

ENROLLMENT FORM TERMS AND CONDITIONS

Your signature on the front side of this form indicates your understanding that Oakland County will enroll you and your eligible dependents for medical, dental, vision and prescription drug coverage made available by Oakland County for which you are eligible and which you have not waived or canceled, with the health carrier you have elected and constitutes your authorization to Oakland County or any of its agents to release to all carriers or organizations, as applicable, the information contained on this form.

Your signature on the front side of this form constitutes your authorization to any health care coverage carrier, organization, employer, Medicare approved organization or provider of service to release any information requested with respect to a claim to the health carrier in which you are enrolled, or to the state or federal government, in situations involving processing or auditing of claims or investigation of fraud; in conformance with HIPAA.

Your signature on the front side of this form constitutes your authorization to Oakland County, until this authorization is revoked as allowed under Flexible Benefit Plan rules, by you in writing, to deduct in advance each month from any earned or accrued wages due, such amount as may be necessary to make any contributions required of you. These include, by way of example, but not limited to, County bi-weekly health care contribution amounts.

If in any month you are not eligible to receive any earned or accrued wages, your signature on the front side of this form constitutes your agreement to pay in cash to Oakland County the full monthly subscription charges on or before the first of the month for which coverage is to be provided.

Dependent Children Eligibility Requirements:

You may enroll your children who meet all of the following eligibility requirements: 1. Your child by birth, legal adoption or stepchild; 2. The child has not reached his or her 26th birthday; 3. The child does not have other health coverage available (whether or not they are actually enrolled) through their own employer or if married, through their spouse's employer. Your children through legal guardianship may be covered if they are: 1. Unmarried; 2. Their legal residence is with you; 3. You provide over half of their support.

In all cases, photocopies of birth certificates, marriage license and adoption/legal guardianship documents **must be** attached to this form for family members to be enrolled.

Other terms and conditions apply according to the specific plan in which you are enrolled.

Revised: 09/2010