



MSU Human Resources Enrollment Request Due to Loss of Previous Coverage (LOPC)

Employee / Retiree Name (Last, First, Middle Initial)

Last 4 of SSN or ZPID

Previous Coverage Information

Insured's Name (Last, First, Middle Initial)

Employer's Name

Name of Former Group Health Carrier

Name of Former Group Dental Carrier

Coverage Termination Reason

Last Day of Coverage

Please attach documentation detailing loss of coverage from employer or insurance carrier on their letterhead, specifying the benefits for which coverage has been lost (e.g., health, dental, etc.), last date of coverage, and individuals covered.

1. Applicant must apply for transfer into an MSU group health and/or dental plan within 30 days of a voluntary or involuntary termination (such as death, divorce, terminated employment, etc.) from the former group health and/or dental plan.
2. The former group health and/or dental plan must be independent of any program now existing in this group.
3. All applicants must be eligible for coverage as an employee of this group.
4. The applicant is entitled to all benefits under the group plan.
5. Coverage will become effective as of the date following termination of the previous group health and/or dental plan. Due to the Centers for Medicare and Medicaid rules, retirees and/or dependents enrolling due to loss of previous coverage (LOPC) in the MSU Medicare Advantage Plan will have enrollment the first of the following month.

I have read and understood the above information. I hereby certify that the information supplied by me is true and request coverage for my family and myself in the health and/or dental plan sponsored by my employer.

Employee Signature

Date

Please return this form to MSU Human Resources by email (SolutionsCenter@hr.msu.edu), fax (517-432-3862) or drop-off in person at 1407 S. Harrison Rd., Suite 110, East Lansing, MI 48823.