



GOVERNMENT EMPLOYEE HEALTH INSURANCE ENROLMENT FORM

Department / Pensioner / Quango Name: _____

Name: _____
First
Middle
Last

Appointed: ____/____/____ Sex: female male Date of Birth: ____/____/____
Day Month Year
Day Month Year

I wish to be insured for:

- Full Benefits with public ward
- Full Benefits with semi-private ward (S.I.S.)
- Fringe

Marital Status:

- Single
- Married
- Divorced
- Widow/er

DEPENDANT COVERAGE (**Please state under the school name if it is an overseas school**)

I wish the following dependants to be enrolled for the benefits shown below:

Last Name	First & Middle Name	Sex	Employer or Unemployed	Relationship	D.O.B. (D / M / Y)	Full Public	Full SIS	Fringe
			School / College / Univ.					

Please read these notes carefully:

1. Unemployed spouses *must by law* be enrolled.
2. If an employed spouse is insured by their employer for standard hospital benefits only they may be insured with G.E.H.I. for fringe (non-hospital) benefits.
3. A new-born baby must be added within 1 month of its date of birth. After that time, there will be a six-month waiting period before the newborn can join G.E.H.I.
4. Children in full-time education can continue with G.E.H.I. coverage up to age 26. Minor Child(ren) (MC) coverage is for children in a recognized educational facility or school locally from birth to age 21. Adult Child(ren) (AC) coverage is for children overseas in school up to age 26 and in local school from age 21 to 26. At the age of 26 coverage ceases.
5. Semi-private (S.I.S) coverage is not necessary for children. The Bermuda Government provides youth subsidy which covers the local cost of hospital care (at the public ward level) for children under the Bermuda school leaving age and up until age 21 if the child(ren) is enrolled in full-time school in Bermuda.

DECLARATION

I UNDERSTAND THAT PREMIUMS FOR MEDICAL BENEFITS REQUESTED WILL BE DEDUCTED FROM MY WAGE/SALARY IN ADVANCE.

I UNDERTAKE TO REPORT IMMEDIATELY ANY CHANGES TO MY SPOUSE EMPLOYMENT STATUS AND MY CHILD(REN)'S SCHOOL STATUS AND WHEN MY CHILD(REN) TURN(S) AGES 21 AND 26.

I UNDERTAKE TO GIVE NOT LESS THAN ONE MONTH'S NOTICE OF ANY CHANGE I MAY WISH TO MAKE IN THE LIST OF DEPENDANTS VOLUNTARILY ENROLLED BY ME.

I hereby authorise the Accountant General to deduct for those enrolled per above.

Employee Signature: _____ Date: ____/____/____

Day Month Year

FOR ACCOUNTANT GENERAL'S USE ONLY

G.E.H.I # : _____ Keyed By: _____ Date: ____/____/____

Day Month Year

Checked By: _____ Date: ____/____/____

Day Month Year