

NOTICE OF SPECIAL ENROLLMENT

Complete this section if you have acquired a new dependent

Special rules may apply to you and/or your spouse and/or your child/ren in the event of marriage, birth, adoption or the placement for adoption.

Under these rules, a group health plan must provide a special enrollment period for these individuals should they request enrollment within 30 days after a Special Enrollment event has occurred.

Special Enrollment periods may apply to you and/or your spouse and/or your child/ren if you have a new dependent as a result of marriage, birth, adoption or placement for adoption.

Employee Name: _____ (please print)

I am requesting a Special Enrollment for: myself spouse , child/ren

because of:

My Marriage - *Date of Marriage* : _____ Birth of Child - *Date of birth* : _____

Adoption or Placement for Adoption of a Child/ren on - *Date* : _____

Signed: _____ **Date:** _____

Complete this section if you and/or your dependent have lost eligibility for other coverage

When you decline enrollment for yourself and/or your dependents (including your spouse) and state in writing that the reason you and/or your dependents are declining coverage is because you and/or your dependents have other coverage under another group health plan or health insurance coverage, then special rules may apply to you and/or your spouse and/or your child/ren in the event that you and/or your spouse and/or your child/ren have lost this other coverage due to the loss of eligibility.

Loss of eligibility for coverage includes: Legal separation, divorce, cessation of dependent status, death of an employee, termination of employment or reduction in hours of employment. In the case of coverage offered through an HMO or other arrangement in the individual market that does not provide benefits to individuals who no longer reside, live or work in a service area, loss of coverage because the individual no longer resides, lives or works in the service area. A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits. A situation in which a plan no longer offers any benefits to the class of similarly-situated individuals. In the case of an employee or dependent who has coverage that is not COBRA continuation coverage, the employee or dependent will have incurred a loss of eligibility in the event that an employer's contributions terminate.

In the case of an employee or dependent who has coverage that is COBRA continuation coverage, the employee or dependent will incur a loss of eligibility at such time that the maximum period of COBRA continuation available to the employee or dependent has been exhausted.

Under these rules, a plan or issuer must allow an employee a period of at least 30 days after a loss of eligibility to request enrollment (for the employee or the employee's dependent). In the case of a loss of eligibility for coverage due to the operation of a lifetime limit on all benefits, a plan or issuer must allow an employee a period of at least 30 days after a claim is denied due to the operation of a lifetime limit on all benefits.

Employee Name: _____ (please print)

I am requesting a Special Enrollment for: myself spouse , child/ren

due to the Loss of Other Coverage (*date of loss*) _____ from:

my spouse's group plan COBRA Coverage another insurance plan

because: (*please state reason(s) loss occurred*)

Policyholder's Name: _____

Social Security Number: _____ ID Number: _____

Insurance Company Name: _____

Address: _____ Phone Number: _____

Signed: _____ **Date:** _____