

Descriptor Term:

EGC

**INSURANCE ELIGIBILITY AND
ENROLLMENT GUIDELINES**

ISSUE DATE: **1-08-07**
REVISED: **11-12-09**

STATE HEALTH and LIFE INSURANCE

Initial Enrollment – Initial enrollment applies to newly eligible employees. For a new employee, insurance coverage becomes effective on the first day of employment provided the employee submits a completed enrollment form within thirty-one(31) days of his/her hire date. All new employees applying for coverage are subject to a twelve-month (12) Pre-Existing Condition Exclusion Period. The exclusion period will be reduced by the amount of prior Creditable Coverage that an employee has at the time of enrollment in the plan.

If an employee does not elect coverage for himself/herself within thirty-one days of his/her hire date, the employee may apply during the Open Enrollment Period or a Special Enrollment Period.

There are ONLY four times an employee can apply for coverage for Employee Only or Dependent Coverage after the Initial Enrollment Period.

1. Loss of Coverage (includes loss of Medicare)
2. Newly-acquired Dependent (includes Qualified Medical Child Support Order) (QMCSO)
3. Dependent returning to full-time student status.
4. Open Enrollment (Annually in October)

If application is not made within 60 days of loss of coverage or within 60 days of an employee acquiring a new dependent, application cannot be made until Open Enrollment. There are NO EXCEPTIONS.

LIFE, DENTAL, VISION, DISABILITY and CANCER INSURANCE

Initial enrollment applies to newly eligible employees. For a new employee, the coverage becomes effective on the first day of the month following the date of application, if the application has been made within thirty-one (31) days of the employee's hire date. (Cancer coverage is effective 01/01/2010 in the district.)

Dental/Vision/Disability/Cancer

If the employee does not elect coverage for himself/herself within thirty-one days of his/her hire date, the employee may apply during the Annual October Enrollment Period. Enrollment may be completed with a company insurance agent or the District Insurance Clerk, however, all enrollments/changes must be received by the District Insurance Clerk no later than the last work day of October either from the employee or the agent. **NO EXCEPTIONS/NO EXENTIONS.**

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**ELIGIBILITY REQUIREMENTS TO PARTICIPATE IN THE FLEXIBLE SPENDING
ACCOUNT PROGRAM**

An employee can participate in the Dependent Care Program upon employment in the Jackson County School District. Participation is subject to Section 125 Plan requirements.

An employee can participate in the unreimbursed medical expenses portion of the plan after two years of continuous employment in the Jackson County School District. Participation is subject to Section 125 Plan requirements.

ALL RECORDS SHALL BE MAINTAINED WITHIN HIPPA COMPLIANCE GUIDELINES.
(Health Insurance Portability and Accountability Act of 1996)