



Health Insurance
2021 Open Enrollment (OE) Application
Nov. 1 – Nov. 30, 2020

Please note: If you have NO changes to your Health Insurance for 2021, do NOT complete an application. Your benefits will continue as is pending any eligibility changes. New hires or employees with a qualifying life event, use the Health Insurance Application found at <http://benefits.wincofoods.com/>.

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 to add dependents must be received or postmarked within the time frames listed below. *Incomplete applications are not processed and notification will be mailed with a very short deadline to resubmit.* We will not follow up with you. WinCo assumes NO responsibility or liability regarding the notice of incomplete applications. If the deadline is missed, *no coverage will take effect.* Changes go into effect 1/1/21 once benefit eligibility is verified.

Ways to return your application

1. Fax to 208-672-2025. (Faxing is available anytime). Please retain your fax confirmation page and be sure it is not blank. Most faxes show a partial picture of what was faxed. You are encouraged to fax early in the month when the fax machines are not as busy. **Faxes must be received before 11:59 pm MST on 11/30/20.**
2. Mail to WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705 (certified if you desire proof of delivery). **Mail must be postmarked no later than 11/30/20.**

Emailed applications are **NOT** accepted. Applications turned in to your work location to be submitted on your behalf is done at your risk. It is your responsibility to send your application, not your work location.

Verification of application

Benefits will send an application received confirmation to the email you have on file within 3 business days. If you do not get an email from Benefits, please email benefits@wincofoods.com to confirm your application was received.

Documentation Required - Documentation of relationship (proof of marriage and/or proof of parentage/guardianship) is required to add dependents. Social Security cards are not proof. Do not send original documents. Dependents must be legal residents. Documents must be translated to English. Copy of residency card required with ITIN. Applications will not be processed if any proof is missing.

To add a legally married spouse:

- Legal, certified marriage certificate. Alternate document: souvenir marriage certificate. Common law documentation not accepted.

To add a dependent:

- 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.
 - Adoption, gain legal guardianship - Court documentation signed by a judge. Alternate documents: child support, social services, or adoption agency paperwork, signed by a social worker or agency official.

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.

For assistance, contact the Employee Benefits Department at benefits@wincofoods.com or at 800-341-6543, option 4.

2021 Health Insurance Open Enrollment Application

Employee Information – complete all fields

Your Name (first, initial, last)		Date Employed	Social Security Number	
Email Address	Employee ID #	Date of Birth	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		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

2020 Open Enrollment

- Add Coverage and/or Add Dependents** - Please select your new coverage level for 2021. Proof of relationship is required. See the Documentation Required on page 1 for details.
- Change or Cancel Coverage and/or Change or Cancel Dependents** - Please select your updated coverage level for 2021. If you cancel your coverage, please note that any enrolled dependents will have coverage cancelled. If you are only cancelling dependent(s), fill in the coverage level below and fill in your dependent information to cancel coverage. No proof is required for cancellation.

Coverage – Mark **only one** (health insurance coverage includes medical, prescription, dental, vision, and short term disability (STD))

Coverage	Monthly Rate	Coverage	Monthly Rate
<input type="checkbox"/> Employee only	\$30.00	<input type="checkbox"/> Employee + 2 or more children	\$45.00
<input type="checkbox"/> Employee + spouse	\$43.23	<input type="checkbox"/> Employee+ spouse+ child(ren)	\$45.00
<input type="checkbox"/> Employee + 1 child	\$42.88	<input type="checkbox"/> Cancel ALL current coverage	\$ 0.00

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

Documentation Required – Documentation of relationship (proof of marriage and/or proof of parentage/guardianship) required to add dependents. Social Security cards are not proof. Do not send original documents. Dependents must be legal residents. Documents must be translated to English. Copy of residency card required with ITIN. Applications will not be processed if any proof is missing.

Family/Dependent Member Information – Adding Dependents Requires Documentation (if more space needed, attach separate page)

First Name	Middle Initial	Last Name	Social Security Number/ITIN	Relationship	Date of Birth
<input type="checkbox"/> Add Dependent (Documentation attached? <input type="checkbox"/> Yes) <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 (Documentation attached? <input type="checkbox"/> Yes) <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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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.

Signature: _____ Date: _____

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. Benefits will send an application received confirmation to the email you have on file within 3 business days. If you do not get an email from Benefits, please email benefits@wincofoods.com to confirm your application received.

Questions – email benefits@wincofoods.com or call 800-341-6543, option 4.