



## Health Insurance Combine, Transfer, or Separate Coverage

To transfer or combine health insurance coverage with another employee or to separate coverage from another employee, please fill out page 2 of this form and submit it along with a Health Insurance Application filled out by the employee who is starting the new coverage. All employees involved must complete and sign this form for the update to take place.

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.

Please note the following:

- **A Health Insurance Application is required along with this form.**
- WinCo's plan does not double cover anyone covered by another WinCo employee. For example, two employees cannot cover the same child on two separate policies.
- Change in coverage becomes effective the first day of the next month following the qualified life event.
- No benefits are provided for pregnancy or anything related to pregnancy for enrolled eligible dependent children.

Please complete the section on page 2 that applies to your situation. The examples listed below will help you decide what section you need to complete.

### #1 – Combine or Transfer Coverage

- **Combine** - You and another employee currently each have your own WinCo health insurance policy and want to move to one policy based on your relationship (legal spouse or dependent child).
  - Example – Mary and Mark have their own WinCo insurance and want to move Mark's WinCo insurance plan to be on one plan. Both Mary and Mark need to complete the form in both of these examples.
- **Transfer** - You cover another WinCo employee (your spouse) and you want to transfer the WinCo health insurance policy to that employee.
  - Example – Mary and Mark are covered under Mark's WinCo insurance and wants to transfer the WinCo insurance plan coverage Mary to cover both Mark and Mary. Both Mary and Mark need to complete the form in both of these examples.

### #2 - Transfer Dependent Coverage - Another WinCo employee covers the dependent on his/her health insurance and the dependent is being moved to your policy based on relationship (legal spouse or dependent child).

- Example – John is covered on Adam's (his father) WinCo insurance. John marries Judy and wants to transfer to Judy's WinCo insurance plan. Both Adam and Judy need to complete the form.

### #3 - Separate Coverage - Another WinCo employee covers you on health insurance and you want to start your own health insurance.

- Example – John recently got hired by WinCo and is covered by Jane's (his mother) WinCo insurance and wants to start his own WinCo policy. Both John and Jane need to complete the form.

Please contact Benefits with questions at [benefits@wincofoods.com](mailto:benefits@wincofoods.com) or call 800-341-6543, option 4.

## Health Insurance Combine, Transfer, or Separate Coverage

Instructions: Please complete the section that applies to your situation. See page 1 for instructions and examples.

**#1. Transfer or Combine Coverage** – You and another employee currently each have your own WinCo health insurance policy and want to move to one policy based on your relationship (legal spouse or dependent child) or you cover another WinCo employee (your spouse) and you want to transfer the WinCo health insurance policy to that employee.

• I, \_\_\_\_\_, \_\_\_\_\_, wish to add \_\_\_\_\_,  
(Print Name) (Employee ID #) (Covered Employee's Name)

my ☐ spouse ☐ child, to my coverage. \_\_\_\_\_  
(check one) (Employee Signature) (Date)

• Cancel my coverage, \_\_\_\_\_, \_\_\_\_\_, and move it to  
(Print Name) (Employee ID #)  
\_\_\_\_\_ my ☐ spouse ☐ parent. \_\_\_\_\_  
(Covered Employee's Name) (check one) (Employee Signature) (Date)

**#2. Transfer Dependent Coverage** - Another WinCo employee covers the dependent on his/her health insurance and the dependent is being moved to your policy based on relationship (legal spouse or dependent child).

• I, \_\_\_\_\_, \_\_\_\_\_, wish to drop \_\_\_\_\_,  
(Print Name) (Employee ID #) (Covered Dependent's Name)

my ☐ spouse ☐ child. \_\_\_\_\_  
(check one) (Employee Signature) (Date)

• I, \_\_\_\_\_, \_\_\_\_\_, wish to add \_\_\_\_\_,  
(Print Name) (Employee ID #) (Covered Dependent's Name)

my ☐ spouse ☐ child, to my coverage. \_\_\_\_\_  
(check one) (Employee Signature) (Date)

**#3. Separate Coverage** - Another WinCo employee covers you on health insurance and you want to start your own health insurance.

• Start my coverage, \_\_\_\_\_, \_\_\_\_\_, and cancel it under  
(Print Name) (Employee ID #)  
\_\_\_\_\_ my ☐ spouse ☐ parent. \_\_\_\_\_  
(Covered Employee's Name) (check one) (Employee Signature) (Date)

• I, \_\_\_\_\_, \_\_\_\_\_, wish to drop \_\_\_\_\_,  
(Print Name) (Employee ID #) (Covered Employee's Name)

my ☐ spouse ☐ child, from my coverage. \_\_\_\_\_  
(check one) (Employee Signature) (Date)

Return this form along with a Health Insurance 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 received before deadline. Questions – email [benefits@wincofoods.com](mailto:benefits@wincofoods.com) or call 800-341-6543, option 4.