

# Immediate Point of Service Request

**Information:** Point of Service benefit is available to eligible applicants whose permanent residence is outside of Minnesota and the service area of the Minnesota Advantage Health Plan. SEGIP will review and determine eligibility for this benefit. Information can be found in the SEGIP Summary of Benefits on the SEGIP website [mn.gov/mmb/segip](http://mn.gov/mmb/segip).

Submit the form timely. The effective date is the date the form is received by SEGIP. **Retroactive changes are not allowed.** Once you have submitted the form to SEGIP, follow up with your medical plan administrator for more information about the Point of Service network. Complete additional forms for each dependent unless the change applies to all enrolled family members.

Plan administrator contact information is on the back of this form. Allow one week for processing.

<b>Employee Information – All Information is required</b>			
Name (Last, First, Middle Initial)		Employee ID #	
Phone: Work	Home	SSN	XXX-XX-
Email			
Choose one:			
Change applies to <b>all</b> enrolled family members.			
New family address		City	State      Zip code
Change only applies to <b>select</b> enrolled family members (complete below).			
<b>Spouse/dependent Information:</b>			
Name (Last, First, Middle Initial)		Birth date (mm/dd/yyyy)	
New individual address		City	State      Zip code

Current Medical Carrier:      BlueCross BlueShield      HealthPartners      PreferredOne

Have you separated from State employment and are now rehired?      Yes      No

Is this a new request due to an Open Enrollment change in medical carriers?      Yes      No

Is this a permanent address? If no, explain in the space provided.      Yes      No

**Please explain:**

**Point of Service benefits include:**

- \$350 Single/\$700 Family deductible and a
- 30% coinsurance up to the out of pocket maximum of your designated Cost Level.

Call the Member Services phone number list below for your plan administrator, or the number on the back of your insurance card to confirm benefits available and to help you locate a provider in the new coverage area.

By completing and signing this form, I am confirming that the information I have provided on this document is true and accurate. I acknowledge that I am responsible for notifying SEGIP when there is a change of address for my dependent.

Employee signature

Date (mm/dd/yyyy)

**Submit your form to SEGIP:** Secure fax 651-296-5445; Mail MMB/SEGIP, 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155; Scan and email (secure only when sent from a @state.mn.us account) [segip.mmb@state.mn.us](mailto:segip.mmb@state.mn.us)  
Questions? Call us at 651-355-0100

**SEGIP MN Advantage Plan Administrator Phone Numbers**

BlueCross BlueShield of Minnesota Member Services 651-662-5090 800-262-0819 TTY 888-878-0137	HealthPartners - Member Services 952-883-7900 888-343-4404 TTY 952-883-5127	Preferred One - Member services 763-847-4477 800-997-1750 TTY 763-847-4013
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**Notice of Collection of Private Data**

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why SEGIP is requesting data about you, your spouse and dependents, how we will use it, who will see it, and your obligation to provide it.

**What data will we use?** We will use the data you provide us at this time, as well as data previously provided us, about you, your spouse and dependents. We will use the data to administer existing programs, develop new programs, insure existing programs are effective and efficient, comply with both state and federal laws and regulations, and to process your enrollment requests. If you provide any data about you, your spouse and dependents that is not necessary, we will not use it for any purpose.

**Why we ask you for this data?** We ask for this data so that we can successfully administer employee benefits. This data is used to process your request to add, waive, or change coverage for you, your spouse and dependents. The requested data helps us to determine eligibility, to identify you, and to contact you, your spouse, and dependents.

**What will happen if you do not answer the questions we ask?** You are not required to provide the data requested. If you do not answer these questions, the insurance benefit transaction you requested for you, your spouse and dependents, or other insurance benefit transaction may be delayed or denied.

**Who else may see this data about you and your spouse and dependents?** We may give data about you, your spouse and dependents to your insurance carrier, SEGIP’s other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. The parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

**How else may this data be used?** We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.