

Dear Enrollee:

Attached you will find an enrollment kit that includes the following:

A Health Care Coverage Enrollment and Change Form

This form allows you to indicate which members of your family you wish to have covered for health care. Please **complete the required information**. Sign and date the form and return it with the appropriate documentation. Coverage effective dates will be determined upon receipt of all documentation.

A Dependent Documentation Guideline

This lists the documentation needed to add your dependent(s). **Your dependent(s) will not be added until the required documentation is received.** Additional documentation may be required, this should be used as a guide.

A Health Care Dependent Affidavit Form

This form lists the **5 eligibility tests that must be met in order to add a dependent.** This form should be completed when adding certain dependents. You should refer to the enclosed Dependent Documentation Guideline to determine if you need to complete this form to add your dependent(s).

A Life Insurance Beneficiary Form

Complete this form if you want to update/change your designated beneficiary for Life Insurance. This form does not confirm life insurance coverage.

A notice of the “Women’s Health and Cancer Rights Act of 1998”

In addition, to assist you in determining whether you have **eligible dependent(s)**, you may want to review [A Guide to Dependent Eligibility](#).

Please include all correspondence together (Enrollment and change form, dependent documentation, and dependent affidavit if applicable) and mail to the address listed below as soon as possible. **We cannot activate your dependent(s) health care coverage until we receive all the necessary documents.**

Under the General Motors Health Care Program, an employee or dependent cannot be covered under more than one GM health care contract. If you or your dependent(s) are currently covered on another contract please contact the NBC.

Please note that when a dependent is no longer eligible for health care coverage you must contact the NBC to obtain the paperwork to cancel the ineligible dependent. Failure to do so may cause an overpayment of claims, and the employee may be held responsible for repayment.

If you have any questions, please contact us at the toll-free number listed below.

**National Benefit Center
P.O. Box 14692
Lexington, KY 40512-4692**

1-800-489-4646