

Special Enrollment Notice

If you are declining enrollment in the MEDICA HEALTH PLANS EMPLOYEE BENEFIT PLAN for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Medica provides you with comprehensive information to help you make informed decisions when choosing your Health & Welfare plan coverage. The Employee Self Service (ESS) Web site provides practical information to assist you with making your elections. Various documents that govern these plans can be accessed on Medica's Knowledge Network by clicking on the Human Resources tab, then on Employee Benefits. Examples of these resources include Summary Plan Descriptions (SPD), Plan Documents, benefits policies and other benefit planning tools.

Make sure that you have thoroughly reviewed all available information prior to making your elections, as these choices will determine your benefits for all of the plan year. By submitting your elections you are acknowledging that you have read this notice, and that you have obtained and carefully reviewed these resources.

By requesting these changes, you are certifying that the information will provide in support of your requested change in election is true, accurate, and complete. The Plan Administrator will rely upon the information you provide in order to make your requested changes to your coverage elections. Falsification of any of the information provided to the Plan Administrator may result in your termination from coverage under the Plan, or termination of the coverage of your spouse and/or dependents. In addition, the Plan reserves the right to demand reimbursement for benefits paid to you or anyone receiving benefits through you based on falsified claims.

Please note: In regard to documents that are part of the Plan records (such as this form), it is a criminal violation of federal law to make any false statement or representation of fact, knowing it to be false, or to knowingly conceal, cover up, or fail to disclose any fact the disclosure of which is necessary to administer the Plan in accordance with its terms. In addition to a requirement to restore benefits that are obtained falsely, federal law imposes fines (of not more than \$10,000) and/or imprisonment (not more than five years).

To request special enrollment or obtain more information, contact Medica HRLF Benefits at MedicaHRLF.Benefits@medica.com.