

In accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), United Concordia will reinstate the enrollment of an employee and their dependents for a maximum period of coverage as the lesser of 24 months beginning on the date their deployment began or the day after the date that the person failed to apply for or return to employment.

It is the Group Administrator's responsibility to advise the employee to submit any claims incurred as soon as possible.

**A Member Enrollment Form must be included with the USERRA Enrollment Form.**

Please return the forms to our office via fax at 1-800-329-9093 or mail the forms to United Concordia Companies, Inc., 4401 Deer Path Road, Harrisburg, PA 17110.

**Please complete ALL sections of this form. This form should be used to reinstate enrollment of an employee that was cancelled but now is electing continuous coverage in accordance with USERRA – no gap in coverage.**

<b>Employee Information</b>		
Identification Number	Deployment Date	
Employee Name (Last, First, Middle Initial)	Reinstatement Date	
Home Address		
City	State	Zip Code
<input type="checkbox"/> <b>Employee Elects Continuous Coverage</b>		
<b>Employer Information</b>		
Employer Name		
Group Number	Subgroup	
Employer Address		
City	State	Zip Code

\_\_\_\_\_  
 Group Administrators Name

\_\_\_\_\_  
 Telephone Number

## **Discrimination is Against the Law**

The Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently based on race, color, national origin, ancestry, age, religion, disability, marital status, gender, sex assigned at birth, sexual orientation, sex stereotypes, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

### The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 1-800-332-0366 (TTY: 711) for assistance or contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, religion, disability, marital status, gender, sex assigned at birth, sexual orientation, sex stereotypes, gender identity or recorded gender, you can file a complaint with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmark.com](mailto:CivilRightsCoordinator@highmark.com). You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, the Civil Rights Coordinator is available to help you. You can also file a complaint with the California Department of Insurance electronically through the Consumer Complaint Center, available at <http://www.insurance.ca.gov/01-consumers/101-help/index.cfm>, or by mail or phone at:

California Department of Insurance  
Consumer Services Division  
300 S. Spring Street  
Los Angeles, CA 90013  
1-800-927-4357

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

