

From: Vathis, Suzette
Sent time: Friday, October 07, 2011 2:25:28 PM
To: Cari Miller (Cari@excelined.org) <Cari@excelined.org>
Subject: RE: Prior Health Coverage Questions

Hey – hope things are going good.

Brenda Farmer (Brenda.farmer@fldoe.org or 245-0542) in Personnel is who I usually contact. I think you are right.

Good to hear from you, keep in touch.

Suzette Vathis
Department of Education
Just Read, Florida! Office
325 W. Gaines Street, Room 514
Tallahassee, FL 32399
850/245-0503
850/245-5105 (Fax)

From: Cari Miller (Cari@excelined.org) [mailto:Cari@excelined.org]
Sent: Friday, October 07, 2011 1:46 PM
To: Vathis, Suzette
Subject: FW: Prior Health Coverage Questions

Hi Suzette! How are you and the fam? Miss you guys.

On another note, who shall I contact to find out about my health insurance coverage and when it ends; my understanding was that it would end at the end of this month, but need to confirm.

Any help you could provide would be fantastic! Thanks and I hope you have a great weekend!

Cari
491-8556

From: Carrie Jenkins (Carrie@excelined.org)
Sent: Thursday, October 06, 2011 4:01 PM
To: Cari Miller (Cari@excelined.org)
Subject: RE: Prior Health Coverage Questions

You are effective 11/1/11. You will need to call the other HR department about your coverage there. 'm not sure how that works.

From: Cari Miller (Cari@excelined.org)
Sent: Thursday, October 06, 2011 3:43 PM
To: Carrie Jenkins (Carrie@excelined.org)
Subject: RE: Prior Health Coverage Questions

Hi Carrie,

1. What is the CHP member number?
CHP50024130
2. When was the policy effective?
1/1/2005
3. Who was the primary? If it was your husband, I will need his SSN.
I was the primary; Jody has my SS# or if you'd like me just to share it with you let me know.
4. Are you terminating this plan?
My coverage ends October 31st (I believe, and according to Paula Noor). Do I need to cancel it or will it automatically cancel since I no longer work at DOE??

Let me know if there's anything else you need from me!

Sincerely,
Cari

From: Carrie Jenkins (Carrie@excelined.org)
Sent: Thursday, October 06, 2011 3:05 PM
To: Cari Miller (Cari@excelined.org)
Subject: Prior Health Coverage Questions

1. What is the CHP member number?
2. When was the policy effective?
3. Who was the primary? If it was your husband, I will need his SSN.
4. Are you terminating this plan? If so, when is the cancel date? Your coverage with us will be effective 11/1/11.

Thanks,
Carrie