

## **Directions for completing the Health Care Enrollment/Change Form**

**To enroll** for health coverage, complete Sections 1 through 6. This Enrollment Form supersedes any previous health care enrollment as an employee of WSU. If necessary, use extra sheets of paper to list all dependents. If enrolling in a High Deductible Health Plan for the first time, you will also need to complete a *“Certification of Health Savings Account (HSA) Eligibility Form”* and obtain instructions on how to establish a Health Savings Account.

**To waive** health, dental and/or vision coverage, indicate “Wavier of Coverage” in Section 1, and complete Section 2 through 6.

**To change** health coverage, complete Sections 1 through 6. If enrolling in a High Deductible Health Plan for the first time, you will also need to complete a *“Certification of Health Savings Account (HSA) Eligibility Form”* and obtain instructions on how to establish a Health Savings Account.

**To add coverage for one or more dependents**, mark “Adding Dependent(s)” in Section 1 and indicate the reason for the addition of coverage (e.g. marriage, birth, etc.) on the Life Event line. Complete Sections 2 through 6.

Note: If you are adding coverage for a young adult child (19-26) you will also need to complete a *“Young Adult Child Certification Form”* and for an older adult child you will also need to complete an *“Adult Child Certification Form”* and the Anthem *“Affidavit of Dependency for Ohio Group Coverage Form”*.

**To cancel coverage for one or more dependents**, mark “Dropping Dependent(s)” in Section 1 and indicate the reason for the cancellation of coverage (e.g. divorce, no longer dependent child, etc.) on the Life Event line. Complete Sections 2 through 6.

### **Return completed forms to the Department of Human Resources, 115 Medical Sciences Building.**

#### **Who is eligible to be covered under my health care insurance?**

Only eligible dependents may be covered by your health care election.

- Spouse – Your eligible spouse as recognized under the laws of the state where you live
- Child – Your child from birth to age 28 (*Review the Adult Child Eligibility Criteria for ages 19 up to 28*)
- Disabled Dependent – Your child age 26 or older who cannot work to support themselves due to mental retardation or physical or mental handicap. The child must meet all the qualifications of a dependent as determined by the IRS.
- Domestic Partner – Your eligible registered same or opposite sex domestic partner

#### **When do I complete this form?**

Employees are eligible to make elections and changes to their health care enrollment to include the following:

- New hire status
- Change to benefit eligible classification
- Life event such as marriage, birth, divorce, loss of dependent status, loss of other coverage, etc.
- Annual Open Enrollment

#### **How long do I have to complete this form?**

From the date of: employment, change in employment classification, or life event, employees have 30 days to submit a completed health care enrollment form plus any required support documentation to the Department of Human Resources. During annual open enrollment, designated eligibility windows and deadlines are communicated accordingly.

#### **What happens next?**

Only eligible dependents can be added to your insurance coverage. After enrolling new dependents in health insurance, employees will be contacted at a later time by HMS Employer Solutions asking for documentation verifying the dependent relationship between the employee and listed dependents. In order to continue dependent coverage, employees must submit the required documentation within the designated time period to HMS. Formal details will be provided in the communication from HMS. For a list of required documentation for eligible dependents, please visit [www.wright.edu/hr](http://www.wright.edu/hr).