



Miami Nation

P.O. Box 1326
Miami, OK 74355
Phone: 918.541.1300
FAX: 918.542.7260

Health Limited Benefit Plan

Re-Enrollment Request for 2016-2017 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. (REQUIRED-NOT CDIB) |
| Home Address (Street, City, State, Zip) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Please check <u>ALL</u> that apply: <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 2016-2017. I understand my enrollment in the Miami Nation Health Limited Benefit Plan for 2016-2017 will end on September 30, 2017.

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 |
|----------------------------|------|

***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 800-825-3540 Extension 252543.***

PLEASE READ - IMPORTANT INFORMATION



Once you've re-enrolled for this plan year 2016-2017, 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, 2017-2018, this same card will be re-loaded with additional funds.