

Notice of Special Enrollment Rights

Pursuant to the the Health Insurance Portability and Accountability Act (“HIPAA”), group health plans such as ACSHIC are required to provide active employees, their dependents and COBRA qualified beneficiaries with special enrollment opportunities for certain situations.

You may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for coverage under another plan, such as a spouse’s plan. The following are some events that may trigger a Special Enrollment Event:

Loss of eligibility for other coverage

- o Due to divorce or legal separation;
- o Dependent loss of eligibility due to age under a parent’s plan;
- o Death of an employee’s spouse which leaves the spouse with no coverage;
- o Spouse’s loss of employment that terminates insurance coverage; and
- o Spouse no longer eligible for insurance coverage for other reasons.

You must request enrollment within 30 days after your or your dependents’ other coverage ends.

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or a dependent have exhausted entitlement to benefits under COBRA (usually after 18 or 36 months) you may be able to enroll yourself and/or your dependents. However, you must request enrollment within 30 days after the COBRA coverage ends.

Special enrollment rights also may exist in the following circumstances:

- o If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- o If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

You must notify **YOUR HR DEPARTMENT** within the required period after a Special Enrollment Event takes place. Coverage will not be provided if the request is not made in a timely manner.

If you are enrolling in the Plan for the first time, you must complete an enrollment form and provide the supporting documentation for your Special Enrollment Event. If you are currently enrolled and adding a dependent, then a written request is required along with the supporting documentation.

Please contact **YOUR HR DEPARTMENT** if you have any questions regarding the submittal of a Special Enrollment Request,(PHONE NUMBER).

Additional FAQs regarding HIPAA and Special Enrollment Rights can be found at:

http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html