

HEALTH INSURANCE ENROLLMENT / STATUS CHANGE FORM

New Hire Open Enrollment Qualified Status Change Address Change

Effective Date: ___ / ___ / ____

Payroll No: _____

1. EMPLOYEE INFORMATION: Please Print

NAME:			SSN:		HIRE DATE:	
First	MI	Last	ADDRESS:			PHONE: ()
MARITAL: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law			DOB:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	

2. QUALIFIED STATUS CHANGE: Supporting documentation must be submitted for all status changes listed in this section within 31 calendar days (except for Marriage which is 60 calendar days).

Marriage Divorce Death Birth/Adoption Loss of Coverage

Change from full-time to part-time employment or vice versa for you or spouse Spouse's Employment Begins or Ends or Open Enrollment Compliance with certain Family Relations Order or Decrees

3. MEDICAL COVERAGE INFORMATION – UNITEDHEALTHCARE (UHC)

Enroll Change Waive (Medical Waiver Form must be attached) Individual Plan Family Plan (Must complete Section 6 Dependent Info)

4. DENTAL COVERAGE INFORMATION - DELTA DENTAL OF RHODE ISLAND (DD)

Enroll Change Waive Individual Plan Family Plan (Must complete Section 6 Dependent Info)

5. VISION COVERAGE INFORMATION – VISION SERVICE PLAN (VSP)

Enroll Change Waive Individual Plan Family Plan (Must complete Section 6 Dependent Info)

6. DEPENDENT INFORMATION: Attach separate sheet for additional dependents.

Check One		Name (First, MI, Last)	Relationship*	Dependent SSN	Sex M/F	Birth Date MM/DD/YY	Student (19-25)***
Enroll	Drop						
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>

*Relationship: S=Spouse C=Child CL=Common Law** DP=Domestic Partner**

**Affidavit of Domestic Partnership with Dependent Declaration Form or Affidavit of Common Law Marriage required.

***Affidavit of Student Status required.

7. DUAL COVERAGE:

Does your spouse work for the state? Y N If yes, does he/she have family coverage? yes (Fill out information below) no

Spouse's Name: _____ Spouse's SSN: _____

8. EMPLOYEE APPROVAL AND AUTHORIZATION:

If any employee contributions are required for coverage, I authorize the deductions of these amounts from my wages. In addition, I certify that the above information is true and correct to the best of my knowledge and understand that, by law, I can only change my election(s) during Open Enrollment or when I have a qualified status change as defined by section 125 IRS status change rules and I submit the required documentation within 31 days of the change (except for marriage, which is 60 days.)

Employee Signature: _____ Date: _____

OFFICE USE ONLY Processed by Human Resources Department:	Date:
---	-------

Health Insurance Enrollment/Status Change Form Instructions

This form, along with any required documentation noted below, must be completed and forwarded to the Office of Employee Benefits in order to add, drop, or change medical, dental, and/or vision elections for employees and their dependents.

A separate Waiver of Medical Insurance Form must be completed and submitted to the Office of Employee Benefits in order to waive medical insurance. Additionally, if a Waiver of Medical Insurance Form is submitted to rescind a waiver, the Health Insurance Enrollment/Status Change Form must be attached in order for medical coverage to begin.

New employees: Health insurance elections must be made within 31 calendar days after hire date by submitting this Health Insurance Enrollment/Status Change Form to the Office of Employee Benefits.

Status Changes: Employees must notify their Human Resource Department within 60 calendar days to add a new spouse or within 31 calendar days of the occurrence of any of the other qualifying events (status changes) listed in Section 2 of the form to be eligible to make changes to existing health insurance elections. If the election request is not received within these timeframes, employees must wait until the next open enrollment to make any changes. **Supporting evidence of any status changes that take place other than during the annual open enrollment period must be attached to the Health Insurance Enrollment/Status Change Form and forwarded to the Office of Employee Benefits.** Forms will not be processed until documentation is received.

Domestic Partnership Coverage (DP): Because DP coverage is not included in the (pre-tax) section 125 IRS status change rules, domestic partners can be added and dropped at any time during the year. A Domestic Partner Dependent Declaration Form and an Affidavit of Domestic Partnership Form with supporting documentation must be attached to the Health Insurance Enrollment/Status Change Form for all new domestic partners.

Common Law Marriage (CL): Must submit Affidavit of Common Law Marriage and supporting documentation with Health Insurance Enrollment/Status Change Form.

Students Over Age 19: If the student box is checked in section 6, an Affidavit of Student Status with documentation from the school must accompany the Health Insurance Enrollment/Status Change Form in order to enroll a dependent over 19 who qualifies for student status. (Qualifications are listed on Affidavit of Student Status form.)

Handicapped Dependent (HD): A separate Statement of Dependent Eligibility Beyond Limiting Age Due to Mental or Physical Handicap must be completed by both the employee and the dependent's physician and submitted to the Office of Employee Benefits to determine HD eligibility. Indicate that a dependent is applying for HD status for a handicapped dependent on the Health Insurance Enrollment/Status Change Form but also advise employees that the HD coverage will not be effective until the completed Statement of Dependent Eligibility Beyond Limiting Age Due to Mental or Physical Handicap is reviewed and accepted by the Office of Employee Benefits.

Please staple all forms and supporting documentation together for each employee when submitting benefit paperwork to the Office of Employee Benefits.