



# INSURANCE COORDINATOR INFORMATION AND NOTICE

**Please indicate any new information by checking the box provided.**

Entity Name \_\_\_\_\_

Group # \_\_\_\_\_ Division # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_  Fax Number \_\_\_\_\_

Insurance Coordinator (IC) \_\_\_\_\_

Date of Birth (for registration validation) \_\_\_\_\_

Are you the primary IC? Yes  No

Access requested for this IC: Full Access  Limited Access (Billing Only)

IC Office Email Address \_\_\_\_\_

**Your entity's human resources director or higher appointing authority must sign the section below and have their signature notarized.**

**Rule 260:50-3-3. Insurance/Benefits Coordinator for Education, Local Government, and State Employees**

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

**74 O.S. 1978, § 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 employee coverage changes directly to EGID's system through the Internet. If this insurance coordinator leaves employment or is no longer the designated insurance coordinator for this entity, notify EGID immediately by calling our web support line at 1-405-717-8707, so this person's access to our 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: Office of Management and Enterprise Services, Employees Group Insurance Department, PO BOX 58010, OKLAHOMA CITY, OK 73157**