



Bright Choices® Benefits Exchange™

Personal Enrollment Form

Alternative to using online portal

The primary method for benefits enrollment is the Bright Choices portal.

Go to: <https://brightchoices.liazon.com>

Group Identifier: thepartnership

Username: Your first initial + last initial + last 4 of Social Security Number (SSN)

Password: 4-digit month and day of your date of birth plus the first 5 digits of your SSN

This alternative paper form may be completed by employees who do not have online access.

Personal Information	
Employer: <input type="text"/>	Your Social Security Number: <input type="text"/>
Enrollment Type: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> Status Change	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___ / ___ / ___ Date of Hire: ___ / ___ / ___
Benefits Start Date: <input type="text"/>	Last Name: <input type="text"/> First Name: <input type="text"/>
Salary: (*1) \$ <input type="text"/>	Street: <input type="text"/>
	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
	Phone: <input type="text"/> E-Mail: <input type="text"/>

Dependents (attach a separate sheet of paper for additional dependents):

First and Last Name	Relationship	Date of Birth	Social Security No.
	<input type="checkbox"/> Spouse <input type="checkbox"/> Male <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Female		
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Full-Time Student		
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Full-Time Student		
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Full-Time Student		
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Full-Time Student		

(*2)

Please continue to other side.

**Questions? Call the Liazon Consumer Employee Advisor Team at
1-866-LIAZON-1 (1-866-542-9661).**

* See corresponding footnote on page 3.

Benefits Information and Enrollment

All Benefits Selections Left Blank Will Be Treated As Waived Coverage.

Are you on Medicare (*3)? No Yes If Yes, please include your ID#: _____ Part A Eff. Date: ____ Part B Eff. Date: ____

If enrolling your spouse, is he/she on Medicare? No Yes ID#: _____ Part A Eff. Date: ____ Part B Eff. Date: ____

Have you been enrolled in another insurance policy in the last 63 days (*4)? No Yes

If Yes, please provide the following information about your previous coverage:

Insurance Company Name:	Beginning Date of Prior Coverage:
Insurance ID#:	Ending Date:

Will you/your dependents on this plan be simultaneously covered by another health plan? No Yes

If Yes, please provide the following information about the covered person(s):

Name (or "All"):	Insurance ID#:
Insurance Company Name:	Beginning Date of Prior Coverage:

Medical Insurance

Place an "X" below to choose a plan and coverage level you want.

	Co-Pay 1	Co-Pay 2	Co-Pay 3	Hybrid 2	Hybrid 3	HSA 1	HSA 2	HSA 3
Single								
Family								

Dental Insurance

Place an "X" below to choose a plan and coverage level you want.

	Value	Basic	Enhanced
Single			
Single + Spouse			
Single + Child(ren)			
Family			

Vision Insurance

Place an "X" below to choose a plan and coverage level you want.

	Plan A	Plan B	Plan C
Single			
Family			

Long Term Disability Insurance

Yes___ No___

(*5)

Short Term Disability Insurance

Yes___ No___

Desired Weekly Benefit:

(*6)

Employee Life & AD&D Insurance

Yes___ No___

Amount: _____
(\$25,000 to \$300,000)

(*7)

Spouse Life & AD&D Insurance*

Yes___ No___

Amount: _____
(\$10,000 to \$100,000)

(*8)

Child Life & AD&D Insurance*

Yes___ No___

Amount: \$10,000 ___

(*9)

I certify that the personal information listed above is true, and that the indicated selections are my true final selections for benefits.

X _____
Signature Date

Please send completed forms to: Liazon, Attn: BNP, 737 Main Street, Suite 200, Buffalo, NY 14203
Fax/Email to: 888-810-1059/myteammidwest@liazon.com, Attn: BNP

* See corresponding footnote on page 3.

1. Salary Requirement

Multiple benefits offered are based on your income level, so in order for us to provide you with accurate and timely enrollments, we need your base salary listed. This information will not be shared with anyone other than the carriers that need the information.

2. Full-Time Student Definition

Multiple benefits offered have a 19/25 dependent rider. If your dependent is over the age of 19, they must be a full time student to qualify as a dependent. Full time student is at least 12 credit hours per semester. Please note – this is not applicable for Medical – all dependent riders for Medical are 26/26 and no student status is required.

3. Medicare

If you are Medicare eligible, it is imperative for you to note your effective dates for both Parts A & B for claims processing.

4. Prior Coverage Information

If you have had coverage within the last 63 days, it is imperative that you complete this section, otherwise claims could be denied due to the Pre-Existing Condition clause. A Pre-Existing Condition is a condition/illness in which you have sought medical advice/treatment for during a period where you were not covered by a creditable medical insurance plan for longer than 63 days.

5. Long Term Disability (LTD)

This is a salary-related benefit and the benefit amount will equate to 60% of your base earnings.

6. Short Term Disability (STD)

This is a salary-related benefit and the benefit amount will be offset by the NYS-Disability. Maximum benefit amount is 60% of salary rounded down to nearest \$50 increment.

7. Voluntary Life and AD&D Insurance

This is a salary-related benefit. Statement of Health may be required if amount elected is over guaranteed issue.

8. Spouse Life and AD&D Insurance

Not available unless Employee elects Voluntary Life and AD&D. Must be less than 50% of Employee Elected coverage. Statement of Health may be required if amount elected is over guaranteed issue.

9. Child Life and AD&D Insurance

Not available unless Employee elects Voluntary Life and AD&D.