

Senior Performer: HRA Enrollment Waiver Form



<p>INSTRUCTIONS</p> <p>Complete this form by providing the details outlined below. In the table at the bottom, please check which situation applies to the participant and which applies to your spouse (if applicable).</p>	<p>HOW TO SUBMIT THIS FORM</p> <p>Email this completed form and required documentation to: HRAEnrollmentWaiver@sagaftraplans.org</p> <p>or</p> <p>Mail this completed form and required documentation to: SAG-AFTRA Health Plan Attn: Participant Eligibility Department (PED) P.O. Box 7830 Burbank, CA 91510-7830</p> <p>or</p> <p>Fax this completed form and required documentation to: (818) 480-5941</p>
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Participant

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER ()	PARTICIPANT ID (HCID)
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Spouse (if applicable)

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER ()	PARTICIPANT ID (HCID)
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Enrollment Exception (check applicable boxes below)

Reason	Required Documentation	Participant	Spouse
Medicaid or Medi-Cal Coverage	Copy of your state Medicaid card or ID card from your Medi-Cal or Medicaid health plan	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration (VA) Health Coverage	Copy of your Veteran Health ID card	<input type="checkbox"/>	<input type="checkbox"/>
TRICARE Coverage	Copy of an Eligibility Letter which can be obtained on MilConnect	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment Industry Retiree Coverage	Copy of your ID card from the DGA, Equity-League, MPI or WGA <u>retiree</u> health plan	<input type="checkbox"/>	<input type="checkbox"/>
Other Employer or Union Retiree Coverage	Copy of ID card from the health plan providing your other <u>retiree</u> health coverage	<input type="checkbox"/>	<input type="checkbox"/>
Out of Country	Your signature on the form below attests that you are ineligible for Medicare due to US residency requirements	<input type="checkbox"/>	<input type="checkbox"/>

The Plan Participant Declares that:

I certify under penalty of perjury that to the best of my knowledge all information provided on this document is true, correct and complete. I acknowledge that it is fraudulent to knowingly fill out this form with any information that is false.

SIGNATURE OF PARTICIPANT

DATE

Questions? Please call us at 800-777-4013.