

MEDICA PLAN SELECTION FORM

To help us process your enrollment plan changes in a timely manner, please be sure to fill out the appropriate sections with complete information.

General reminders:

- Print neatly – photocopies & faxes can distort the clarity of the information.
- Please use the newest version of the form. The forms are updated periodically and can be found at [Medica.com>Employers>Group Administration](https://www.medica.com/employers/group-administration). Print the forms as needed rather than keeping a large supply on hand.
- Review the employee information to ensure that all required sections have been completed.

How to change an employee's plan options

Please fill out the following sections:

- Employer name
 - Current group number
 - New group number
 - Effective date of change
 - Employer signature
 - Employee name
 - Social security number
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- Identify the coverage level for the eligible product.
 - For each product offering please fill in the Plan Option name, i.e. Passport 1500-25.
 - Provide clinic information if applicable.

This form should not be used for the following enrollment actions:

- Termination of coverage for an employee
- Reinstatement of an employee
- Demographic changes (i.e. employee name or address change, etc.)
- COBRA/Group Coverage Continuation enrollments

Incomplete or missing information may cause delays in processing the enrollment, change, or cancellation.
If you have questions on filling out this form, please contact the Medica Service Center at **952-992-2200**.