North Ranch Benefits Trust
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HealthSmart
Smarter Healthcare Solutions

North Ranch Benefits Trust
Add/Termination/Change Form

Return to :
HealthSmart Benefit Solutions, Inc.
Phone: (800) 786-6525
FAX: (303) 804-9490
Email: PBDenver@healthsmart.com

Please submit completed form to HealthSmart within 30 days of Qualifying Event.

Today's Date: ____/____/____

Employer Information	**Requested Termination/Change Date :** ____/__1__/____
Company Name:	Group (Division) Number:
Company Contact:	Company Phone Number:

Qualifying Event	Date of Qualifying Event: ____/____/____
ADD due to: ____ New hire ____Family Addition ____Change of coverage ____Late Enrollment ____COBRA election ____State COBRA election (If applicable) ____Other:_____	
Terminate due to: ____Terminated employment ____Other Coverage ____Death ____Divorce ____ Employee no longer eligible (explain:_____) ____Other:_____	
It is the employer's responsibility to confirm their COBRA and State Continuance eligibility, and that they are compliant with their States' regulations. Our Company is: _____ Federal COBRA Eligible* _____ State COBRA Eligible** **If group is State COBRA eligible, HealthSmart can send State COBRA offer to terminated employee upon request. Please send: Yes / No	

Primary Member			
_____ Add _____ Terminate _____ Change_____ _____	First and Last Name:	SS#:	Date of birth:
	Address:		
	City:	State:	Zip Code:
	Phone:	Email:	
Dependents			
_____ Add _____ Terminate	SP/DP First Name:	Last Name:	
	_____Male _____Female	Date of birth:	
_____ Add _____ Terminate	Child # 1 First Name:	Last Name:	
	_____Male _____Female	Date of birth (<age 26):	
_____ Add _____ Terminate	Child # 2 First Name:	Last Name:	
	_____Male _____Female	Date of birth (<age 26):	
_____ Add _____ Terminate	Child # 3 First Name:	Last Name:	
	_____Male _____Female	Date of birth (<age 26):	
_____ Add _____ Terminate	Child # 4 First Name:	Last Name:	
	_____Male _____Female	Date of birth (<age 26):	

If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event.

Effective Dates will be first of the month following receipt of form, qualifying event, or following the groups new hire waiting period.

EMPLOYERS PLEASE NOTE: Do not make adjustments on your bill for terminated employees or dependents. When termination of coverage is processed, the adjustment will appear on your next bill.

*Federal COBRA – A group is subject to Federal COBRA regulations if they had 20 or more employees 50 percent of its typical business days in the previous calendar year. Both full and part-time employees are counted to determine whether a plan is subject to COBRA. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full-time. Federal COBRA groups will need to offer COBRA.