



2017 OSU HEALTHCARE AND FLEX ENROLLMENT/CHANGE FORM

EMPLOYEE INFORMATION – Please Print

Campus Wide ID: _____ Social Security #: _____ - _____ - _____ Gender: M F

Employee Name: _____ Married Single Divorced Widowed Common Law

Home Telephone: _____ Campus Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Birth Date: ___ / ___ / _____ Date of Hire ___ / ___ / ___ Effective Date ___ / 01 / 20__

HEALTH PLAN - BLUECROSS BLUESHIELD

ADD DROP WAIVE
(Waive form required)

BlueOptions

BlueEdge High Deductible

DENTAL PLAN – CIGNA DENTAL PPO

ADD DROP WAIVE

Low Plan (no orthodontia)

High Plan (orthodontia/TMJ)

VISION PLAN - EYEMED

ADD DROP WAIVE

EyeMed

FLEXIBLE BENEFITS

The maximum employee contribution for a health flexible spending account is \$2,600. Maximum Dependent Care Account contributions are \$5,000 per household. Health, dental and vision premiums paid by the employee are tax-sheltered.

Employee Contribution to
Dependent Care (DCA)

\$ _____
Amount per month

_____ # of months

\$ _____
Goal thru 12/31

Employee Contribution to
Flexible Spending Account (FSA)

\$ _____
Amount per month

_____ # of months

\$ _____
Goal thru 12/31

\$ _____
OSU Contribution

PLAN GUIDELINES FOR ELECTION CHANGES

Detach and retain for your records

IMPORTANT – YOU MUST READ THE FOLLOWING PLAN GUIDELINES BEFORE COMPLETING THE FORM
Signatures on your form certify you have read this page and all your elections meet the Plan Guidelines.
Refer to Title 74 Oklahoma Statutes §1323, Fraud – Penalties

BlueCross BlueShield

You may decline BlueCross BlueShield health coverage if you have other verifiable group health coverage. You will be asked to provide proof of your coverage on the *Waive OSU Employee Health Insurance* form. If you lose other verifiable group health coverage, you are required to notify Employee Services within 30 days of the change.

To be eligible for health coverage, a child must be under the age of 26. It is your responsibility to notify your Insurance Coordinator when your child is no longer eligible for coverage. Neither BlueCross BlueShield nor the State Insurance Board (dental/vision) will pay claims on ineligible dependents even if you have paid premiums for that dependent. Additional details are available in the BCBS and EGID plan booklets.

Common-law spouses may only be added upon initial employment or during Annual Benefits Enrollment. Once publicly declared, a common law relationship can only be dissolved by legal divorce.

Health Savings Accounts

Employees must be enrolled in the BlueEdge High Deductible plan to participate in an HSA. Employees enrolled in “employee-only coverage” will receive \$83.34 per month in employer contribution to their HSA account. Employer contributions must be included in the annual individual maximum. Employees with dependent coverage will receive \$125 per month employer contribution to their HSA. HSA annual maximums are \$3,400 for individual or \$6,750 for family in 2017. \$1,000 catch up allowed for those age 55 and over.

You are **not eligible** to participate in an HSA if:*

- you are covered by Medicare (Part A and/or Part B); or
- you are claimed as a dependent on a tax return, or
- you are covered by another health plan that is not a high deductible plan

Changing or adding coverage for yourself and your dependents:

Mid-Year Changes: To be eligible to add, drop, or change coverage on yourself and/or your dependents subsequent to your initial employment (other than the Annual Benefit Enrollment period), you must have experienced a Qualifying Event. You must make your elections, sign the form, attach supporting documentation, and submit forms within 30 days of the Qualifying Event.

Strict consistency rules apply to all Qualifying Events. A benefit election change is only consistent with a Qualifying Event if the election changes are necessary or appropriate as a result of the event, i.e. adding Health coverage (benefit election change) is *not* consistent with the loss of a dependent child (Qualifying Event.)

Allowable Mid-Year Changes Within Plan Guidelines Include:

- Change in your legal marital status (common-law changes can only be made during annual enrollment or with legal divorce);
- Change in your number of dependents;
- Change in your, or your dependents employment status that directly effects eligibility;
- An event that causes your dependent to satisfy, or cease to satisfy eligibility requirements (over age limit, etc.);
- Changes in your, or your dependents, place of residence that directly effects DMO availability;
- Leaving on or returning from FMLA Leave, Leave Without Pay, USERRA Leave, Disability Leave.

Changes that do not fall into the above categories are generally not allowed except during the Annual Benefits Enrollment period.

If in doubt as to whether you qualify for a change, please contact your Insurance Coordinator. Your dependents are not eligible for any coverage in which you are not enrolled.