HS

University of Michigan

Group Health Insurance Application for Special Enrollment

Please print all information in black ink.

BTT Use Only
Event Date _____

Input Elections _____

1. Faculty or Staff Member Information.

To be completed when an eligible dependent is **involuntarily** losing other coverage.

Faculty or Staff Member Name (Last, First, Middle Initial)	UMID #	Social Security Number (if UMID unknown)
Street Address	City, State, Zip	
Home Phone Number	Daytime Phone Number	Email Address

2. Eligible Dependent Information.

Dependent Name		Dependent's Social Security Number
Dependent Employer's Name	Employer's Street Address	Employer's City, State and Zip

3. Verification of Coverage.

Please complete all of the information below. Return this form with a: 1) Benefits Enrollment/Change Form and, 2) your Certificate of Creditable Coverage (HIPAA certificate) or COBRA Election Form for the terminated coverage from your dependent's employer within 30 days of the date other coverage is lost. The HIPAA certificate(s) or COBRA Election Form must identify each individual for whom coverage has been lost and is being requested. Coverage will be effective the day after the other coverage ends. If a HIPAA certificate or COBRA Election Form is not available within 30 days following termination of the other coverage, verification may instead be provided by obtaining an authorized representative's completion of Section 4 below. This enrollment opportunity without the submission of your HIPAA certificate or COBRA Election Form must be completed and returned no later than 45 days after the other coverage ends.

For each type of coverage lost, provide the other carrier information below:		Please indicate type of coverage lost. You may not select a coverage option you did not lose. Medical ☐ Prescription Drug ☐ Dental ☐ Vision ☐		Please indicate who lost coverage. Self ☐ Spouse or OQA ☐ Dependent Children ☐	
Medical	Name of Insurance Carrier / Company	Group Number	Contract Number	Coverage Effective Date	Coverage Termination Date
Prescription Drug	Name of Insurance Carrier / Company	Group Number	Contract Number	Coverage Effective Date	Coverage Termination Date
Dental	Name of Insurance Carrier / Company	Group Number	Contract Number	Coverage Effective Date	Coverage Termination Date
Vision	Name of Insurance Carrier / Company	Group Number	Contract Number	Coverage Effective Date	Coverage Termination Date

Reason for Cancellation of Coverage: Does the employee remain eligible for coverage (*other than COBRA*)? Yes ☐ No ☐

I affirm under penalty of perjury that the preceding statements are true and complete to the best of my knowledge. I further understand that any misrepresentation of these statements may result in serious consequences including loss of benefits, discipline or appropriate legal action.

_____ _____

Faculty or Staff Member Signature Date Signed

4. Benefit Representative's Verification.

This section must be completed by spouse's employer if a HIPAA certificate or COBRA Election Form is not available for all family members listed on your Benefits Enrollment/Change Form.

Please list all covered family members and indicate the coverage termination date for all applicable coverage types.

Name of Covered Family Member	Relationship	Medical Coverage End Date	Rx Drug Coverage End Date	Dental Coverage End Date	Vision Coverage End Date
	Policyholder				

Reason for Cancellation of Coverage: Does the employee remain eligible for coverage (*other than COBRA*)? Yes ☐ No ☐

Signature of Benefit Representative		Date Signed
Title	Company Name	Telephone Number

University of Michigan

Group Health Insurance Application for Special Enrollment

Special Enrollment

Under a federal law known as HIPAA, special enrollment rights that allow you to enroll yourself or your eligible dependents in a U-M group insurance plan may apply if you previously declined U-M enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance coverage was in effect for those individuals. In order for these special enrollment rights to apply, certain conditions must be met.

Employee or Dependent Must Have Had Coverage When Coverage Was Previously Offered

In order to qualify for special enrollment rights because of loss of coverage, the employee or dependent must have had other group health plan coverage at the time U-M coverage was previously offered. (Effective January 1, 2005, the employee must have also stated in writing at that time, that coverage was declined because of the other coverage.)

