

E. MIDYEAR DOCUMENTATION REQUIREMENTS (Not Required During Open Enrollment)

Changes occurring during midyear (not during Open Enrollment) require proof that a qualifying event occurred. You must submit the applicable documentation listed below in order to qualify for a midyear change.

Midyear changes must be received by the Employee Benefits Specialist **no later than 30 days after the Event Date.**

Documentation Requirements for Adding Coverage: (Effective date will be determined by the qualifying event date that allows for no break in service)

Please submit the following information along with your Enrollment and Change Form:

Loss of Other Health Coverage:

- Include a copy of the HIPAA Notice or letter from the insurance company or employer certifying loss of coverage, including the names of covered individuals and the event date

Marriage/Domestic Partnership:

- Include a copy of the Marriage Certificate or Declaration of Domestic Partnership filed with the California Secretary of State

Birth, Adoption, Legal Guardianship

- Include a copy of the birth certificate indicating parents' full name

Add Children as a Result of Adoption/Marriage/Domestic Partnership:

- Include a copy of the Marriage Certificate or other Proof of legal authority over child(ren)

Documentation Requirements for Deleting Coverage:

Please submit the following information along with your Enrollment and Change Form:

Divorce/Termination of Domestic Partnership:

- Copy of the final divorce decree or Declaration of Domestic Partnership filed with the California Secretary of State

Death of Spouse or Other Dependent:

- Copy of the Death Certificate

Obtained Other Coverage:

- Proof of other coverage, including the names of covered individuals and effective date of coverage

F. DECLINATION OF HEALTH BENEFITS

Who May Decline Coverage

(If declining coverage, complete Section A and D of the Enrollment/Change Form on Page 1)

- *An eligible employee who works less than 90% of the full-time equivalent for the applicable job classification or receives less than 90% of the amount that is contributed towards an eight-hour full-time employee.*
- *Active employees who are enrolled in Medi-Cal must show proof of enrollment in Medi-Cal. Documentation must reflect the effective date of enrollment in Medi-Cal.*
- *Active employees, who are eligible, enrolled in Medicare Parts A and B must show proof of enrollment.*
- *Active employees who are enrolled in Tricare must show proof of enrollment. Documentation must reflect the effective date of enrollment in Tricare.*
- *Active employees, who are eligible, enrolled in a Covered California medical plan and receiving a related subsidy must show proof of enrollment and subsidy.*

If you decline coverage, you and your dependents will not be allowed to enroll in health benefits until the Open Enrollment Period (normally June/July each year). You will also lose the ability to enroll in dental and vision benefits unless you have a change in hours, you lose other coverage, or the District holds a *special* Open Enrollment for dental and vision benefits. Members who enroll in health benefits during the Open Enrollment Period will become effective October 1st of the same year.

If you decline coverage and subsequently become a full-time employee or begin receiving the same contribution as a full-time employee, you must enroll in the plan the first of the month following the date of this event unless you are enrolled in Medicare/Medicaid (MediCal). If the number of hours worked increases or payment of coverage by your school district increases, you may choose to enroll the first of the month following the date of that occurrence.

If you are declining coverage for you and your dependent(s) because they have coverage elsewhere and they subsequently lose coverage, you may enroll your dependents immediately provided you notify the district within 30 calendar days of loss of coverage. Effective April 1, 2009 loss of coverage under a Medicaid plan, loss of coverage under Children's Health Insurance Program (CHIP) or eligibility to participate in a premium assistance program under Medicaid or CHIP gives rise to special enrollment rights. You must notify the district within 60 calendar days of loss of coverage or becoming eligible for premium assistance. You must submit a completed and signed change form along with a copy of the Certificate of Coverage from the "coverage elsewhere" or evidence of loss of coverage elsewhere.

In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, or placed in your home as a result of court ordered custody or guardianship, you may enroll your dependents, provided you request enrollment within 30 calendar days following the date of this event. You must submit a completed and signed enrollment or change form.

If you fail to notify your employer that your dependent(s) is(are) no longer eligible for coverage under your plan, they may not be eligible for continuation coverage under the COBRA or CalCOBRA law.

***Continued from pg 1 RELATIONSHIP Self, Spouse, Daughter/Son	LAST NAME (if different from employee), FIRST NAME MI	BIRTH DATE MM/DD/YY	SOCIAL SECURITY NUMBER	A = ADD D =DELETE RE/✓ = REMAIN ROLLED			
				Medical	Opt out Medical	Dental	Vision