



# Miami Nation

P.O. Box 1326  
Miami, OK 74355  
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## Health Limited Benefit Plan

### Re-Enrollment Request for 2017-2018 Tribal Member – Individual

#### Instructions – Plan Sponsor: Miami Nation – RE-ENROLLMENT for Tribal Member Individual

- If you are enrolled as a member of the Miami Nation, please complete this form. Please print and use ink.  
Mail or FAX ALL completed forms in your packet and a copy of your Tribal Membership card to Miami Nation (address and FAX number above).

#### TRIBAL MEMBER

Name (Last, First)	Birthdate (MM/DD/YYYY)	Tribal Membership Enrollment No. <b>(REQUIRED-NOT CDIB)</b>
Home Address (Street, City, State, Zip)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Please check <u>ALL</u> that apply:</b> <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Permanent Disability (documented) <input type="checkbox"/> Veteran (must provide discharge papers)
Email address	Daytime Phone	

#### AUTHORIZATION

I am electing to participate in the Miami Nation Health Limited Benefit Plan for the year of 2017-2018. I understand my enrollment in the Miami Nation Health Limited Benefit Plan for 2017-2018 will end on September 30, 2018.

As a Miami Tribal Member and Health Limited Benefit Plan participant, I certify that any expense paid with the debit card has not been reimbursed by any other health plan and I will not seek reimbursement under any other plan covering health benefits. I also agree to acquire and retain sufficient documentation of all claims and provide pertinent documentation to HealthSmart Benefit Solutions when requested. If I should purchase items using my debit card that are not eligible expenses, I authorize the Miami Nation to collect the improper payment from my Limited Health Benefit Plan money remaining in my account. If this option is unsuccessful, I understand that I will be denied access to the card's usage until the debt is paid by me.

Tribal Member Signature	Date
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***Incomplete forms will be returned and the processing of your re-enrollment will be delayed.  
If you have any questions concerning your account please contact our office at 844-516-3658  
or email us at flexbenefits@healthsmart.com***

#### PLEASE READ - IMPORTANT INFORMATION



Once you've re-enrolled for this plan year 2017-2018, the benefit of \$500 will be added to your Debit Card. If you are a tribal member over 65 **and** a Veteran **OR** disabled **and** a Veteran \$750 will be added to your debit card. These funds are for your use to purchase items shown on the List of Eligible Expenses.

#### **Keep your Debit Card.**

Please keep this card after using all of your available funds for the year. When you re-enroll for the following year, 2018-2019, this same card will be re-loaded with additional funds.

