mistake of fact – indicate the mistake of fact and supporting documentation

_____ Attach a Year-to-Date (YTD) pay stub to this form. If YTD information is not on the pay stub, we need multiple pay stubs or a print-out of last 26 wks from your employer.

_____ Your pay frequency at your place of employment: (**circle one**)
Weekly / Bi-weekly / Monthly / Semi-monthly

_____ Date of hire at current job: _____

_____ Were you out of work at all this year? **Yes / No** If yes, did you receive benefits? **Yes/No**

If "Yes", indicate type of benefit received, length of time received, and amount of benefit received:

_____ Unemployment Comp

_____ Workmen's Comp

_____ Disability (of any kind)

_____ Other - advise of source: _____

Length of time received: _____ Gross Amount received: _____

_____ Attach most recent copy of federal tax return OR verify below how you indicate your Federal filing status on your tax return:

• **Filing Status** (circle one): **Single / Head of Household / Married**

• **# of dependents, including yourself, claimed on Federal tax return:** _____

_____ Attach verification from your employer/plan administrator of the cost to add the child/ren. * **You must provide us with the breakdown of the cost for employee coverage and the cost to add any & all dependents.**