



**COMPANION LIFE  
BENEFICIARY ELECTION AND CHANGE FORM  
(ACA Small Group Only)**

Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber ID Number: \_\_\_\_\_

Is this a New Beneficiary Election?     Yes     No

Is this a Change of Beneficiary?     Yes     No

Primary Beneficiary	Relationship
Name:	
Address:	
Contingent Beneficiary*	Relationship
Name:	
Address:	

\*A contingent Beneficiary will only receive proceeds if all Primary Beneficiaries have predeceased the Insured.

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to Avera Health Plans, Attn: Enrollment, 5300 S Broadband Ln, Sioux Falls, SD 57108-2221 or fax to 605-322-4689. You may send it electronically by email to [ahpenrollment@avera.org](mailto:ahpenrollment@avera.org)  
Our Customer Care Team is available Monday through Friday at 605-322-4545 or toll-free at 888-322-2115

## Discrimination is Against the Law

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Avera Health Plans

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact the Avera Health Plans Customer Care team at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that Avera Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

### Complaint and Appeals Coordinator

Avera Health Plans

5300 S Broadband Ln

Sioux Falls, SD 57108-2221

Fax 1-800-269-8561

Email [ComplaintAppeals@AveraHealthPlans.com](mailto:ComplaintAppeals@AveraHealthPlans.com)

### Getting Help in Other Languages

Language assistance services are available free of charge. Our Customer Care team is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
- XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2115 (TTY: 1-800-877-1113).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-322-2115 (TTY: 1-800-877-1113)。
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (TTY: 1-800-877-1113).
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-325-2115 (رقم هاتف الصم والبكم: 1-800-877-1113).
- ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມັດພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- ທົ່ວໄປ: ການບໍລິການ ຊ່ວຍເຫຼືອ ຈາກພາສາ ທີ່ບໍ່ເປັນພາສາອັດຕະໂນມັດ ຈະຖືກສະໜອງ ຈາກພາສາ ທີ່ບໍ່ເປັນພາສາອັດຕະໂນມັດ ຈາກພາສາ ທີ່ບໍ່ເປັນພາສາອັດຕະໂນມັດ. ກິ: 1-888-322-2115 (TTY: 1-800-877-1113).
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (ATS: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
- ພາສາອັດຕະໂນມັດ: ຖ້າທ່ານເວົ້າພາສາອັດຕະໂນມັດ, ພາສາອັດຕະໂນມັດ ຈະຖືກສະໜອງ ຈາກພາສາອັດຕະໂນມັດ ຈາກພາສາອັດຕະໂນມັດ. ກິ: 1-888-322-2115 (ສາທາລະນະ: TTY: 1-800-877-1113).
- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY - Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-877-1113).
- ບຼຸຍັດສະ: ເມື່ອທ່ານເວົ້າພາສາອັດຕະໂນມັດ, ພາສາອັດຕະໂນມັດ ຈະຖືກສະໜອງ ຈາກພາສາອັດຕະໂນມັດ ຈາກພາສາອັດຕະໂນມັດ. ກິ: 1-888-322-2115 (TTY: 1-800-877-1113).

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

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 call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:

US Department of Health and Human Services,  
200 Independence Avenue SW Room 509F, HHH Building,  
Washington, D.C. 20201

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

