



INSURANCE COORDINATOR INFORMATION

Please indicate new information by checking the box provided.

Entity Name: _____

Group #: _____ Division #: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Insurance Coordinator: _____

Is this the primary Insurance Coordinator? Yes No

Does the Insurance Coordinator have Internet access? Yes No

IC E-mail Address (office): _____

This section must be signed by the Human Resources Director or higher appointing authority and notarized.

Rule 360:10-3-3. Insurance Coordinator

The appointing authority or governing body of each participating entity shall designate an Insurance Coordinator and at least one [1] Alternate to properly enroll members of the entity. Any information given by an Insurance Coordinator shall not supersede or modify the statutes, Rules in this title or any Insurance Coordinator's Guide governing the Group Insurance Plan. Insurance Coordinators representing retirees may be provided by the retirement system from which the retiree is receiving benefits. It is the employee's duty to notify his Insurance Coordinator of a change in eligibility for himself, his spouse or his dependents. It is the Coordinator's duty to notify the Insurance Board within ten [10] working days of the employee's notice of change. The Insurance Board is not obligated to accept untimely notifications of change, and may elect to refuse to permit said changes.

74 O.S. 1322 Confidentiality of information-Inspection of files

All information, documents, medical reports and copies thereof contained in a member's insurance file shall be treated as confidential information and shall not be released or made available or open to public inspection without the prior written consent and authorization of the individual to whom it pertains, but shall be subject to subpoena or court order.

Important notice to appointing authority: This Insurance Coordinator will have the ability to make coverage changes directly to the Board's system over the Internet. If this Insurance Coordinator leaves employment or is no longer the Insurance Coordinator for this entity, notify the Board immediately by calling our Web Support line at (405) 717-8707, so that access to the system can be revoked. The Appointing Authority acknowledges and agrees to the Insurance Coordinator information and Notice provision.

Signature of Appointing Authority _____

Title of Appointing Authority _____

Subscribed and Sworn to before me this _____ day of _____, 20_____.

My commission expires _____, 20_____ (SEAL) _____ Notary Public

My Commission Number _____

PLEASE MAIL TO: OSEEGIB, PO BOX 58010, OKLAHOMA CITY, OK 73157