

# EMPLOYEE BENEFIT ENROLLMENT DEADLINES

**INSURANCE/FLEXIBLE BENEFITS:** Employees eligible for benefits have **30 days** from the date of hire (or date of eligibility) to complete enrollment documents and submit them to the Benefits Office of Human Resource Management.

**If not enrolled in health, dental, vision or FSA within the first 30 days of employment, enrollment may only occur during Annual Enrollment in October for an effective date of January 1 or due to a Qualifying Event.**

Employees with a Qualifying Event may enroll within 30 days of the event. A GB-01 form and supporting documentation must be submitted to HRM/Benefits on the 6<sup>th</sup> floor Resource Center 433 Bolivar Street within 30 days of the event.

## ENROLLMENT & EFFECTIVE DATE OF COVERAGE FOR HEALTH, DENTAL, AND VISION INSURANCE AND FLEXIBLE SPENDING PLANS

**Timely Applicant:** Enrolled within first 30 days of full-time employment, coverage will be effective the first of the month following the first full calendar month of employment. *For example: Date of hire = August 20; Effective Date = October 1.* Copy of social security card is required for enrollment in health plans.

**Qualifying Event:** Enrollment form and documents must be submitted to HRM/Benefits within 30 days of event.

**Dependent Coverage:** An eligible dependent is defined as: The covered employee's legal spouse; a child from date of birth up to 26 years of age; an eligible dependent during the year if a court orders the Employee to cover an eligible dependent (e.g., a QMCSO).

**Adding New Dependents:** To add newly eligible dependents acquired through marriage, birth, or adoption, a GB-01 form, along with acceptable documentation (see below), must be submitted to 6<sup>th</sup> floor Resource Center 433 Bolivar Street within 30 days of the event. Coverage will be effective as of the date of the event. ***IMPORTANT NOTE: Newborns are not automatically added to your policy. You must complete the forms in order to effectively add them to your coverage.***

## Acceptable Dependent Verification Documentation

**Spouse:** An original or certified copy of marriage license indicating date and place of marriage.

**Child under the age of 26:** For natural or a legally adopted child of a plan member, provide a certified copy of birth certificate which lists the plan member as parent, or a certified copy of a legal acknowledgment of paternity signed by plan member, or certified copy of adoption decree naming plan member as adoptive parent. Adding newborns: copy of hospital birth letter.

**Stepchild:** A certified copy of a marriage license for the spouse and a birth certificate listing that spouse as natural or adoptive parent.

**Copy of social security card is requested for all individuals enrolled in health plans.**

## UNCLASSIFIED ANNUAL LEAVE ELECTION:

Eligible unclassified employees are allowed to choose between 2 methods of accruing annual leave. Your election is IRREVOCALBE. You have 30 days to make a selection.

## ENROLLMENT & EFFECTIVE DATE OF COVERAGE FOR LIFE INSURANCE, LONG TERM DISABILITY & LONG TERM CARE

**Timely Applicant:** If enrolled within the first 30 days of full-time employment, coverage will be effective the first of the month following the first full calendar month of employment.

**Late Applicant:** If not enrolled in coverage within the first 30 days of employment, you may enroll as a late applicant, but an Evidence of Insurability Application (EOI-medical underwriting) must be completed. Effective date of coverage will be first of month after approval. Enrollment form and approval letter must be submitted to HRM/Benefits. EOI for Office of Group Benefits life products are only accepted during annual enrollment.

## ENROLLMENT & EFFECTIVE DATE OF COVERAGE FOR AD&D

**Timely Applicant:** If enrolled within first 30 days of full-time employment, coverage will be effective the first of the month following the first full calendar month of employment.

**Late Applicant:** As an eligible employee, you can enroll yourself and your dependents at any time. Your insurance will take effect on the first day of the month following the date you enroll, provided the required premium has been paid.

## ENROLLMENT & EFFECTIVE DATE OF COVERAGE FOR CRITICAL ILLNESS AND ACCIDENT PROTECTION PLAN

**Timely Applicant:** If enrolled within first 30 days of full-time employment, coverage will be effective the first of the month following the first full calendar month of employment.

**Late Applicant:** Employees may enroll during Annual Enrollment month of October with a January 1 effective date.



Office of Human Resource Management

HRM/Benefits PH: 504-568-7780 FAX: 504-568-2212