Coverage Must Be Involuntarily Lost

In order to qualify for special enrollment rights because of loss of other coverage, the employee or dependent must have lost other group health plan coverage because:

- The coverage was provided under COBRA, and the COBRA coverage was exhausted; or,
- The coverage was non-COBRA coverage and (a) the coverage terminated due to loss of eligibility for coverage, or (b) the employer stopped contributing toward the other coverage for you or your family members.

If Coverage Was Non-COBRA, Loss of Eligibility or Employer Contributions Must End

A "loss of eligibility" for special enrollment includes:

- Loss of eligibility for coverage as a result of divorce
- Cessation of dependent status (such as OQA and employee no longer sharing same residency)
- Death of an employee
- Termination of employment
- Reduction in the number of hours of employment that results in a loss of eligibility for plan participation (including a strike, layoff or lock-out)
- An individual no longer resides, lives, or works in an HMO service area (whether or not within the choice of the individual), and no other benefit package is available to the individual through the other employer
- A situation in which a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual
- A situation in which an individual incurs a claim that would meet or exceed a medical plan lifetime limit on all benefits (additional requirements apply)

If Coverage Was Under COBRA, Entire COBRA Period Must Be Exhausted

If an eligible employee or dependent has COBRA coverage, the coverage must be exhausted in order to trigger a special enrollment right. Generally, this means that the entire 18-, 29-, or 36-month COBRA period must be completed in order to trigger a special enrollment for loss of other coverage.

Exhaustion of COBRA coverage occurs when:

- The other employer or another responsible entity failed to remit premiums on a timely basis,
- A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits and there is no other COBRA continuation coverage available to the individual (additional requirements apply)

Note: An employee or dependent who is offered COBRA under the plan under which the coverage is lost (the old plan) is not required to elect COBRA to preserve his or her special enrollment rights under the new plan. In other words, the individual could choose not to elect COBRA under the old plan and still have special enrollment rights under the new plan. But if the employee or dependent does elect COBRA coverage under the old plan, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the new plan. Loss of eligibility does not include a loss resulting from the of the employee or dependent to pay premiums on a timely basis

Who Can Enroll?

To qualify for special enrollment rights, the employee and/or any eligible dependent(s) must lose coverage under another group health plan.

Situations That Do Not Qualify for Special Enrollment

- **Reduction of Contributions or Level of Benefits Is Not Sufficient**
  The special enrollment right for loss of other coverage generally requires that coverage be lost. A reduction in the level of benefits under a plan will not trigger a special enrollment right. For example, if an employee loses eligibility for an option (such as an HMO alternative) under his or her spouse's plan but is still eligible for another health insurance option under that same plan, then no special enrollment will be triggered—coverage was not lost under the plan. However, if no other health insurance option is available to the employee under the plan, then the employee has lost eligibility and would be entitled to special enrollment. The reason for the loss of eligibility does not matter.
- **Increase in Cost of Coverage Won't Trigger Special Enrollment Rights**
  Increases in the cost of coverage do not trigger special enrollment rights unless the other employer completely stops contributing toward the cost of the other coverage for you or your family members.
- **Other Employer's Open Enrollment Period Differs**
  The University does not allow mid-year enrollment into our plans due to another employer's open enrollment period. An employee may cancel their University coverage mid-year and transfer to another employer's plan but only if coverage under spouse's plan is actually obtained. Request to cancel U-M coverage must be made within 30 days of spouse's open enrollment.

Changes to Health Care Flexible Spending Account

The special enrollment right for loss of other coverage may permit either an enrollment or increase in a Health Care Flexible Spending Account.

HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?
If you have any questions, visit hr.umich.edu/benefits-wellness, or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.).

How to Return Your Signed and Completed Form

By FAX
Fax it to 734-763-0363. Keep a copy of the fax transmission report with your form in your records.

By Mail Only
Make a copy for your records and send the original by **Campus Mail or U.S. Mail** to:
SSC Benefits Transactions
3003 South State Street
Ann Arbor, MI 48109-1276