

Open enrollment is the time of year when you can make any necessary changes to your current health election. The elections that you choose may be changed only at the next Open Enrollment Period, unless you have a Qualified Change of Status which would allow a Special Open Enrollment.

In accordance with federal regulations, the benefits you choose in your benefits package will remain in effect through the next plan year. However, you may be allowed to make changes in certain benefits if you have a **Qualified Change of Status Event**. Examples of qualified change of status events are listed below:

- Change in Status
  - Change in employee's legal marital status
  - Change in number of dependents
  - Change in employment status (including change in work site location)
  - Dependent satisfies (or ceases to satisfy) eligibility requirements
  - Change in residence
  - Commencement or termination of adoption proceedings
- Significant Cost Increase
- Significant Curtailment of Coverage
- Addition or Elimination of Benefit Package Options
- Change in Coverage of Spouse or Dependent Under Other Employer's Plan
- FMLA Leave\*
- COBRA Event
- Judgment, Decree, or Court Order
- Medicare or Medicaid Entitlement
- Employee/dependent loss of Medicaid or Children's Health Insurance Program (CHIP) or employee/dependent entitlement for a premium assistance program through Medicaid or CHIP. Please note that these qualifying events have a special 60 day enrollment period rather than the typical 30 day enrollment period.

\* Note that there are certain limitations and/or exclusions within each qualifying event. For more information please contact Misty Blaesing.

The Internal Revenue Service requires that the change in benefits must be consistent with the change of status. If you have a change, you must complete a new Enrollment Form within 30 days of the event. These forms are available from Human Resources. **Changes made after 30 days will not be accepted.**

**Notice of HIPAA Special Open Enrollment Rights** – If you are declining enrollment for yourself or your dependents (including your spouse) because other health insurance coverage, you may in the future be able to enroll yourself or your dependents in these plans provided that you request enrollment within 30 days after your other coverage ends. In addition, if you acquire a new dependent, as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself, your spouse and your newly acquired dependents provided that you request enrollment within 30 days after the marriage, birth, adoption and placement for adoption.