



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ADMINISTRATION

Office of Employee Benefits

One Capitol Hill – 3rd Floor

Providence, RI 02908-5890

Phone: (401) 222-3160

Fax: (401) 222-2964

HEALTH COVERAGE ENROLLMENT / STATUS CHANGE FORM INSTRUCTIONS

Use the *Health Coverage Enrollment / Status Change Form* to add, drop, or change medical/pharmacy, dental, and/or vision coverages for employees and dependents. All forms are available at www.employeebenefits.ri.gov.

SOCIAL SECURITY NUMBERS ARE REQUIRED FOR ALL ENROLLMENTS:

Per federal regulation, social security numbers are required for all enrollees in the state employee health plan. Enrollment forms will not be processed until valid social security numbers are provided for each individual listed.

SUPPORTING DOCUMENTATION REQUIRED FOR ALL ENROLLMENTS:

Supporting documentation for all enrollments must be attached to the *Health Coverage Enrollment / Status Change Form* and forwarded to the Office of Employee Benefits. This includes evidentiary documentation such as birth certificates and marriage certificates, and other required forms such as the *Affidavit of Domestic Partnership* and the *Waiver of Medical/Pharmacy Coverage Form*. Enrollment/status change forms will not be processed until all required documentation is received.

Spouses:

Employees must attach a copy of their marriage certificate to the *Health Coverage Enrollment / Status Change Form* in order to enroll a spouse in medical/pharmacy, dental and/or vision coverage.

Dual State-Employed Spouses:

Where two spouses are both state employees, special rules apply. If an employee answers “Yes” in section 7 of the *Health Coverage Enrollment / Status Change Form*, they must also complete and attach the *Dual State-Employed Spouses Declaration Form*.

Divorce:

Per statute, the state employee health plan cannot provide coverage to a non-state-employee former spouse. For all divorces occurring subsequent to December 31, 2013, employees must report the divorce as a status change on the *Health Coverage Enrollment / Status Change Form* and the non-state-employee former spouse will be dropped from coverage.

Domestic Partnerships:

Domestic partnerships must be approved by the Office of Employee Benefits. Employees must attach completed copies of the *Affidavit of Domestic Partnership* and the *Domestic Partner Dependent Declaration Form* with supporting evidentiary documentation in order to enroll a domestic partner in

The Rhode Island State Employee Health Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call (401) 222-3160.

medical/pharmacy, dental and/or vision coverage. The fair market value of the state's contribution towards the cost of health coverage for a domestic partner is considered imputed income to the employee, and must be reported as taxable income on the employee's bi-weekly paycheck unless the domestic partner qualifies as a dependent of the employee under the IRS rules and regulations for health plans.

Misrepresentation and Termination of Domestic Partnership:

Per statute, misrepresentation of a domestic partnership will result in the employee being obligated to repay the benefits received, and a civil fine not to exceed \$1000. In the event of the termination of a domestic partnership the employee is required to report the termination as a status change on the *Health Coverage Enrollment / Status Change Form* and the domestic partner will be dropped from coverage.

Children:

Employees must attach a copy of their child's birth certificate to the *Health Coverage Enrollment / Status Change Form* in order to enroll a child for medical/pharmacy, dental and/or vision coverage.

Medical/Pharmacy Coverage for Children Ages 19 – 26: Medical/pharmacy coverage is available for children up to the end of the month they reach age 26. At that time, COBRA continuation coverage will be offered.

Dental and Vision Coverage for Children Ages 19 – 25: In order to enroll a dependent child between ages 19 and 25 in dental and/or vision coverage, employees must submit a copy of a current tuition bill or a letter from the school's registrar showing proof of full-time student status (12+ credits per semester) at an accredited post-secondary school, college, university or trade school. Employees must also annually certify the dependent child's full-time student status. Dental and vision coverage is only available up to the end of the year that dependent children who are full-time students reach age 25. At any time a dependent child's dental and/or vision coverage is terminated, COBRA continuation coverage will be offered.

Handicapped Dependent:

In order to enroll a handicapped dependent who is beyond a limiting age, or to continue a handicapped dependent's coverage past a limiting age, a *Statement of Dependent Eligibility Due to Mental or Physical Handicap* must be completed by both the employee and the dependent's physician and submitted to the Office of Employee Benefits for a determination of eligibility. Coverage will not be effective until the completed *Statement of Dependent Eligibility Due to Mental or Physical Handicap* is reviewed and accepted by the Office of Employee Benefits. To obtain a copy of the *Statement of Dependent Eligibility Due to Mental or Physical Handicap*, please contact the Office of Employee Benefits at the number listed above.

NEW EMPLOYEES & RE-HIRES:

Health coverage elections must be made within 31 calendar days after the hire date by submitting the *Health Coverage Enrollment / Status Change Form* to the Office of Employee Benefits. If you are unsure of your hire date, please consult with your employing agency human resources office.

The Rhode Island State Employee Health Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call (401) 222-3160.

WAIVER:

If you have other medical/pharmacy coverage and choose to waive medical/pharmacy coverage under the state employee health plan, you will receive a \$1,001 payment in December of each year you waive. The \$1,001 payment is accrued at a rate of \$38.50 per pay period for which the waiver is effective. Therefore, if the waiver is effective only for a portion of a plan year, the waiver payment will be less than \$1,001. The number of pay periods for which the waiver is effective will be multiplied by \$38.50 to determine the actual waiver payment amount. The waiver is only available for election within 31 calendar days of hire, during open enrollment, or within 31 days of the occurrence of a status change event. The waiver is not available for employees who receive state employee health plan coverage under the family policy of a higher-earning state employee spouse where both spouses were hired after June 29, 2014. To apply for the waiver, you must fill out and submit both the *Health Coverage Enrollment / Status Change Form* and the *Waiver of Medical/Pharmacy Coverage Form*. If you are unsure of your hire date, your payroll account number, or the effective dates of the waiver, please consult with your employing agency human resources office.

STATUS CHANGES:

Per federal regulation, health plan elections are generally irrevocable during a plan year and election changes are only permitted during annual open enrollment periods. However, if an employee or an employee's dependent experiences a qualifying status change listed below, federal regulations allow the employee to revoke their existing election and make a new election for the remainder of the plan year. Employees must submit the *Health Coverage Enrollment / Status Change Form*, along with the required supporting documentation, within 31 calendar days of the occurrence of a qualifying status change event in order to make coverage changes outside of open enrollment. Eligible "status change" events include:

- Marriage/Divorce
- Domestic partnership formation/termination
- Death
- Birth/adoption
- Loss of coverage
- Certain family relations orders/decrees
- Change from full-time to part-time employment or vice versa for you or spouse/domestic partner
- Commencement or return from an unpaid leave of absence for you or spouse/domestic partner
- Employment begins or ends or open enrollment period for spouse/domestic partner

For birth/adoption or a return from an unpaid leave of absence, all status changes will be effective on a retroactive basis back to the date of the status change event. All other status changes will be effective on a prospective basis only – as of the first day of the next pay period after the Office of Employee Benefits receives the status change.

Please staple all forms and supporting documentation together when submitting paperwork to the Office of Employee Benefits.

The Rhode Island State Employee Health Plan complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call (401) 222-3160.