

Sheriff



Larry Ashley, Okaloosa County Sheriff

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Date: August 2, 2011
OCSO11CAD108650

Public Records Request: OCSO Health Insurance Coverage

From: Michael Barnes

On July 28, 2011 the OCSO received the following request for public records. The agency response is in **bold**.

Major Peacock: I respectfully request that the name of the person who made the attached change request to the OCSO health insurance coverage on 1/5/2007 be provided to me. The requested information does not violate any public records exemption whereby I am your agency to disclose the names or addresses in aggregate, compiled, or list form.

If OCSO is unable to satisfy my request, please provide me a written statement explaining with particularity the reasons for a conclusion by the agency that the records are exempt.

See attached document. Note: The document does not indicate the date 1/05/2007.



The Okaloosa County Sheriff's Office is accredited by the Commission for Florida Law Enforcement Accreditation.

"The Okaloosa County Sheriff's Office provides equal access and equal opportunity in employment and services and does not discriminate"



HRH

HRH TPA Services
Administered by: Hunt Insurance Group, Inc.
P. O. Box 12969
Tallahassee, FL 32317
800-763-4868 FAX: 850-385-2124

Change Request Form

Subscriber Information
Employee Last Name: Pope
First: Shirley
Middle Initial:
Group #: OKA
Social Security Number: [Redacted]
Employer Name: OKALOOSA COUNTY SHERIFF'S OFFICE
Job Location/Department:

Termination of Coverage
Last Day Worked:
Date Coverage Terminated:
Reason for Termination:
Date Returned:
Effective Date of Change:
Eligible for COBRA: Yes/No

COBRA Election of Coverage
Coverage Elected:

Retirement
Last Day Worked: 9/30/2007
Date Coverage Continued: 10/1/2007
Single/Other: [X] Single
Family: [] Family
Date of Termination:
Please change status to Retiree

Changes
Change Employee's Name To:
Change Job Location To:
Plan Change:
Other:
Reason: Marriage/Divorce/Other

Address Change
Change Employee's Address To:
City, State, Zip Code:

Life Insurance Change
Change Employee Class To:
Change Amount of Life Insurance To:
Effective Date:
Change Beneficiary To:
Relationship:
Effective Date:

Dependent Change
Add Due To: Birth/Adoption/Marriage/Student Verification/Other
Delete Due To: Divorce/Death/Retirement/Loss of Eligibility/Other
DATE OF OCCURRENCE:
Other Group Coverage:
Do you or your dependents have other insurance coverage? Yes/No
If yes, who is covered and with what company?

Table with 5 columns: First & Last Name, Social Security Number, Date of Birth, Relationship, Sex

*If new dependent has other coverage(s), please fill out a prior coverage affidavit form.
Please change status to Retiree. Thank you! Annie Smith 12/3/07