

GROUP HEALTH PLAN ENROLLMENT GUIDELINES



Scenario #1: Enrolling New Hires

New hires are eligible for coverage after completing the employer's selected new hire waiting period. The carrier must receive completed applications (signed on or before the effective date) within **30 days** of the employee's intended effective date. If an employee refuses coverage for themselves or dependents, a signed **refusal form must be completed**.

Scenario #2: Enrolling Late Enrollees

Employees/dependents not enrolling within the required time frame when first eligible and later wish to be added to the plan will be considered late enrollees. Late enrollees will be eligible 12 months from the date of request to enroll <u>or</u> at the employer's next open enrollment period **(whichever comes first**.)

An employee or dependent wishing to enroll after an <u>involuntary loss</u> of other qualifying group coverage **is not a late enrollee**. However, the employee must submit an application with certification of loss of prior group coverage, **within 30 days of losing the other coverage**. If later than 30 days, he or she will be subject to the late enrollee rules. (If someone is <u>on</u> COBRA already, the law says they have to wait till COBRA coverage is <u>exhausted</u> unless they are eligible under Scenario #3 or #4.)

Scenario #3: Enrolling under Special Enrollment Periods

There is a special enrollment period for those who refused coverage when first eligible (regardless of reason) **upon the occurrence of any of the following events**: The employee marries. The employee or spouse has a baby or adopts a child. The employee **must apply** for coverage **within 31 days** of the event. Coverage would begin on the 1st day of the month following marriage; the date of birth of a newborn; on the date the employee has the right to control the adopted child's health care.

Scenario #4: Enrolling during an Open Enrollment Period

The open enrollment period is usually the month preceding the renewal of the plan unless the employer and carrier have agreed to another date.

During open enrollment, employees currently enrolled in a dual choice program (HMO / PPO) may transfer between plans. Employees and/or dependents that previously refused coverage (*late enrollees*) can elect to be covered under the plan.