May 2021

Reminders regarding CHP Enrollment Applications:

Information you want to make sure is on the enrollment application your employee completes, before you send the enrollment application by e-mail or fax to CHP or you enter the information in the online system. If the employee entered their information into the online system, again you want to make sure there is not any missing information. If information is missing, it will delay their coverage being in force and ID cards generated and sent to the employee's home address.

Top of the Enrollment Application: Employee's Social Security number is to be listed and legible. You need to list the Medical and Dental group number for the division the employee works, or write in their division. Example: General Fund or Group Number C232250003.

Section 1: Reason for Completing the Application. Fill in the qualifying Event (New Hire, Birth, Changing to Full-time Employment, etc.) and the Date of the Qualifying event".

Section 2: Benefits and Coverage Desired. Make sure the Medical, Dental and Vision benefits plan that are being elected are checked and the coverage (employee only, family, etc.) are checked for all plans being elected. If coverage is being declined make sure the decline box is checked for all products and Section 5 (Other Insurance) or Section 6 (Medicare coverage) or Section 7 (Waiver of Insurance) is completed.

Section 3: Employee & Family Information. Employee needs to complete this section listing their information and the same on each family member they are electing to cover. This includes the Social Security numbers for each family member. This information is needed when completing the annual ACA coverage reporting.

Section 4: Life Insurance. Employee can list their primary beneficiary and a secondary beneficiary if they wish. If this section is left blank, upon their death the Basic Life and if elected Supplemental Life would go to the employee's estate.

Section 8: Common-Law Affidavit. This section would only be completed if the employee is electing to coverage their common-law spouse. Both would need to sign this section.

Section 10: Signature. Employee needs to check which box applies and sign and date their enrollment application.

It is strongly suggested you keep a copy of the application for your records. Upon a death the Life Carrier will ask for a copy of the employee's application showing who they listed as their beneficiary.

County Technical Services, Inc.

Administration & Loss Control
Phone: (303) 861-0507
Fax: (303) 861-2832

800 N Grant St, Suite 400
Denver, CO 80203-2944
www.ctsi.org ▪ ctsi@ctsi.org

Claims (CAPP & CWCP)
Phone: (303) 861-0507 1 (800) 544-7868
Fax: (303) 861-1022