

---

This email is being sent to all of the Superintendents, Board of Managers Members and Bookkeepers we have on file for the Egyptian Trust. If you received this email in error please forward to the appropriate party and contact Yvonne Gamble (Yvonne.Gamble@meritain.com) at the Metro East Service Office of Meritain Health to update the contact information.

Dear Participating Employer Group:

As you can imagine with more than 150 employer groups we are receiving a very high volume of enrollments and enrollment changes. As some of you are aware, we've been sending quite a few forms back to you requesting missing or illegible information. This causes a delay in enrolling your employee and their dependents in the appropriate coverage and results in not so happy employees.

I am attaching an Enrollment Form and a Change Enrollment Form that clearly spells out the fields that are required in order for us to enter the employee's information. If the field is noted in red as "REQUIRED" and that field is not completed, the entire form will not be processed but returned to you for completion. If the field is noted in red as "HELPFUL" or "HELPFUL BUT NOT REQUIRED" the form will be processed but we may be lacking a phone number or email address that is helpful when processing claims or needing a simple answer from the employee. Please understand, it is from these forms that you will identify the payroll deduction. If you are sending us incomplete information it's also incomplete information for you. As an example, if an employee enrolls for employee only dental coverage but doesn't select the high or low plan, you can't enter the correct payroll deduction and neither of us can guess what dental plan the employee is enrolling in. Please check the entire form before sending it to us.

We have also been receiving hundreds and I do mean hundreds of forms where the Employer Section is not completed at all. There are over 150 participating employer groups in the Egyptian Trust and the only reason we are able to identify the group is from the email address the forms are coming from. If you just look at the form not knowing where it came from it's anybody's guess who that employee is employed by. It is absolutely required that you complete the Employer Section at the top of the form. This acts as an approval that your employees are enrolling in the plans you offer and that they are eligible to enroll in the plans that are offered. At a minimum we must have the following information completed in the Employer Section:

- \* Employer Name
- \* Employer Group Number
- \* Employee Date of Hire
- \* Effective Date of coverage or change of coverage for employee completing the form
- \* Name or signature of the employer authorized party
- \* Date the form is signed
- \* Plans offered by your district

You must also check all forms completed by your employees for accuracy, eligibility to enroll in any of the plans, all required boxes are marked, the form is signed and dated in the appropriate space on the back. I have also made several red comments on the Enrollment and Enrollment Change form to help guide you through the form and make you very aware of what is required in order for us to accept the enrollment or change form.

Please Note: Beginning Monday, September 14th we will be returning all forms that do not have the Employer Section of information completed as required. We will also return any forms that have not been completed by your employee correctly. If you use the attached examples as a guide you will be successful in assuring the employee's have completed the form correctly.

We respectfully request you review all of the forms before you send them to us for processing. I hope you understand we are handling the information as quickly as we can but incomplete forms cause countless extra hours

of work at everyone's end and leaves an employee with the impression we're not getting the job done. As always, I will be happy to talk through any of this with you or answer any questions you may have. Please feel free to call me or shoot me an email.

Please note I will be out 9/17 - 9/21 with no availability to respond to voice mails or emails.

Karen L. Giles  
V.P. Client Relations  
Meritain Health

Direct: 618.509.6081

Note: The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

-----

No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2015.0.6172 / Virus Database: 4447/10830 - Release Date: 10/16/15