

University of Michigan

Certification of Other Medical Coverage

For HRRIS BTT Use Only

Event Date _____
 Input Elections _____

Complete and return this form only if you are waiving (not electing) University of Michigan medical insurance coverage. Please print all information in **black** ink.

1. Faculty or Staff Member Information

Name (Last, First, Middle Initial)		Date of Birth (MM/DD/YY)
UMID	U.S. Social Security Number (if UMID is unknown)	Daytime Phone Number

2. Other Medical Coverage

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the University of Michigan to inform you of your rights to Special Enrollment under any of the medical insurance plans offered by U-M when you or your eligible dependents (spouse/children) decline coverage during the initial enrollment period.

- If you are declining enrollment for yourself, or your dependents (spouse/children) because of coverage under another medical plan, you may be able to enroll yourself or your dependents in a U-M medical plan in the future, provided you request enrollment within thirty (30) days after your other coverage ends.
- If you are declining enrollment for yourself, or your dependents (spouse/children) because of coverage under Medicare or Medicaid, you may be able to enroll yourself or your dependents in a U-M medical plan in the future, provided you request enrollment within sixty (60) days after your other coverage ends.

In order to qualify for this special enrollment period, you must certify other coverage was the reason for declining enrollment and provide the source of that other coverage below.

I am waiving University of Michigan medical coverage because I have medical coverage elsewhere. I certify that I have other medical coverage (check one box):

- Through another U-M faculty or staff member (UMID): _____
- Outside of the U-M through (Employee Name): _____
 with (Employer Name): _____
- Through a governmental-sponsored health plan or group insurance policy (identify plan) _____

3. Certification and Signature

I understand that if I do not gain special enrollment rights upon a loss of other coverage, my next opportunity to enroll in a U-M medical insurance plan will be the next annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption. I understand that I am also waiving prescription drug coverage. I further understand that I am not eligible to receive opt-out credit dollars if I have coverage through any U-M medical insurance plan. I have read the second page of this form and agree to the terms and conditions listed there. The information listed above is correct to the best of my knowledge.

 Faculty or Staff Member's Signature

 Date Signed

Certification of Other Medical Coverage

Introduction

By completing this form, you are certifying that you are waiving medical insurance coverage and prescription drug coverage offered by the University of Michigan because you have medical coverage elsewhere. If you should lose that other medical coverage, you may be able to enroll in U-M medical insurance under special enrollment rights as described below.

Effective Date

If your completed Certification of Other Medical Coverage form is received after your 30-day enrollment period (or as specified by your collective bargaining agreement), the waiver becomes effective on the first of the month following receipt of the form.

Special Enrollment

Under a federal law known as HIPAA, special enrollment rights that allow you to enroll yourself or your eligible dependents in a U-M group insurance plan may apply if you previously declined U-M enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance coverage was in effect for those individuals. In order for these special enrollment rights to apply, certain conditions must be met.

Employee or Dependent Must Have Had Coverage When Coverage Was Previously Offered

In order to qualify for special enrollment rights because of loss of coverage, the employee or dependent must have had other group health plan coverage at the time U-M coverage was previously offered. The employee must have also stated in writing at that time, that U-M coverage was declined because of the other coverage.

Coverage Must Be Involuntarily Lost

In order to qualify for special enrollment rights because of loss of other coverage, the employee or dependent must have lost other group health plan coverage because:

- The coverage was provided under COBRA, and the COBRA coverage was exhausted; or,
- The coverage was non-COBRA coverage and (a) the coverage terminated due to loss of eligibility for coverage, or (b) the employer stopped contributing toward the other coverage for you or your family members.

If Coverage Was Non-COBRA, Loss of Eligibility or Employer Contributions Must End

A "loss of eligibility" for special enrollment includes:

- Loss of eligibility for coverage as a result of divorce
- Cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan)
- Death of an employee
- Termination of employment
- Reduction in the number of hours of employment that results in a loss of eligibility for plan participation (including a strike, layoff or lock-out)
- An individual no longer resides, lives, or works in an HMO service area (whether or not within the choice of the individual), and no other benefit package is available to the individual through the other employer
- A situation in which a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual
- A situation in which an individual incurs a claim that would meet or exceed a medical plan lifetime limit on all benefits (additional requirements apply)



Questions?

If you have any questions, view the Benefits Office Web site at benefits.umich.edu, or call the HR/Payroll Service Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.

How to Return Your Signed and Completed Form

By FAX

Fax it to 734-763-0363.

Keep a copy of the fax transmission report with your form in your records.

By Mail

Make a copy for your records and send the original by

Campus Mail or U.S. Mail to:
HRRIS Benefits Transaction Team
4073 Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1281

If Coverage Was Under COBRA, Entire COBRA Period Must Be Exhausted

If an eligible employee or dependent has COBRA coverage, the coverage must be exhausted in order to trigger a special enrollment right. Generally, this means that the entire 18-, 29-, or 36-month COBRA period must be completed in order to trigger a special enrollment for loss of other coverage. However, exhaustion of COBRA coverage also occurs when:

- The other employer or another responsible entity failed to remit premiums on a timely basis, or
- A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits and there is no other COBRA continuation coverage available to the individual (additional requirements apply)

Note: An employee or dependent who is offered COBRA under the plan under which the coverage is lost (the old plan) is not required to elect COBRA to preserve his or her special enrollment rights under the new plan. In other words, the individual could choose not to elect COBRA under the old plan and still have special enrollment rights under the new plan. But if the employee or dependent does elect COBRA coverage under the old plan, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the new plan. Loss of eligibility does not include a loss resulting from failure of the employee or dependent to pay premiums on a timely basis

Who Can Enroll

To qualify for special enrollment rights, the employee and/or any eligible dependent(s) must lose coverage under another group health plan.

Situations That Do Not Qualify for Special Enrollment

- **Reduction of Contributions or Level of Benefits Is Not Sufficient**
The special enrollment right for loss of other coverage generally requires that coverage be lost. A reduction in the level of benefits under a plan will not trigger a special enrollment right. For example, if an employee loses eligibility for an option (such as an HMO alternative) under his or her spouse's plan but is still eligible for another health insurance option under that same plan, then no special enrollment will be triggered—coverage was not lost under the plan. However, if no other health insurance option is available to the employee under the plan, then the employee has lost eligibility and would be entitled to special enrollment. The reason for the loss of eligibility does not matter.
- **Increase in Cost of Coverage Won't Trigger Special Enrollment Rights**
Increases in the cost of coverage do not trigger special enrollment rights unless the other employer completely stops contributing toward the cost of the other coverage for you or your family members.
- **Other Employer's Open Enrollment Period Differs**
The university's contracts with insurance carriers do not allow mid-year enrollment into U-M plans due to another employer's open enrollment period. An employee may cancel their university coverage mid-year and transfer to another employer's plan but only if coverage under spouse's plan is actually obtained. Request to cancel U-M coverage must be made within 30 days of spouse's open enrollment.

Changes to Health Care Flexible Spending Accounts

The special enrollment right for loss of other coverage may permit either an enrollment or increase in a Health Care Flexible Spending Account.

Drop It Off In Person

Bring a photocopy of your completed form and ask the receptionist to stamp the copy "received" for your records.

U-M Ann Arbor
HR Service Center
Wolverine Tower – Low Rise G250
3003 South State Street
Ann Arbor, MI 48109-1278

U-M Flint
UHR – Flint
213 University Pavilion
303 East Kearsley Street
Flint, MI 48502-1950