

## Cancelling or Changing Coverage Outside of Open Enrollment - Active Member

On October 1, 2005, all active members began paying their premiums using pre-tax dollars. Therefore, active members must have an IRS qualifying event before they can be allowed to cancel their Hospital Medical Plan, change their coverage, or drop/add dependents outside of the Open Enrollment period. Also, the request to cancel or change coverage must be within 45 days of the IRS qualifying event.

Examples of IRS qualifying events are:

- ◆ Adoption of child
- ◆ Birth of a child
- ◆ Death of a spouse or dependent
- ◆ Dependent loss of coverage
- ◆ Divorce or annulment
- ◆ Legal custody of child
- ◆ Marriage
- ◆ Marriage of dependent child
- ◆ Termination of spouse employment and loss of insurance coverage
- ◆ Commencement of spouse employment
- ◆ Medicaid and Medicare entitlement

Appropriate documentation must be received and approved before the change can be made.

A member is not eligible to drop the medical plan when they change from full-time to part-time status.

If all dependents on the policy are ineligible, the coverage will automatically change to an individual plan effective the first of the month following the cancellation of the last remaining dependent. When a policy is cancelled, the coverage remains in effect through the last day of the month. Policies cannot be cancelled in the middle of a month.