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 coverage.

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.
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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.

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