Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator:

WESD Insurance Coordinator

(602) 347-2600

Washington Elementary School District Changing Coverage Mid-Year

Government regulations generally require that your Plan coverage remain in effect throughout the calendar year, but you may be able to make some changes during the year (mid-year) if the Plan Administrator or its designee determines that you have a qualifying change in your status effecting you benefit needs. The following qualifying changes are the only ones permitted under the Plan:

A Brief Summary of Common Change of Status Events and the Mid-Year Enrollment Changes Allowed Under the Medical Plan

Mid-year changes are only those permitted in accordance with Section 125 of the Internal Revenue Code.
This chart is only a summary of some of the permitted medical plan changes.
This chart should NOT be referenced for Health FSA or Dependent Care Account Plan (DCAP).

If you experience the following Event…	You may make the following change(s)* within 31 days of the Event…	YOU MAY NOT make these types of changes…
Family Events		
Marriage	• Enroll yourself, if applicable • Enroll your new spouse and other eligible dependents • Drop health coverage (to enroll in your spouse's plan) • Change health plans, when options are available	• Drop health coverage and not enroll in spouse's plan; if you do, you won't receive coverage.
Divorce	• Remove your spouse from your health coverage • Enroll yourself (and your children) if you or they were previously enrolled in your spouse's plan	• Change health plans • Drop health coverage for yourself or any other covered individual
Gain a child due to birth or adoption	• Enroll yourself, if applicable • Enroll the eligible child and any other eligible dependents • Change health plans, when options are available	• Drop health coverage for yourself or any other covered individuals
Child requires coverage due to a QMCSO	• Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled) • Change health plans, when options are available, to accommodate the child named on the QMCSO	• Make any other changes, except as required by the QMCSO
Loss of a child's eligibility (*e.g.,* child marries or reaches the maximum age for coverage)	• Remove the child from your health coverage • Child will be offered COBRA. You may pay for dependent child's COBRA coverage on a pre-tax basis.	• Change health plans • Drop health coverage for yourself or any other covered individuals
Death of a dependent (spouse or child)	• Remove the dependent from your health coverage☐ • Change health plans, when options are available	• Drop health coverage for yourself or any other covered individuals
Covered person has become entitled to (or lost entitlement to) Medicaid or Medicare	• Drop coverage for the person who became entitled to Medicare or Medicaid. • Add the person who lost Medicare/Medicaid entitlement.	• Drop health coverage for yourself or any other covered individuals
Employment Status Events		
Spouse becomes eligible for health benefits in another group health plan	• Remove your spouse from your health coverage, with proof of other plan coverage • Remove your children from your health coverage, with proof of other plan coverage • Drop coverage for yourself only, with proof that spouse added you to the spouse's new group health plan	• Change health plans • Add any eligible dependents to your health coverage

Continued on the following page

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This chart is only a summary of some of the permitted medical plan changes.
This chart should NOT be referenced for Health FSA or Dependent Care Account Plan (DCAP).

If you experience the following Event...	You may make the following change(s)* within 31 days of the Event...	YOU MAY NOT make these types of changes...
Spouse loses employment or otherwise becomes ineligible for health benefits in another plan	• Enroll your spouse and, if applicable, eligible children in your health plan • Enroll yourself in a health plan if previously not enrolled because you were covered under your spouse's plan • Change health plans, when options are available	• Drop health coverage for yourself or any other covered dependents
You lose employment or otherwise become ineligible for health benefits	• Enroll in your spouse's plan, if available • Elect temporary COBRA coverage for the qualified beneficiaries (you and your covered dependents)	

Proof of a status change may be required to make a corresponding change in coverage/enrollment.