



**SPECIAL ENROLLMENT FORM
FOR CURRENT MAGNOLIA LOCAL PLUS MEMBERS**

(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ Phone: () _____

NO ACTION IS NEEDED IF YOU DO NOT WISH TO MAKE ANY CHANGES TO LOWER YOUR PREMIUM.

You have the option of making changes to lower your premium during this special enrollment, which ends April 30, 2015. Any changes made during this time will become effective July 1, 2015. Plan options that are available to you are:

PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

Pelican HRA 1000

Pelican HSA 775 (Active employees only)
Administered by Blue Cross

Magnolia Local - Narrow In-Network
Coverage - Only available to residents of
Ascension, Bossier, Caddo, East & West Baton
Rouge, Jefferson and Orleans Parishes

Monthly contribution to HSA
\$ _____ (A blank space will indicate \$0)

You have the option of dropping (not adding) a dependent(s) during this special enrollment period, only if this change would result in a lower premium. (See rate sheet.)

Yes, I wish to drop a dependent(s). Their coverage will terminate on June 30, 2015.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

PLEASE MAIL, FAX OR EMAIL THIS FORM TO OGB BY APRIL 30, 2015.

IF YOU HAVE ANY QUESTIONS ABOUT SPECIAL ENROLLMENT, PLEASE CONTACT OGB

AT 1-800-272-8451 (MON. - FRI. 8:00 A.M. - 4:30 P.M.)

IF YOU HAVE SPECIFIC PLAN QUESTIONS, PLEASE CONTACT BCBSLA: 1-800-392-4089. (MON. - FRI. 8:00 A.M. - 5:00 P.M.)

By Mail: Office of Group Benefits
Special Enrollment
P.O. Box 66678
Baton Rouge, LA 70896

By Fax: Office of Group Benefits
Special Enrollment
(225) 342-9917 or (225) 342-9919

By email: specialenrollment.ogb@la.gov

Plan Member's Signature (required)

Date