

## Newly Acquired Dependents and Single Coverage

### Marriage

A member enrolled in single coverage who marries and wishes to acquire family coverage can request coverage within 45 days of the marriage. You must mail a copy of the marriage certificate to PEEHIP after adding the new spouse to coverage through Member Online Services at [www.rsa-al.gov](http://www.rsa-al.gov). The effective date of coverage can be the date of marriage or the first day of the following month. The 270-day waiting period on pre-existing conditions is waived if proof of previous coverage is received and approved by PEEHIP. Prior notification is not required.

If you do not enroll your new spouse through the online system or in writing within 45 days of the date of marriage, the policy cannot be changed to family and the new spouse cannot be added until the Open Enrollment Period. This policy applies to active members only because the premiums for active members are pretaxed and IRS guidelines do not allow coverage changes outside of the 45 days from the qualifying event.

### Newborn

Members enrolled in single coverage who desire family coverage due to the birth of a child can request coverage within 45 days of the birth. You must provide a copy of the birth certificate and the child's Social Security number after adding your newborn through the Member Online Services system at [www.rsa-al.gov](http://www.rsa-al.gov). You can also submit written notification to PEEHIP within 45 days of the date of birth. The effective date of coverage can be the date of birth or the first day of the following month. A waiting period on pre-existing conditions is waived for the newborn child. Prior notification is not required.

If PEEHIP does not receive your online enrollment or written notification within 45 days of the date of birth, the policy cannot be changed to family and the new dependent cannot be added until the Open Enrollment period. This policy applies to active members only because the premiums for active members are pretaxed and IRS guidelines do not allow coverage changes outside of the 45 days from the qualifying event. If a newborn is not covered on the date of birth, claims for the newborn at the time of birth will not be paid.

When adding family coverage, a member can add all eligible dependents to the policy. However, the newly added dependents who are age 19 or older may be subject to the 270-day waiting period on pre-existing conditions unless proof of previous coverage is received and approved by PEEHIP. A member who is only enrolled in the four Optional Plans cannot enroll in the Hospital Medical Plan due to the birth of a child.