

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