



Qualifying Events

What is a Qualifying Event?

Employees are not allowed to increase or decrease coverage, or to add or delete coverage except under limited Qualifying Life Event conditions. The intent of allowing change is to protect the employee and their family from loss of health coverage.

A Qualifying Event is defined as a change in family status, employment status or change in insurance coverage. **When a Qualifying Event has occurred, the employee must report and provide documentation of the change to Human Resources within 30 days. Employees who fail to notify Human Resources and provide supporting documentation within 30 days will not be allowed to add dependents.** Qualifying Events may include:

- Change in legal marital status, including marriage, widowhood, divorce, legal separation, or annulment
- Increase or decrease in the number of dependents, including placement of a child for adoption
- Change in employment status, including a change in the individual's eligibility for an employee benefit plan and reduction/increase in hours
- Change in spouse's employment status
- Change in dependent status under plan's terms
- Change in coverage availability elsewhere
- Retirement
- FMLA paid or unpaid leave of absence

***Please see the reverse side for required documentation and additional QE information.**

Effective Date of Change

Requests to change or discontinue coverage must be received by HR within **30 days** following the Qualifying Event. The effective date of change for most Qualifying Events shall be on the first of the month following receipt of the request or date of the Qualifying Event. Discontinuation of coverage will be the last day of the month in which the qualifying event occurred. The birth of a newborn or adoption is the only Qualifying Event that allows a retroactive coverage effective date and the appropriate deduction/reduction must be taken from the employee's earnings in the month prior that the request is received. It is important to remember that multiple deductions may be taken over the next few pay cycles to get the employee "caught up."

To make insurance changes due to a Qualifying Event you must complete an insurance change form and provide supporting documentation directly to Human Resources. Forms will not be accepted by mail or through the interoffice mail system. For more information please contact HR at 341-7840.

Event	Required Documentation	Additional Information
Marriage	Marriage Certificate	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier to include spouse • enroll eligible dependents • change coverage option to elect new coverage for employee + spouse or family • discontinue coverage (letter from other plan documenting coverage is required to discontinue)
Birth / Adoption	Mothers copy of birth certificate or letter of certification of birth or Adoption certificate	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier • enroll eligible dependents change coverage option for employee + child(ren) or family
Death of a spouse or dependent	Death Certificate	The employee may: <ul style="list-style-type: none"> • Change coverage tier
Legal Guardianship	Documentation of legal guardianship	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier • enroll eligible dependents change coverage option to elect employee + child(ren) or family
Divorce or Legal Separation	Judgment of Divorce and/or loss of coverage documentation AND if adding dependents: copy of birth certificate	The employee may: <ul style="list-style-type: none"> • enroll in coverage • enroll eligible dependents • change coverage tier coverage option to elect employee only or employee + child(ren)
Spouse or enrolled dependent's employment status changes, resulting in a gain of coverage under a qualified plan	Letter from employer or proof documenting effective date of coverage, and who is covered under the new plan	The employee may: <ul style="list-style-type: none"> • Change coverage tiers to employee only coverage or employee + spouse • Discontinue coverage
Dependent or Spouse loss of employment	Proof of loss of coverage from employer AND If adding spouse: Copy of marriage license AND documentation showing current relationship status If adding dependents: Copy of birth certificate or documentation of legal guardianship	The employee may: <ul style="list-style-type: none"> • enroll in coverage • enroll eligible spouse and dependents • change coverage tier
Other....		Contact Human Resources (341-7840)

NOTICE

Deductions for health, dental & vision insurances are taken out of your paycheck a month in advance. For example, your August payroll deductions are paying for September coverage.

When a change is made to your insurance we must go back and correct deductions that were previously processed. When this happens, we refund the deductions taken and deduct for the cost of the new coverage type.

Example:

You change insurance from Employee Only to Employee + Spouse effective September 1, 2012. We deducted premiums in August for Employee Only coverage. As such, you receive a refund for the Employee Only deductions from August and pay the City for Employee + Spouse deductions in August.

So, on the first check in September you will see:

- A refund for Employee Only insurance for \$158 (2 deductions at \$79 each) and;
- New charges for Employee Spouse for \$612 (2 deductions from August at \$204 each, plus the current \$204 payment for the first deduction in September)

\$612 for new charges, less the \$158 refund = \$454. On the second payroll in September, deductions will be \$204 per payroll moving forward.

You will be provided with a worksheet showing you the amount of deductions that you can expect on your paychecks.

Current Rates

	HEALTH PPO			DENTAL	
	<u>Per</u>			<u>Per</u>	
	<u>Paycheck</u>	<u>Monthly</u>		<u>Paycheck</u>	<u>Monthly</u>
EMPLOYEE ONLY	\$79.00	\$158.00	EMPLOYEE ONLY	\$15.00	\$30.00
EMPLOYEE + CHILD(REN)	\$148.00	\$296.00	EMPLOYEE + CHILD(REN)	\$35.00	\$70.00
EMPLOYEE + SPOUSE	\$204.00	\$408.00	EMPLOYEE + SPOUSE	\$29.00	\$58.00
FAMILY	\$292.00	\$584.00	FAMILY	\$53.00	\$90.00
	HEALTH HSA			VISION	
	<u>Per</u>			<u>Per</u>	
	<u>Paycheck</u>	<u>Monthly</u>		<u>Paycheck</u>	<u>Monthly</u>
EMPLOYEE ONLY	\$64.00	\$128.00	EMPLOYEE ONLY	\$4.00	\$8.00
EMPLOYEE + CHILD(REN)	\$99.00	\$198.00	EMPLOYEE + CHILD(REN)	\$8.00	\$16.00
EMPLOYEE + SPOUSE	\$160.00	\$320.00	EMPLOYEE + SPOUSE	\$11.00	\$22.00
FAMILY	\$236.00	\$472.00	FAMILY	\$11.00	\$22.00

ENROLLMENT OR CHANGE FORM (2015-2016)

MEDICAL, DENTAL, VISION



New Enrollment Address Change

Add/Drop Coverage Reason: *check one below*

Open Enrollment

Effective Date of Change _____ 1, 20__

Qualifying Event: *Check one:*

Birth*

Child Aged Out

Termination

Retiree Change

Death*

Divorce/Separation*

Military Leave

Change in Hours*

Marriage*

Change of Insurance status*

*** You must attach supporting documents**

Employee Last Name	Employee First Name, MI	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Address	City	State	Zip	Phone

Employee and Dependent Information/Selection

Name	Social Security Number	Date of Birth	M or F	Health	Dental	Vision	HR Use Only
Employee election of benefits				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	
Spouse				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	
Child 1				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	
Child 2				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	
Child 3				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	
Child 4				<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Waive	

Please state certificate after change:

**RATES	Employee only	Employee and Child	Employee and children	Employee and Spouse	Family	Employee Only	Employee and Child	Employee and Children	Employee and Spouse	Family
Medical PPO	79.00	148.00	148.00	204.00	292.00	<input type="checkbox"/>				
Medical HSA	64.00	99.00	99.00	160.00	236.00	<input type="checkbox"/>				
Dental	15.00	35.00	35.00	29.00	53.00	<input type="checkbox"/>				
Vision	3.10	6.45	9.90	6.45	9.90	<input type="checkbox"/>				

**** Rates will depend on your goal attainment and participation in the healthy life plan**

Signature	Date
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