Catastrophe Major Medical (CMM) Plan

Sponsored by NYSUT Member Benefits CMM Insurance Trust

LIFE EVENT CHANGE FORM

1) Fully complete the Insured/Claimant's Information section and sign in the space provided.
2) Requests to add dependents must include a copy of supporting documentation such as marriage license, birth certificate, adoption papers, completed Domestic Partner Affidavit or other applicable documents as indicated in the CMM Plan Document.

   PLEASE NOTE: ENROLLMENT MUST BE REQUESTED WITHIN 60 DAYS AFTER THE LIFE EVENT.
3) Mail your completed form to: Mercer Consumer
   PO Box 9186
   Des Moines, IA 50306-0362

Please provide all information requested.

NYSUT Member ID # _____

NYSUT Member's Full Name: _____

Spouse/Domestic Partner's Full Name: _____

Home Address _____

Home Phone: _____ Daytime Phone: _____

Type of Family Status Change (i.e. Marriage, Birth, Adoption): _____

Date of Family Status Change: _____

Complete the following for spouse and/or children*, if enrolling for Insurance. Use a separate sheet of paper if more space is needed for answers.

Name	Date of Birth (MM/DD/YR)	Gender M F
Spouse		
Child*		
Child*		

NOTE: Wherever the term "spouse" appears in this form, it implies spouse or domestic partner.
*Children must be under the age of 30.
Medicare is included in the definition of basic plan under this catastrophe major medical plan. Therefore, this plan can provide benefits in addition to your Medicare plan. You should contact your personal insurance agent to determine if this plan is right for you. I understand that this plan will not pay any benefits for the first 70 days of hospital confinement; the first $10,000 of radiation or chemotherapy, physical or speech therapy; the first $50,000 of services provided by all medical practitioners; and the first $2,500 of out-of-hospital prescription drugs, if coverage under a basic health insurance plan, or Medicare Parts A and B, is not in effect for the proposed insured at the time of such confinement.

For Office use only:
NYSUT DB RET 51049/51050
NYSUT PEN RET 51047/51048

For Office use only:
NYSUT DB 51043/51044
NYSUT PRD 51041/51042
UFT DB 51055/51056
UFT PRD 51053/51054

Policy Number CMMI-001

Please answer the following:

Do you, and all those for whom coverage is proposed, have a basic medical policy or HMO that provides coverage for, at least, semi-private room and board (at least $300 per day) for 70 days, up to $25,000 for extra services and a $5,000 Surgical Schedule? NOTE: If you carry Medicare Parts A and B, answer "YES" to this question.

☐ YES – If "Yes," name of insurance carrier: _____

☐ NO – If "No," sorry, you do not qualify for coverage.

IMPORTANT NOTICE: It is unlawful for any person to knowingly, and with the intent to defraud, present, or cause to be presented, or prepare with the knowledge and belief that it will be presented to a self-insurer, a claim for payment, containing any materially false information concerning any material fact related to such claim, or to conceal, for the purpose of misleading, information concerning any material fact related to such claim (collectively, "Unlawful Acts"). Such Unlawful Acts may also lead to a denial of benefits from this Plan.

Signature of Member: _____ **Date:** _____

Signature of Spouse/Domestic Partner: _____ **Date:** _____
(If enrolling)

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits-endorsed programs.

Send this completed form to:

Mercer Consumer
P.O. Box 9186
Des Moines, lA 50306-8838

Questions: Call 888-386-9788