BIG TREE MEDICAL ENROLLMENT

Primary Member Information

Name:_____ **Employer** *(if employer group)*:[1] _____

Street Address:_____

City: _____ **State:**_____ **Zip Code:** _____

Mobile Phone #: _____ **Email Address:** _____

Membership Selection[2]

I am: ○ ***Enrolling*** in a Membership ○ ***Changing*** a Current Membership ◉ ***Terming*** a Current Membership

If *Changing/Terming,* Reason:_____

Effective Date: _____

NOTE: Big Tree Unlimited Plus, Dental, and Vision memberships can only become effective on the first day of the current month or the first day of the following month. Big Tree Unlimited and Virtual Memberships can be effective the day of enrollment. Membership fees are not prorated.

Name (First and Last)	Relation to Primary	Gender	DOB	SSN	Big Tree Membership	Dental[3]	Vision[4]
	Self	○ M ○ F			○ Unlimited Plus ○ Unlimited ○ Virtual ○ Access ○ None	○ Yes ○ No	○ Yes ○ No
		○ M ○ F			○ Unlimited Plus ○ Unlimited ○ Virtual ○ Access ○ None	○ Yes ○ No	○ Yes ○ No
		○ M ○ F			○ Unlimited Plus ○ Unlimited ○ Virtual ○ Access ○ None	○ Yes ○ No	○ Yes ○ No
		○ M ○ F			○ Unlimited Plus ○ Unlimited ○ Virtual ○ Access ○ None	○ Yes ○ No	○ Yes ○ No

If **spouse** enrolling, please provide:

Spouse Mobile Phone #: _____ **Spouse Email Address:** _____

[1] By enrolling in the coverage(s) available to you, you authorize your employer to deduct your pay by the amount necessary to cover the cost of any part that's not employer paid.

[2] Big Tree Unlimited Plus, Dental, and Vision plans are administered by Group Benefit Services (GBS). *Phone:* 800-995-3569 | *Web:* gbs-tpa.com

[3] You must have/enroll in a Big Tree Medical membership to enroll in Big Tree Dental/Vision. Dental and Vision is a 12-month commitment excluding any qualifying event.

[4] A Big Tree Dental membership is required to enroll in Big Tree Vision. Dental and Vision is a 12-month commitment excluding any qualifying event.

IMPORTANT: Special Enrollment Notice

If you decline medical and/or dental coverage for yourself, your spouse, or your dependents at this time for any reason, you may later be eligible to enroll yourself, your spouse and/or any newly acquired dependent(s) in medical and/or dental coverage within 30 days of acquiring said dependent(s) through marriage, birth, adoption, or placement for adoption.

If you decline medical and/or dental coverage for yourself and/or your dependents at this time because you or your dependents have other health insurance coverage, you or your dependents may later be eligible to apply for medical and/or dental coverage within 30 days after you or your dependents' other health coverage ends without penalty.

About GBS + Electronic Waiver

Group Benefit Services (GBS) is the claims administrator for Big Tree. GBS provides 24/7 access to a benefits web portal at: gbs-tpa.com. By signing this form, I understand that I have electronic access to a wide variety of Plan documentation, including the Summary Benefit of Coverage (SBC), at any time.

I Represent: (1) I am an employee of the participating employer and the persons for whom I am requesting coverage are US Citizens or Legal Aliens residing in the USA; (2) the statements and answers to the questions on this Enrollment/Refusal Form made by me are true and complete to the best of my knowledge; (3) I understand that the statements and answers to questions on the Enrollment/Refusal Form made by me and any subsequent information I provide are the basis for my coverage under my employer's Plan and coverage will not be effective until I am notified of my effective date; (4) if any controversy or claim is made arising out of or relating to a claim for benefits payable by the self-funded Plan it shall be settled by arbitration in accordance with the provisions of the Plan.

I Authorize: (1) any physician, medical practitioner, hospital, clinic, pharmacy benefit managers, Veteran's Administration, or other medical-related facility, Insurance agent, administrator, Insurance Company, reinsurer, consumer reporting agency, telephone interview Company, or my employer to release any information pertaining to my employment or to the health of myself or my dependents, including physical or mental disorders or the use of drugs and alcohol, to Group Benefit Services; (2) Group Benefit Services to release such information to any Insurance agent, Insurance Company, reinsurer, managed care organization, telephone interview Company, other Insurance support organization, or my employer; (3) my employer to deduct contributions from my earnings to be applied to the cost of this Plan; and (4) that benefits under this Plan be paid directly to any managed care provider utilized by me or my family.

I agree this authorization will be valid for two years from the date this form is signed and that a photocopy of this authorization is as valid as the original for my dependent(s) and/or for me.

Use and Disclosure of Data by Paytient

Big Tree Medical may use and disclose Data to subcontractors and partners, including Paytient, to provide access to Paytient services to Active Members, provided that any third party to which Big Tree Medical discloses Data provides assurances in advance that: (i) the information will be held confidentially and used or further disclosed only as required by law; (ii) the information will be used only for the purpose for which it was disclosed.

Big Tree E-PHI Disclosure

We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received.

Member Signature: X_____ **Date Signed:** _____

(PLEASE DO NOT PRINT)