

"Qualified Events" for Mid-Plan Year Benefit Changes

Sections 125 of the Internal Revenue Code has very strict regulations and guidelines for administering the Program. As a new Employee who is eligible to participate in the State plans, you have 60 days from your hire date to enroll yourself and the eligible dependents you want to cover, and to submit the required documentation. If you do not enroll during this period, you must wait until the annual Open Enrollment period held before the next plan year starts. Once Open Enrollment closes, your benefit elections (who is covered, coverage level, and plan) are locked in for the entire plan year. Changes can only be made during Open Enrollment for the next plan year or if you experience a qualified change in status. Qualified status changes include:

- Marriage
- Birth or Adoption of a child
- Divorce
- Death of a Spouse
- Death of Dependent
- Change in Dependent Eligibility – See Tax Affidavit for Dependents or Benefit Booklet
- Moving outside of the health plan network (HMO only)
- Loss of other coverage
- Other qualifying status changes must be discussed with Benefits Office.

If you experience one of these events and wish to make a change to your benefit elections, you must contact your Agency Benefit Coordinator or the Employee Benefits Division immediately. Your benefit election changes must be consistent with the status change event. For example, if you get married, you may add your spouse to your medical plan. You must make your changes and submit all required documentation within 60 days of the event. Under the regulations, we cannot accept changes received more than 60 days after the event. We must abide by the regulations and cannot allow changes to elections after Open Enrollment closes. Please be sure to make your changes early in the period in case you need to correct your changes before Open Enrollment ends.

When Coverage Begins

If you enroll in benefits during the Open Enrollment period, the coverage you elect will begin July 1, 2008 and remain in effect through June 30, 2009, unless you have a qualifying status change that allows you to make a mid-year change in coverage as described under the Enrollment and Changes Outside of Open Enrollment section.

If you enroll in benefits at a time other than during the Open Enrollment period, refer to the chart below to see when your coverage begins.

If you are...	Coverage becomes effective...
A new Active Employee enrolling for the first time	Either the 1st or 16th of the month, based on the pay period for which the first deduction is taken.
An Active Employee making an authorized mid-year change in coverage	Either the 1st or 16th of the month, based on the pay period for which the first deduction is taken. (Some Employees have only one single monthly deduction.)
Newly retired and enrolling for Retiree benefits for the first time	1st of the month, based on the month in which the first deduction is taken or when payment is received for direct pay enrollees.
A Retiree making an authorized mid-year change in coverage	1st of the month, based on the month in which the first deduction is taken or when payment is received for direct pay enrollees.

You may purchase coverage retroactively to the date you or your dependent became eligible for coverage or back to the date of the change in circumstances permitting a mid-year change in coverage, whichever is earlier, on a post-tax basis. See your Agency Benefits Coordinator or call the Employee Benefits Division for more information.

New Retirees should receive a retroactive adjustment letter from the Employee Benefits Division regarding any missed premiums between their date of retirement and the period covered by their first Retiree premium deduction.

You may not retroactively cancel coverage or retroactively elect to participate in a flexible spending account.

Making Changes

Refer to the chart below for instructions on how to make mid-year changes.

If You...	Then...
Are an active State Employee enrolling for the first time	You must file an Enrollment Form and dependent documentation within 60 days of your hire date. Enrollment Forms will not be accepted after 60 days. The Agency Benefits Coordinator must sign the Enrollment Form and check the accuracy of the dependent verification documentation before forwarding to the Employee Benefits Division. If you want coverage to begin on your date of hire, you must contact your Agency Benefits Coordinator within 30 days after receiving your first payroll deduction for benefits to request a retroactive adjustment and pay your portion of the back premiums.
Are enrolling as a new Retiree	You must file an Enrollment Form within 60 days of your retirement date. (If your retirement date is retroactive, you must file an Enrollment Form within 60 days of receiving your first retirement allowance.) Submit the Enrollment Form and the required documentation to the Employee Benefits Division. You should receive a retroactive adjustment letter from the Employee Benefits Division regarding any missed premiums between your retirement date and the period covered by your first Retiree premium deduction.
Are an Active Employee or Retiree making a mid-year change in coverage	You must file an Enrollment Form and applicable documentation to change the coverage within 60 days of the qualifying event (e.g., birth, marriage, death, over-age dependent, divorce, etc.). Active Employees must submit their Enrollment Form to their Agency Benefits Coordinator. The Agency Benefits Coordinator must sign the Enrollment Form. Retirees should submit their form to the Employee Benefits Division, along with the required documentation.
Experience a qualifying event	In order for your change to be effective on the day of the qualifying event, you must submit a retroactive adjustment. If your qualifying event changes your coverage level, you should submit a retroactive adjustment form within 30 days of the first payroll deduction reflecting the change. Even if the qualifying event does not change your coverage levels, a zero-balance retroactive adjustment is still required. Active Employees must contact their Agency Benefits Coordinator. Retirees must contact the Employee Benefits Division. Only the Employee Benefits Division has authority to modify the changes to your health benefits that you request. Flexible Spending Accounts cannot be retroactively effective.
Have a newborn child that you want to add to your health benefits	You must add your child within 60 days from the date of birth. If a newborn is not added within 60 days of the birth, you must wait until the next Open Enrollment period to enroll the child. You must file an Enrollment Form and retroactive adjustment form even if you already have family coverage. You must submit temporary documentation of the child's birth (such as hospital discharge papers, copy of the child's hospital I.D. bracelet, or footprints) with the Enrollment Form. An official State birth certificate must be submitted within 60 days of the date of receipt of the temporary documentation. Active Employees with questions should meet with their Agency Benefits Coordinator. All other enrollees should call the Employee Benefits Division for assistance.
Need to remove an ineligible dependent (e.g., divorced spouse, child no longer eligible, etc.)	You must notify the Employee Benefits Division in writing through an Enrollment Form. You must include all necessary documentation with your notification. If you do not delete an ineligible dependent within 60 days of the qualifying event, you will be responsible for the total premium cost for coverage of the ineligible dependent, regardless of whether claims were submitted or paid. In addition, keeping an ineligible dependent on your coverage may result in disciplinary action, termination of employment, and/or criminal prosecution.