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Enrollment & Eligibility – Did You Know?

Q. When can employees and their covered dependents make enrollment changes under the group health plan?

1. Employees may enroll themselves and eligible dependents in the group health plan when they first become eligible – they are newly hired or meet eligibility requirements.
2. Employees may enroll themselves and eligible dependents within 30 days of a qualifying life status event, including:
 - Loss of other coverage
 - Marriage
 - Birth – newborns are automatically covered under the group health plan for the first 30 days following their birth. They **MUST** be enrolled within 30 days of birth to continue the coverage beyond 30 days.
 - Adoption, placement for adoption, judgments, decrees, etc.

For births and adoptions, coverage must be effective retroactively to the date of birth, adoption or placement for adoption.

For marriages and loss of other coverage, coverage must be effective prospectively. According to IRS regulation, eligibility due to marriage or loss of coverage is required to be effective no later than the first of the month after the request for enrollment is received by the plan (employer). This means the date of marriage or date of loss of coverage may only be used as the effective date if the employee notified the employer prior to (or on) the date of marriage or the date of the loss of coverage and the enrollment form is signed prior to the date of marriage or loss of coverage.

If the employee notifies the employer after the date of marriage or the date of the loss of coverage, then the spouse and dependents will be effective the first of the month after notification is received by the employer.

3. Employees may enroll themselves and eligible dependents during the annual open enrollment period – if you have an open enrollment period. Enrollment changes made during open enrollment must be submitted prior to January 1st and have a January 1st effective date.

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Q. What happens if employees do not enroll when first eligible or within 30 days of a qualifying life status event?

If employees do not enroll when first eligible or within 30 days of a qualifying life status event, they will not be eligible to make enrollment changes until the next open enrollment period for a January 1st effective date, or until a qualifying life status event occurs.

Q. What happens if an employer does not have an annual open enrollment period?

If an employer does not have an annual open enrollment period, employees may not make any enrollment changes unless/until a qualifying life status event occurs. If a qualifying life status event does not occur, the employee may not make any enrollment changes. We strongly encourage all IIC members to have annual open enrollment periods.

Q. When should employers have their annual open enrollment period?

We recommend that employers have annual open enrollment periods in October or early November so all enrollment and terminations are received and processed and new ID cards issued before the January 1st effective date. Enrollment changes must be submitted prior to January 1st.

Q. What effect does a Premium Only Plan (POP)/Section 125 Plan/Cafeteria Plan have on enrollment changes?

POP/ Section 125/ Cafeteria Plan	Annual Open Enrollment Period	When Enrollment Changes May Be Made
Yes	Yes	Enrollment changes may be made within 30 days of a qualifying life status event or during the annual open enrollment period
Yes	No	Enrollment changes can only be made within 30 days of a qualifying life status event. If a qualifying life status event does not occur, no enrollment changes are permitted.
No	Yes	Enrollment changes may be made within 30 days of a qualifying life status event or during the annual open enrollment period.
No	No	Enrollment changes may be made at any time, with or without a qualifying life status event

Premium Only/Section 125/Cafeteria Plans are required when employers allow employees to pay for certain benefits with pre-tax dollars or provide cash out options.

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