



Effective Date: _____
ID Number: _____ (Internal Use Only)

**Gundersen Health Plan, Inc.**  
**1900 South Avenue, La Crosse, WI 54601**  
**Phone: 608-775-8092 or 855-685-6404 – Group Administration Fax: 608-775-8060**

**Application for Enrollment – GundersenOne**

**This application must be completed in full whether this is your initial enrollment or you are making a change.**

Contract Holder or Responsible Party				
Last Name:		First Name:		MI:
Street Address:		City:		State:
County:	Zip:	Email:	Home Phone: Cell Phone:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____				

Election Information
Elected Benefit Plan: _____
Initial Enrollment <input type="checkbox"/> Annual Election Enrollment <input type="checkbox"/> Special Election Period <input type="checkbox"/> Date of Event: _____
<input type="checkbox"/> <b>If you are electing coverage due to a loss of other coverage it must have been involuntary. By checking the box you are confirming that your loss of coverage was involuntary.</b>

Coverage Electing: Self <input type="checkbox"/> Self/Spouse <input type="checkbox"/> Self/Children <input type="checkbox"/> Self/Spouse/Children <input type="checkbox"/>
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Last Name, First Name	Relationship	Sex	Date of Birth	Social Security Number

## Dental Disclaimer

This policy does not include pediatric dental services as required by the Federal Patient Protection and Affordable Care Act. This dental coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your insurance carrier, agent, or the Federally Facilitated Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental services product.

## Special Enrollment Period Rights

A Special Enrollment Period is an opportunity to enroll in or change health insurance coverage outside of the annual Open Enrollment Period. The Special Enrollment Period is available for individuals that have certain life changes called qualifying life events that occur during the plan year, or other exceptional circumstances that prevented them from obtaining coverage during the open enrollment period. Refer to your Certificate of Coverage, issued to you, for additional information on Special Enrollment Periods.

## Statements of Understanding & Acknowledgement

- I understand that I am required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period, if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.
- I understand that health information about me provided to Gundersen Health Plan is protected by federal privacy regulations and that Gundersen Health Plan will only use and disclose such information as described in its Notice of Privacy Practices.
- I understand that information that is used or disclosed to an entity that is not subject to federal privacy laws may be re-disclosed by the recipient and is no longer protected under federal law.
- I understand that I may revoke this authorization in writing at any time, prior to the disclosure of this information. Submit revocations to: Gundersen Health Plan, Attention Group Administration, 1900 South Avenue, Mail Stop: NCA2-01, La Crosse, Wisconsin 54601. I also understand that the revocation of this authorization will not affect uses and disclosures of my health information for purposes of treatment, payment and business operations, including agent commission statements.
- Upon request, I understand that I am entitled to receive a copy of this signed authorization.
- This authorization shall be valid during the entire time I am covered under health insurance coverage issued by Gundersen Health Plan.
- A copy of this authorization shall be as valid as the original.
- Medical records and information may be disclosed prior to and after the date of this authorization.

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Your Signature (If signed by your personal representative, please indicate authority).      Date of Birth      Date Signed

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Spouse's Signature (required if married)      Date of Birth      Date Signed

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Dependents Signature (required if age 18 or older)      Date of Birth      Date Signed

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Dependents Signature (required if age 18 or older)      Date of Birth      Date Signed

<b>Agent Information (If Applicable)</b>	
Agent Name (please print):	NPN:
Agent Signature:	Date:

**For help to translate or understand this, please call (800) 897-1923, TTY 711 or toll free (800) 877-8973.**

**Spanish** – Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Gundersen Health Plan. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica u obtener ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 897-1923. TTY (800) 877-8973.

**Hmong** – Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Gundersen Health Plan. Saib cov caij nyoog ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyoog koj thiab yuav tau txais kev pab kam them nqi kho mob los yog kev pab kam them tej nqi kho mob. Koj muaj cai tau cov ntshiab lus no thiab tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 897-1923. TTY (800) 877-8973.

**German** – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutz durch Gundersen Health Plan. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu erhalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 897-1923. TTY (800) 877-8973.

**Chinese** – 本通知含有重要的訊息。本通知包含了關於您通過Gundersen Health Plan提交之申請或保險責任範圍的重要訊息。請留意本通知內的重要日期。您可能需要在若幹截止日期之前採取行動，以維持您的健康保險責任範圍或者費用補貼。您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 897-1923。聾啞人電話：TTY (800) 877-8973。

**French** – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou sur la prise en charge par Gundersen Health Plan. Rechercher les dates importantes sur le présent avis. Il se peut qu'une action de votre part soit nécessaire avant une certaine date afin de conserver votre couverture santé ou votre aide sur les frais. Vous avez le droit d'obtenir gratuitement ces informations et une assistance dans votre langue. Appelez le (800) 897-1923. TTY (800) 877-8973.

