



TO: AGENCY HEADS AND AGENCY PERSONNEL ADMINISTRATORS
DT: March 15, 2011
RE: Procedures for Health Insurance Benefits (Revised)

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DONALD J. DEFRONZO
Commissioner

In accordance with the Stipulated Agreement between the State of Connecticut and SEBAC and Item No. 1637-E, this memorandum revises DAS Official Memorandum No. 11-01 dated January 21, 2011 by including all eligible state employees rather than eligible employees of the Executive Branch only. It also corrects the effective date of this policy change to January 5, 2011. Therefore, DAS Official Memorandum No. 11-01 is rescinded and replaced by this revised Memorandum.

PROCEDURE

Effective January 5, 2011, the following procedures govern the administration of health benefits for all eligible state employees:

All employees will be offered enrollment in the health insurance program upon achieving eligibility for such benefit. Effective January 5, 2011, health insurance coverage for eligible employees who choose to enroll in the state's health benefit plan will be effective the first of the month immediately following the employee's hire date or date of eligibility.

Example:

Employee is hired effective January 15th; health insurance coverage is effective February 1st.

Initial Enrollment for Benefits

Employees hired into permanent positions and appointed on a permanent basis shall be offered health insurance at new employee orientation; employees hired on a non-permanent basis shall be offered health insurance upon meeting eligibility requirements, in accordance with existing practice.

Each eligible employee will be provided with the appropriate enrollment form and will be required to complete all information on the form in order to ensure timely coverage. The employee shall be required to provide proof of relationship for each eligible dependent covered (see Appendix A).

Upon verification by the Agency Human Resources Office of the eligibility of each person for whom coverage is sought, Human Resources staff will submit the completed enrollment form to the Agency Payroll/Benefits Unit for processing. The enrollment form and all documentation must be submitted as soon as practicable and within 31 days of date of hire or date of eligibility in order for the employee to secure these benefits. Late submissions may result in forfeiture of the benefit until a new period of eligibility occurs (open enrollment).

New employees should be notified in their appointment letter of the need to bring to orientation proof of dependent relationships as provided in Appendix A.

Adding Dependents After Initial Enrollment

After their initial enrollment, employees who wish to add eligible dependents to their health insurance may only do so during open enrollment or upon a “qualifying event”. A qualifying event includes: marriage, civil union, birth, adoption, legal guardianship or loss of other health insurance coverage by an eligible dependent.

Employees who seek to add eligible dependents due to a qualifying event or during open enrollment will be required to provide supporting documentation as indicated in Appendix A. Enrollment forms and the supporting documentation must be received within 31 days of the qualifying event or by the end of the open enrollment period. Late submissions may result in the employee having to wait until the next open enrollment period to secure health benefits.

Dropping Covered Dependents

Employees must notify their Agency Human Resources Office when any dependent is no longer eligible for coverage. This would occur in the case of divorce; dissolution of a civil union; in the case of guardianship when dependent children are no longer in the legal custody of the employee or reach age 18; or when a child exceeds the age limits allowed for continued coverage (26 years old for medical and pharmacy benefits and 19 years old for dental benefits). A disabled dependent child may continue enrollment in the health insurance beyond the established age limits with proper documentation that can be obtained from the insurance carrier.

Employees should also notify their Agency Human Resources Office in the event of death of a spouse, civil union partner, or child dependent for whom they provide health insurance. This will ensure that accurate eligibility information is maintained in Core-CT and with the insurance carriers.

Instructions

Instructions regarding enrollment and deduction processing will be issued by the Office of the State Comptroller, Healthcare Policy and Benefit Services Division, Central Benefits Unit. Questions may be directed to (860) 702-3535 or osc.benefitcorrections@po.state.ct.us.

Employees should direct questions concerning this memorandum to the Agency Human Resources Office; Human Resources professionals should direct questions to Shari.Grzyb@CT.Gov.

Donald J. DeFronzo

Donald J. DeFronzo, Commissioner

APPENDIX A

Documentation Requirements for Enrollment of Dependents for Health Benefits

The following documentation must be submitted with the enrollment form for health insurance benefits at the time the employee applies for coverage:

RELATIONSHIP	DOCUMENTATION REQUIRED
Spouse	Marriage Certificate or Connecticut-issued Civil Union Certificate
Party to a Civil Union	Civil Union Certificate (issued by a state other than Connecticut)
Dependent Child Under Age 26 - Employee is birth parent - Employee is Legal Guardian - Employee is adoptive parent - Employee is Step Parent	<ul style="list-style-type: none"> - Birth Certificate - Documentation of Legal Guardianship - Adoption Decree or Birth Certificate - Birth Certificate <u>and</u> Marriage Certificate
Disabled Child Over Age 26	Requires documentation noted above (if not already on file) and completion of the insurance carrier's medical verification form

If an eligible dependent is being added after initial enrollment but outside of the open enrollment period due to loss of other health insurance coverage, the employee must submit appropriate documentation of the relationship as noted above and official notification of the loss of coverage (COBRA notification or notice from employer of loss of benefits).

Employees changing plans during open enrollment without adding a new dependent will not have to submit additional proof of relationship for dependents covered under the old plan.