Miami Nation

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Miami, OK 74355
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Health Limited Benefit Plan

Initial Enrollment Request for 2015-2016
Tribal Member – Individual

Instructions – Plan Sponsor: Miami Nation – NEW ENROLLMENT for Tribal Member Individual

1. If you are enrolled as a member of the Miami Nation, please complete this form. Please print and use ink.
2. Mail or FAX ALL completed forms in your packet and a copy of your Tribal Membership card to Miami Nation (address and FAX number above).
3. **You must include a copy of your Tribal Membership Card in order to be eligible for the Limited Benefit Plan.**

TRIBAL MEMBER

Name (Last, First)	Birthdate (MM/DD/YYYY)	Tribal Membership Enrollment No. **(REQUIRED-NOT CDIB)**
Home Address (Street, City, State, Zip)	Gender ☐ Male ☐ Female	**Please check ALL that apply:** ☐ Age 65 or over ☐ Permanent Disability (documented) ☐ Veteran (must provide discharge papers)
Email address		Daytime Phone

AUTHORIZATION

I am electing to participate in the Miami Nation Health Limited Benefit Plan for the year of 2015-2016. I understand my enrollment in the Miami Nation Health Limited Benefit Plan for 2015-2016 will end on September 30, 2016.

As a Miami Tribal Member and Health Limited Benefit Plan participant, I certify that any expense paid with the debit card has not been reimbursed by any other health plan and I will not seek reimbursement under any other plan covering health benefits. I also agree to acquire and retain sufficient documentation of all claims and provide pertinent documentation to HealthSmart Benefit Solutions when requested. If I should purchase items using my debit card that are not eligible expenses, I authorize the Miami Nation to collect the improper payment from my Limited Health Benefit Plan money remaining in my account. If this option is unsuccessful, I understand that I will be denied access to the card's usage until the debt is paid by me.

Tribal Member Signature	Date

Please make sure all forms, i.e."Consent and Release" are complete and you have included all the requested information. Incomplete forms will be returned and the processing of your benefit card will be delayed. Remember to enclose a copy of your Tribal Membership Card.
Once you've enrolled should you have any questions concerning your account please contact HealthSmart at 800-825-3540 Extension 252543.

PLEASE READ - IMPORTANT INFORMATION

Look for your Debit Card in the Mail.
Once enrolled for this plan year 2015-2016, you will receive a debit card for your use to purchase items shown on the List of Eligible Expenses. If you are a tribal member over 65, disabled or a veteran the benefit amount on your debit card will be $500. If you are over 65 or disabled **and** a Veteran, the amount on your debit card will be $750.00. Your Debit Card will be mailed directly to your address entered on this form.

Keep your Debit Card.
Please keep this card after using all of your available funds for the year. When you re-enroll for the following year, 2016-2017, this same card will be re-loaded with additional funds.