DATA COLLECTION FORM
for Hospital Confinement Indemnity Coverage

Arranged by Special Insurance Services, Inc.

In order for Special Insurance Services to administer your employer-sponsored hospital confinement coverage and process any claims you might have accordingly, we will need the following information from you:

☐ NEW ☐ TERMINATION ☐ CHANGE

PLAN DATA

If your employer offered more than one hospital confinement plan design, which plan did you choose:

☐ Plan 1 ☐ Plan 2 ☐ Plan 3 ☐ Plan 4

Please indicate which coverage level you elected under your employer-sponsored hospital confinement coverage:

☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee & Family

EMPLOYEE INFORMATION

Last Name : _____ First Name: _____ M.I.: _____

Social Security #: _____ Gender: ☐ Female ☐ Male Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Employer: _____ Date of Hire: _____

Occupation/Job Title: _____ If retiree, Date of Retirement: _____

DEPENDENT INFORMATION (only those eligible may be enrolled)

A=Add T=Termination C=Change

A/T/C	Name (last, first, MI)	Relationship	Date of Birth	Gender	Social Security #
		☐ Spouse ☐ Child		☐ M ☐ F	
		☐ Spouse ☐ Child		☐ M ☐ F	
		☐ Spouse ☐ Child		☐ M ☐ F	
		☐ Spouse ☐ Child		☐ M ☐ F	
		☐ Spouse ☐ Child		☐ M ☐ F	
		☐ Spouse ☐ Child		☐ M ☐ F	
		☐ Spouse ☐ Child		☐ M ☐ F	

(Use reverse side of form is additional space is needed)

Requested Effective Date of Coverage/Change: _____

☐ I waived enrollment under my employer's sponsored hospital confinement plan at the time I was initially eligible to participate in the plan. I understand that I can only enroll in the plan during an employer-sponsored annual open enrollment period, or upon provision of satisfactory documentation evidencing my status as a special enrollee due to a qualifying event as determined by law.

Employee's Signature: _____ Date: _____

At Special Insurance Services, we understand the importance of maintaining the confidentiality of our customers' nonpublic personal information It is our policy not to disclose personal information about our customers except to our affiliates, or others as may be permitted by law. We have policies and procedures to safeguard nonpublic personal information about our customers which include (1) restricting access to nonpublic personal information, and (2) maintaining physical, electronic and procedural safeguards that comply with legal requirements to safeguard such nonpublic personal information.