Qualifying Status Event Instructions

Healthcare Enrollment Forms are due in the UM Benefits Office with proper documentation within 60 days of the employee’s:

- marriage/divorce
- birth/adoption of a child
- gain or loss of other coverage
- dissolution of a same sex domestic partnership
- move outside of the network area
- dependent relocating to the United States

Notes:

Qualifying Status Events allow employees to add or remove a dependent to/from coverage, and change plans or vendors if currently enrolled in one or more plans. Employees newly enrolling in benefits must submit all of the required documentation with the health care application form. The Department of Budge & Management (DBM) will not process a healthcare enrollment form if documentation is missing or incomplete.

Once the enrollment form has been processed by the Department of Budget & Management, the employee cannot make changes even within the first 60 days of employment or within 60 days of the Qualifying Status Event.

Effective Dates:

Benefits will become effective once payment is received at DBM for the requested level of coverage. It generally takes two to three pay periods before deductions start (Contingent II employees pay by coupons). The effective date will be either the first or sixteenth of the month after first premium/payment received. The effective date will not be the date of hire or the date of the Qualifying Status Event.

Retroactive Coverage

To request retroactive coverage, employees should write “Requesting Retroactive Coverage” on the top right corner of the form when the form is submitted.

Otherwise, employees may contact the UMB Benefits Office within 30 days of the Qualifying Status Event to request retroactive coverage date. If retroactive coverage is elected, all benefits will be retroactive except flexible spending accounts, unless the retroactive coverage is due to the birth/adoption of a child. Retroactive flexible spending account coverage is not available for newly benefit eligibility employees.

Note:

Retroactive coverage is required for contingent category II employee with healthcare assistance.