Health Insurance Application

This application is for health insurance (medical, prescription, dental, vision, and short term disability (STD)) benefits. For more information, go to http://benefits.wincofoods.com. 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 not processed and notification will be mailed to your home address on file and if returned, sent to your 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 and to verify your application was received, 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. Copies of Social Security cards do not count as p roof of relationship. Do not send original documents)
New hire	31 days after becoming eligible (hour requirements)	To add dependents, provide proof of marriage and/or proof of parentage under birth/child.
Birth/child	31 days from the date of the birth. (Newborn - social security number due 30 days after application received if pending at time of application.)	Official document with child's name, your name (parent), and date of birth: birth certificate, souvenir birth certificate, document issued by the hospital at time of birth (no discharge paperwork), or court documentation signed by a judge. Step-child(ren) - copy of child's birth certificate showing your legally married spouse as parent and copy of legal, certified marriage certificate showing the names of you and your spouse.
Marriage	31 days from the date of the marriage.	Legal, certified marriage certificate. Alternate document: souvenir marriage certificate.
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.
Death of dependent	Within 7 days of the event. If over 7 days, notify ASAP.	Death certificate (original copy not needed).
Divorce, legal separation, annulment	Within 7 days of the event. If over 7 days, notify ASAP.	Official court divorce decree with your name and your spouse's name, judge's signature and date the divorce was final.
Gained other health insurance coverage	*31 days from the date other coverage started.	Letter from new health insurance company showing the name(s) of who you are dropping and the new coverage effective date.
Loss of other health insurance coverage	*31 days from the date of the loss of coverage.	Termination letter from previous health 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.

** 60 days for loss or gain of federal or state coverage.*

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.

WinCo Holdings, Inc.

Group Health/Dental/Vision/STD Enrollment Application

Employee Information – Please complete all fields

Your Name (Last, First Middle)		Date Employed	Social Security Number
Email Address		6 Digit Employee Number	Phone Number
Marital Status ❑ Single ❑ Married ❑ Divorced ❑ Widowed	Tobacco User ❑ Yes ❑ No	Date of Birth	Gender ❑ Male ❑ Female

Coverage – Mark one (Qualifying life event required for enrollment. See page 1 for events.)

Coverage	Monthly Rate	Coverage	Monthly Rate
❑ Employee only	$60.00	❑ Employee + spouse	$86.50
❑ Employee + 1 child	$77.50	❑ Employee + spouse + child(ren)	$90.00
❑ Employee + 2 or more children	$86.50	❑ Cancel **ALL current** coverage	$ 0.00

Insurance premiums are deducted once a month. WinCo is a premium only plan. Pretax is the default enrollment.

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. Social Security cards are NOT proof. See page 1 for details. Do not send original documents. Documents must be translated to English. Newborn social security number is due 30 days after application received.

Applications will not be processed if any proof is missing.

First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
❑ Add Dependent ❑ Remove Dependent		Documentation attached? ❑ Yes	Gender ❑ Male ❑ Female	Tobacco User ❑ Yes ❑ No	
First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
❑ Add Dependent ❑ Remove Dependent		Documentation attached? ❑ Yes	Gender ❑ Male ❑ Female	Tobacco User ❑ Yes ❑ No	
First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
❑ Add Dependent ❑ Remove Dependent		Documentation attached? ❑ Yes	Gender ❑ Male ❑ Female	Tobacco User ❑ Yes ❑ No	
First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
❑ Add Dependent ❑ Remove Dependent		Documentation attached? ❑ Yes	Gender ❑ Male ❑ Female	Tobacco User ❑ Yes ❑ No	
First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
❑ Add Dependent ❑ Remove Dependent		Documentation attached? ❑ Yes	Gender ❑ Male ❑ Female	Tobacco User ❑ Yes ❑ No	

Statement Of Understanding

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. NO TYPED SIGNATURES.

Signature:_____ (DO NOT TYPE YOUR SIGNATURE) Date: _____

Insurance cards mailed 2 to 3 weeks after the effective date for new coverage.

Return application and proof of relationship (if applicable) by fax, 208-672-2025, or mail to WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705. Please verify application was received before deadline. Questions – email benefits@wincofoods.com or call 800-341-6543, option 4.