**Vietnamese** – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Gundersen Health Plan. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 897-1923. TTY (800) 877-8973.

**Arabic** – يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Gundersen Health Plan. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل ب (800) 897-1923. TTY (800) 877-8973.

**Russian** – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Gundersen Health Plan. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 897-1923. TTY (800) 877-8973.

**Laotian** – ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໝັກຂໍ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານ ໂດຍຜ່ານ Gundersen Health Plan. ໃຫ້ເບິ່ງກຳນົດວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ໃຊ້ເວລາດຳເນີນການຕາມກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອສຳສານການຄຸ້ມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂາວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທທາງເບີ (800) 897-1923. TTY (800) 877-8973.

**Hindi** – इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Gundersen Health Plan के माध्यम से बीमे के कवरेज बारे में महत्वपूर्ण जानकारी है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या कीमत चुकाकर सहायता प्राप्त करने के लिए आपको कुछ निश्चित समयसीमा तक कार्रवाई करने की जरूरत हो सकती है। आपको कोई कीमत चुकाए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। कॉल करें (800) 897-1923 । TTY (800) 877-8973.

**Korean** – 본 통지서에는 중요한 정보가 들어 있습니다. 본 통지서에는 귀하의 신청 또는 Gundersen Health Plan를 통한 보험보장에 관한 중요한 정보가 들어 있습니다. 본 통지서에 나와있는 중요한 날짜를 찾아보십시오. 귀하는 귀하의 건강 보험보장을 유지하기 위해 특정 마감일까지 조치를 취해야 할 수도 있거나, 비용에 관한 도움이 필요할 수도 있습니다. 귀하는 귀하가 사용하는 언어로 이러한 정보와 도움을 무료로 받을 권리가 있습니다. (800) 897-1923 번으로 전화하십시오. TTY (800) 877-8973.

**Tagalog** – Ang Abisong ito ay may Importanteng Impormasyon. Ang abisong ito ay may importanteng impormasyon tungkol sa aplikasyon o proteksiyon mo sa pamamagitan ng Gundersen Health Plan. Hanapin ang mga pangunahing petsa na nasa abisong ito. Maaaring kailangan mong kumilos bago sumapit ang ilang takdang araw para mapanatili ang proteksiyon ng kalusugan mo o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito na nasa wika mo nang walang gastos. Tumawag sa numerong (800) 897-1923. TTY (800) 877-8973.

**Pennsylvanian Dutch** – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Gundersen Health Plan. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch grieghe, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du (800) 897-1923 uffruefe.

**Amharic** – ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Gundersen Health Plan ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናትን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአስፋፈል አርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ አርዳታ እንዲያገኙ መብት አለዎት። (800) 897-1923. TTY (800) 877-8973. ይደውሉ።

**Serbocroatian** – U ovom obavještenju su sadržane važne informacije. U ovom obavještenju su sadržane važne informacije o Vašoj prijavi ili osiguranju preko Gundersen Health Plan. Pogledajte nalaze li se u ovom obavještenju neki ključni datumi. Možda ćete morati poduzeti određene radnje u datom roku kako biste i dalje zadržali svoje osiguranje ili pomoć pri plaćanju. Imate pravo da ove informacije, kao i pomoć, dobijete besplatno na svom jeziku. Nazovite (800) 897-1923. TTY (800) 877-8973.

Gundersen Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or health status.

Gundersen Health Plan –

- Provides free aids and services to people with disabilities to communicate effectively with us, such as –
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as –
  - Qualified interpreter
  - Information written in other languages

If you need these services, contact Gundersen Health Plan Customer Service at (800) 897-1923.

If you believe that Gundersen Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance with –

Kelly Skifton, Compliance Officer; 1900 South Avenue, Mailstop NCA2-01, La Crosse WI 54601

Phone: (800) 897-1923 ext 58052; TTY number: 711 or toll free (800) 877-8973; Fax: (608) 775-8060

Email: [hpmemberadvocates@gundersenhealth.org](mailto:hpmemberadvocates@gundersenhealth.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kelly Skifton, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F,  
HHH Building, Washington, D.C. 20201  
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).