



Asuris Northwest Health
528 East Spokane Falls Boulevard
Suite 301
Spokane, WA 99202

Delayed Enrollment Exception Request

Thank you for choosing Asuris Northwest Health as your organization's medical insurance provider. We appreciate your business and the confidence you have in Asuris to provide quality medical benefits for your employees.

In order to ensure that your organization's employees are installed and active by the requested effective date, we request that completed enrollment documents be submitted to our office by the 15th of the month prior to the effective date. Although we are willing to accept the enrollment after the 20th of the month, member eligibility and group activation may be impacted. We will work diligently to implement your group as quickly as possible. However, you will likely experience delays in receiving:

- ◆ Benefit brochures
- ◆ Pharmacy access
- ◆ ID cards
- ◆ Billing statement

By signing this form you are requesting an exception be made to allow late enrollment, and acknowledging the possible impact to your employees and dependents.*

Client Name

Client Representative Name (please print)

Title

▶ _____
Signature

Date

Agent/Broker (please print)

▶ _____
Signature

Date

* If completed by the broker/agent on behalf of their client, the broker/agent agrees to communicate the stipulations of this exception directly with the client.

