

GROUP MEDICAL AND DENTAL INSURANCE

MID-YEAR QUALIFYING EVENT CHANGES

INSTRUCTIONS: The Change or Enrollment Form **MUST** be presented to the Payroll Department **NO LATER THAN 30 DAYS** after the qualifying event date. Written documentation (see below) of the qualifying event **MUST** be submitted **WITH** the Change/Enrollment Form. *(If in doubt as to what type of documentation is required call the Payroll Department at (281) 897-3882.)* The effective date of change in coverage will be retroactive to the first day of the month following the qualifying event date or as indicated below.

DENTAL INSURANCE: Requesting a change to your medical insurance coverage **DOES NOT AUTOMATICALLY** authorize a corresponding change to your dental plan. **DENTAL INSURANCE CHANGE OR ENROLLMENT FORMS ARE REQUIRED.**
(Click on “Your Benefit Station”; go to Claim/Change Forms for the correct forms.)
The effective date of change in coverage will be retroactive to the last day of the month of the qualifying event.

QUALIFYING EVENT WRITTEN DOCUMENTATION THAT MUST BE SUBMITTED WITH THE CHANGE FORM

Job Change

Letter from the new or former employer stating (1) the date of hire or the date of termination of employment; (2) the date benefits will become effective or will be terminated; (3) the names of persons who will be covered under the new employer’s plan, or whose coverage has been canceled; and (4) type of coverage (Medical and/or Dental).

NOTE: You will only be allowed to insure person(s) previously covered by other insurance that have lost their coverage due to the job change. You cannot add additional dependents until our Annual Enrollment Period (currently during JULY for a September 1, effective date).

Effective Date: Retroactive to the first day of the month following termination of the former plan’s coverage.

Termination Date: Last day of the month following the date the new employer’s plan becomes effective.

Birth

A copy of the “unofficial” birth certificate with the footprints from the hospital or a copy of the “Birth Facts” Sheet from the hospital is sufficient, as long as it is signed by a hospital official and it includes the baby’s name, parents’ names, and date of birth.

Effective Date: Retroactive to the date of birth.

NOTE: We will also need a Social Security Number for your newborn. If you have not received it by the time of enrollment, please forward the Social Security Number to the Payroll Department as soon as possible.

Adoption or Foster Care

A copy of the “placement authorization” from the adoption agency, Child Protective Services, or the court.

NOTE: We will also need a Social Security Number for the child. If you have not received it by the time of enrollment, please forward the Social Security Number to the Payroll Department as soon as possible.

Effective Date: Retroactive to the date of the child’s placement in the employee’s home.

Marriage

To add new spouse and/or newly acquired stepchildren: Either a copy of the marriage certificate or a copy of the signed marriage license.

Effective Date: Retroactive to the first day of the month following the date of marriage.

NOTE: A letter or church sacramental certificate signed by the wedding official can also be used for documentation.

Marriage (Continued)

To terminate your own coverage: Same as above **PLUS** documentation from your new spouse’s plan (medical and/or dental) that you have been enrolled.

Termination Date: Last day of the month following the date of marriage.

Divorce

To terminate your former spouse’s coverage: Copies of the first and last pages of your certified divorce decree, signed by the judge.

Termination Date: Retroactive to the last day of the month of the divorce.

NOTE: Do not wait for a copy from your attorney’s office. You have only 30 days from the date of your divorce to make your plan changes. You are advised to purchase a certified copy of your decree from the courthouse as soon as it is available (usually 1-2 weeks after your court date.) *(Please provide your former spouse’s current address. We are required by law to send him/her a COBRA extension of coverage notice.)*

To enroll in coverage: Same as above **PLUS** documentation that your former spouse’s plan has terminated your coverage because of the divorce.

Effective Date: Retroactive to the first day of the month following the divorce.

Death

To terminate the deceased’s coverage: Either a copy of the death certificate or the obituary.

Termination Date: Retroactive to the date of the death.

To enroll in coverage: Same as above **PLUS** documentation that your deceased spouse’s plan has terminated your coverage because of his/her death.

Effective Date: Retroactive to the first of the month following the termination of your coverage from your deceased spouse’s former employer’s plan.

**Age
Ineligibility**

A copy of the dependent’s birth certificate or driver’s license. *(Please provide the terminating dependent’s current address. We are required to send him/her a COBRA extension of coverage notice.)*

Termination Date: Last day of the month following the qualifying event date.

Other:

Call or visit the Payroll Department at (281) 897-3882, ISC-North, Suite 328.

**Which Form to Use:
(See forms below)**

Change Form (below): To add or terminate dependent coverage from your medical insurance plan.

Enrollment Form (below): If your medical insurance coverage was recently cancelled and you need to enroll in a Cy-Fair major medical plan.

