



Health Insurance Application

This application is for health insurance (medical, prescription, dental, vision, and short term disability (STD)) benefits. This application must be completed in its entirety AND any required documentation (if applicable) must be received or postmarked within the time limits listed below. Incomplete applications are returned (mailed to the home address on file and if returned, sent to store). We will not follow up with you. If the deadline is missed, **no coverage will take effect.**

WinCo Holdings Inc. (WinCo) assumes NO responsibility or liability regarding the return of applications. Applications returned to your respective store to be sent in is done at your own risk. Please fax to 208-672-2025 or send through U.S. mail to WinCo, Attn: Benefits, PO Box 5756, Boise, ID 83705 (certified mail, if you desire proof of delivery). Emailed applications are NOT accepted. Applications postmarked or faxed after the deadline at 11:59 pm MST will not be accepted. For assistance, please contact the Employee Benefits Department at benefits@wincofoods.com or at 800-341-6543, opt. #4.

Applications are accepted for any of the following qualifying event change reasons:

Event	Time Limit	Documentation Required with Your Application (Documents must be translated to English. Dependents must be legal residents. Copies of Social Security cards do not count as proof of relationship.)
New Employee	31 days after becoming eligible.*	To add dependents, provide proof of marriage and/or proof of parentage under birth/child.
Marriage	31 days from the date of the marriage.	Legal, certified marriage certificate. Alternate document: souvenir marriage certificate. Common law documentation not accepted.
Birth/child	31 days from the date of the birth.	Official document with child's name, employee's name (parent) and date of birth: birth certificate, souvenir birth certificate, document issued by the hospital (no discharge paperwork), or court documentation signed by a judge. (Step-Child – copy of child's birth certificate showing enrollee's legally married spouse as parent and copy of legal, certified marriage certificate showing the names of the enrollee and spouse.)
Adoption, gain legal guardianship	31 days from the date of the birth/event.	Court documentation signed by a judge. Alternate documents: child support, social services, or adoption agency paperwork, signed by a social worker or agency official.
Divorce, legal separation, annulment	Within 7 days of the event. If over 7 days, notify ASAP.	Official court divorce decree with judge's signature evidencing date the divorce was final.
Loss of other health insurance coverage - involuntary	31 days from the date of the loss of coverage. 60 days for federal/state coverage.	Termination letter from previous insurance provider, showing the name(s) of who you are adding and the coverage end date. To add dependent(s), provide proof of marriage and/or proof of parentage.
Gained Other Qualified Group Coverage	31 days from the date other coverage started.	Letter from new insurance company, showing the name(s) of who you are dropping and the new coverage effective date.
Death of Dependent	Within 7 days of the event. If over 7 days, notify ASAP.	Death certificate.
Incarcerated Dependent	Within 7 days of the event. If over 7 days, notify ASAP.	Official legal document evidencing name and incarceration date.

Note: No benefits are provided for pregnancy or anything related to pregnancy for enrolled eligible dependent children.

Terms and conditions of applying for WinCo's insurance benefits:

- By submitting this application, I understand and agree to the following terms and conditions:
- I am responsible for maintaining my enrollment and the eligibility of my dependent(s) in the WinCo health insurance benefits plan. Failure to do so could be considered fraud. Benefits may be denied, terminated, or rescinded retroactively to its effective date, and I will be subject to WinCo's progressive discipline policy, up to and including termination.
 - If this application is approved, coverage will begin or end on the date assigned by WinCo.
 - I understand that the WinCo's Notice of Privacy Practices is available for my review in the WinCo Summary Plan Document (SPD) at my work location, upon request to the Benefits office, and electronically online at <http://benefits.wincofoods.com>.
 - The SPD is the document that sets forth all terms of coverage. A copy of the SPD will be sent when newly eligible for coverage. An additional copy is available online at <http://benefits.wincofoods.com> or upon request to Benefits.
 - I affirm that I have reviewed all answers given on this enrollment and, regardless of whether an independent producer or other person has filled out the answers for me, I verify that the answers are true and complete to the best of my knowledge.
 - I understand if I decline coverage that I am not eligible to enroll in coverage until I have a qualified life event or until open enrollment.

**Group Health/Dental/Vision/STD
Enrollment Application**

Employee Information – please complete all fields			
Your Name (first, initial, last)		Date Employed	Social Security Number
Email Address		6 Digit Employee Number	Phone Number
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Tobacco User <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Coverage													
Add or Change Coverage	Decline or Cancel ALL Coverage												
<table> <tr> <td>Coverage</td> <td>Monthly Rate</td> </tr> <tr> <td><input type="checkbox"/> Employee only</td> <td>\$30.00</td> </tr> <tr> <td><input type="checkbox"/> Employee + spouse</td> <td>\$43.23</td> </tr> <tr> <td><input type="checkbox"/> Employee + 1 child</td> <td>\$42.88</td> </tr> <tr> <td><input type="checkbox"/> Employee + 2 or more children</td> <td>\$45.00</td> </tr> <tr> <td><input type="checkbox"/> Employee+ spouse+ child(ren)</td> <td>\$45.00</td> </tr> </table> <p>WinCo is a premium only plan. Pretax is the default enrollment.</p>	Coverage	Monthly Rate	<input type="checkbox"/> Employee only	\$30.00	<input type="checkbox"/> Employee + spouse	\$43.23	<input type="checkbox"/> Employee + 1 child	\$42.88	<input type="checkbox"/> Employee + 2 or more children	\$45.00	<input type="checkbox"/> Employee+ spouse+ child(ren)	\$45.00	<input type="checkbox"/> I decline/cancel ALL coverage (I do not want coverage) for one of the following reason: <input type="checkbox"/> Covered by spouse's insurance <input type="checkbox"/> Covered by parent's insurance <input type="checkbox"/> Gained other insurance coverage within past 31 days <input type="checkbox"/> Other: _____
Coverage	Monthly Rate												
<input type="checkbox"/> Employee only	\$30.00												
<input type="checkbox"/> Employee + spouse	\$43.23												
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<input type="checkbox"/> Employee + 2 or more children	\$45.00												
<input type="checkbox"/> Employee+ spouse+ child(ren)	\$45.00												

Family/Dependent Member Information –Documentation Required (if more space is needed, attach a separate page)					
Documentation of relationship and/or qualifying event required with application. To add dependents, provide proof of marriage and/or proof of parentage/guardianship. Social Security cards are not proof. See page 1 for details. Documents must be translated to English. Dependents must be legal residents. Copy of residency card required with ITIN. Applications will not be processed if any proof is missing.					
First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
<input type="checkbox"/> Add Dependent <input type="checkbox"/> Remove Dependent			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Tobacco User	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
<input type="checkbox"/> Add Dependent <input type="checkbox"/> Remove Dependent			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Tobacco User	<input type="checkbox"/> Yes <input type="checkbox"/> No
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First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
<input type="checkbox"/> Add Dependent <input type="checkbox"/> Remove Dependent			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Tobacco User	<input type="checkbox"/> Yes <input type="checkbox"/> No

Statement Of Understanding	
<p>By signing this application, I represent that all my answers are complete and accurate, and I understand and agree to the terms and conditions of applying for WinCo's insurance benefits listed on page 1 of this application.</p>	
Signature: _____	Date: _____
<p>*Hour requirements:</p> <ul style="list-style-type: none"> Hourly employees - eligibility date is the first day of the month following three FULL consecutive calendar months of employment in which you work at least 100 hours in each qualifying month. Salary employees - eligibility date is the 1st day of the month following hire date. 	
Insurance cards are mailed 2 to 3 weeks after the effective date for new coverage. Schedule your appointments accordingly.	