

Plan Administrator:



107 S. Pennsylvania Street, Suite 500 Indianapolis, IN 46204



Safe Harbor Program Transfer Procedures

Please note that these procedures are exclusively for Professional Marine Personnel. This type of portability is not available to members of other industrial classifications.

Transferring from individual plan to Safe Harbor Crew (group plan)

HCC Medical Insurance Services will accept, subject to specific group underwriting and eligibility requirements, all IC and CS Maritime Platinum, IC and CS Economy, and Safe Harbor Personal insured persons who become eligible for Safe Harbor Crew coverage due to a change of employers or change in employer-sponsored benefits. The individual plan must be in effect on the date the crewmember becomes eligible for coverage under the group plan.

Upon acceptance in the Safe Harbor Crew plan, the length of time covered under the individual plan will be credited toward any pre-existing condition waiting period or any other applicable waiting period-based benefit contained in the Safe Harbor Crew policy. Any exclusionary rider that applied to the individual plan will carry over to coverage under Safe Harbor Crew.

The Crewmember must submit a completed Transfer Form and Safe Harbor Crew Enrollment Form. The rules for dependents shall be the same provided they meet Safe Harbor Crew citizenship / residency requirements and the eligible crewmember remains insured.

Transferring from Safe Harbor Crew (group plan) to Safe Harbor Personal (individual plan) due to termination of employment

Upon termination from Safe Harbor Crew, an eligible crewmember (a person meeting all of the eligibility requirements for coverage under Safe Harbor Personal) will be granted guaranteed access to Safe Harbor Personal without additional medical underwriting requirements, provided they meet all of the following criteria:

- Crewmember elects to continue coverage under Safe Harbor Personal within 14 days
- Crewmember was continuously covered under Safe Harbor Crew for at least 6 months just prior to the loss of eligibility under Safe Harbor Crew
- Crewmember remains an active full-time professional marine crewmember

Waiting periods for Mental Health and Wellness will be credited for the length of time covered under Safe Harbor Crew. Conditions that are Pre-existing as of the Transfer Date will be excluded from coverage under Safe Harbor Personal for 24 months, including time served under the Safe Harbor Crew plan, after which time they are subject to a \$50,000 Lifetime Maximum. The transferring crewmember shall be eligible for rates according to the original Effective Date of continuous coverage under any plan provided through MNU.

The Crewmember must submit a completed Transfer Form and Safe Harbor Personal Application Form. Dependents are not eligible for coverage under Safe Harbor Personal. If dependent coverage is required, please contact MHG – Marine Benefits for information regarding other individual plan options.

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Safe Harbor Program Transfer Form

Requested effective date of coverage transfer: _____

To enroll in Safe Harbor Personal, the requested effective date must be within 14 days of the date of loss of coverage or ineligibility under the group plan.

If you are transferring to Safe Harbor Crew and your employer offers dependent coverage, you may add dependents by including them in your enrollment form. Dependent coverage is not available on Safe Harbor Personal.

Insured Information

Last name _____ First name _____ MI _____

Residence Address _____

City, State, Postal code, and Country _____

Current Insurance ID number _____

Date coverage began _____ Date coverage ended _____
(You must have been covered at least six months to qualify for Transfer of Coverage)

Employer _____

Date employment began _____ Date employment ended _____

Are you currently an active full-time crew member? Yes No

Authorization (check transfer that applies)

_____ **I am transferring from Safe Harbor Crew to Safe Harbor Personal.** I understand that waiting periods for Wellness and Mental Health will be waived to the extent satisfied by time covered under the Safe Harbor Crew plan. I also understand that Maximum Benefits under the Safe Harbor Personal plan will be reduced to the extent used under the Safe Harbor Crew plan. I also understand that the Special Illness exclusion in the Safe Harbor Personal Plan will apply as of the initial effective date under any HCCMIS plan, provided coverage under an HCCMIS plan has been continuous.

_____ **I am transferring from an individual plan to Safe Harbor Crew.** I understand that waiting periods for Maternity, Wellness, Mental Health, and Pre-existing Conditions will be waived to the extent satisfied by time covered under the individual plan. I also understand that any exclusionary Riders that applied to my individual plan coverage will transfer to my coverage under Safe Harbor Crew.

Signature of Applicant _____ Date _____