

1. **Coverage Effective Dates**

Eligibility qualification requires submission of completed application form and other required documentation to the Health Service System within thirty (30) days of a Qualifying Life Event (QLE). Coverage shall be effective as set forth below. See Appendix A for coverage period schedules for the current plan year.

a. **Eligible Dependents**

Eligibility Event Data	Coverage Effective Date
At the time of the member's original enrollment	1st day of the coverage period after a completed application is filed with the Health Service System

A member may enroll their eligible dependents at the time of original enrollment. Coverage for eligible dependents becomes effective on the same day as the member.

b. **Eligible Spouses, or Domestic Partners, and Other Eligible Dependents Acquired By Marriage or Domestic Partnership**

Eligibility Event Data	Coverage Effective Date
Within thirty (30) days after the date of marriage or domestic partnership	1st day of the coverage period after a completed application is filed with the Health Service System

An active employee or Retiree Member, who marries or enters into a domestic partnership after becoming a member, may enroll their spouse or domestic partner and other eligible dependents acquired by marriage or domestic partnership. Enrollment is to be made within thirty (30) days after the date of marriage or domestic partnership, and coverage for eligible dependents so enrolled shall become effective as of the 1st day of the coverage period after a completed application is filed with Health Service System. Documentation of marriage or domestic partnership is required.

c. **Eligible Newborn**

Eligibility Event Data	Coverage Effective Date
Within thirty (30) days after birth or commencement of legal custody	The date of birth as long as a completed application is filed with the Health Service System within thirty (30) days of the date of birth

A member's newborn child must be enrolled in the Health Service System to have coverage, provided such enrollment is made within thirty (30) days after birth. Such enrollment shall be made by application to the Health Service System and shall be effective from the date of birth. Documentation of birth is required.

**d. Eligible Adopted Children and Children Placed for Adoption**

Eligibility Event Data	Coverage Effective Date
Within thirty (30) days of the commencement of legal custody or placement	The commencement of legal custody as long as a completed application is filed with the Health Service System within thirty (30) days of the date of adoption

An adopted child of a member (or member's spouse or domestic partner) may be enrolled, provided such enrollment is made within thirty (30) days of commencement of legal custody. Such enrollment shall be made by application to the Health Service System and shall be effective from the date on which such legal custody commenced. Documentation of adoption is required.

**e. Limited Exceptions for Newborn and Adopted Child Enrollments**

Notwithstanding the foregoing, after the expiration of the applicable period of thirty (30) days set forth in Sections O.1.c. and O.1.d. above, the Health Service System Director may permit the enrollment of a newborn child or a newly adopted child into a medical benefit plan offered by the Health Service System upon satisfaction of each of the following conditions:

- i. The Director has found that the member has acted in good faith and not in willful violation of the rules contained in Sections O.1.c. and O.1.d. above;
- ii. The child's membership will be effective on the date of birth or the date of commencement of legal custody, as the case may be;
- iii. The Health Service System receives full payment of all premiums (both employer-paid and member-paid portions) required to enroll the child for the period from such effective date through the end of the current coverage period; and
- iv. To comply with agreements established with the health benefit plan vendors, newborns must be enrolled within six (6) months of the date of birth to be eligible for coverage.

**f. Eligible Dependent Children for Whom the Member (or Member's Spouse or Domestic Partner) Has Assumed Legal Guardianship**

Eligibility Event Data	Coverage Effective Date
Within thirty (30) days of the commencement of legal custody	1st day of the coverage period after a completed application is filed with the Health Service System

An eligible dependent child of whom the member (or member's spouse or domestic partner) has assumed legal custody may be enrolled provided such enrollment is made within thirty (30) days of commencement of legal custody. Such enrollment shall be made by application to the Health Service System and shall be effective the first day of the coverage period after a completed application is filed with the Health Service System. Documentation of eligibility is required.

**g. Other Eligible Dependents Who Have Entered the United States or Have Moved Into the Service Area of the Member's Health Benefit Plan**

Eligibility Event Data	Coverage Effective Date
Within thirty (30) days of the date the dependent changes his or her primary residence	1st day of the coverage period after a completed application is filed with the Health Service System.

Other eligible dependents who have either entered the United States or have moved into the service area of the member's health benefit plan may be enrolled provided such enrollment is made within thirty (30) days of the date the dependent changes their primary residence. Coverage will be effective on the first day of the coverage period after a completed application is filed with the Health Service System. Documentation is required.

**h. Eligible Dependents Who Lose Group Health Insurance Coverage Through Job Displacement**

Eligibility Event Data	Coverage Effective Date
Within thirty (30) days of the last date of group coverage under another employer.	1st day of the coverage period after a completed application is filed with the Health Service System

Eligible dependents who lose group health insurance coverage through job displacement may apply for coverage through the Health Service System within thirty (30) days of the last date of group coverage under another employer. Such application for coverage requires a letter from the former employer or former health benefit plan vendor stating the reason for lost coverage and the last date of coverage. The approval or rejection of the application and effective date of any coverage other than listed above is subject to the discretion of the Health Service System.

**i. Open Enrollment Coverage Effective Date**

Dependents not enrolled by the member at the time of the member's enrollment, or within the applicable periods of eligibility as described in this Section O. may thereafter be enrolled only during Open Enrollment with coverage to be effective the first day of the following plan year. Documentation of eligibility is required.