



**SPECIAL ENROLLMENT FORM**  
**FOR CURRENT MAGNOLIA OPEN ACCESS 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

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

**Magnolia Local Plus - In-Network Coverage Only**

**Pelican HRA 1000**

**Pelican HSA 775 (Active employees only)**

\$ \_\_\_\_\_ **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](mailto:specialenrollment.ogb@la.gov)

\_\_\_\_\_  
**Plan Member's Signature** *(required)*

\_\_\_\_\_  
**Date**