

CMU Choices Status Change Request Form

IRS Section 125 Status Change Events – Employees can make certain benefit coverage changes, consistent with the event, during the plan year.

You must complete this form and submit along with supporting documentation to the Benefits & Wellness office, 108 Rowe Hall, within 30 calendar days of a qualifying status change event or wait until the next open enrollment period. Review the [Benefits Status Change webpage](#) for more information.

COMPLETE FIRST: Purpose of Request

ADD or REMOVE dependent(s) (to/from current coverage with no change in plan(s)) Complete sections 1, 2, 3 and SIGN (pg. 2)	ENROLL employee or employee and dependent(s) (No current coverage)
CANCEL plan(s) currently enrolled Complete sections 1, 2, 4 and SIGN (pg. 2)	CHANGE plan(s) currently enrolled (may also include addition of dependent(s)) Complete sections 1, 2, 3, 5, 6 and SIGN (pg. 2)

Section 1: Employee Information

Employee Full Name: _____

Campus ID#: _____

Employee Group: Staff Medical Faculty

Regular Faculty Fixed-term Faculty Post-doctoral Research

Section 2: Qualifying Event

Date of Event: ____ / ____ / ____ The actual start/stop date of coverage will be determined by the Benefits & Wellness office in accordance with **IRS regulations governing Section 125 Plans.**

Marriage	Divorce/Legal Separation	Change in Employment Status	Other Event
Birth	Loss of Other Coverage	Details: _____	See Qualifying Events Details: _____
Death	Enrolled in Other Coverage	_____	_____

Section 3: Dependent Information

Section 3: Dependent Information						<i>Place an "A" to Add, "R" to Remove from coverage</i>				FOR INTERNAL USE ONLY
Last Name	First Name	Relationship	M/F	DOB	SSN	Medical/Rx	Dental	Vision	Life	

Proof of Eligibility - Central Michigan University reserves the right to request proof of eligibility and may use a third-party administrator to collect documentation. Failure to provide eligibility documentation can result in termination of benefits. See [Verification Process Chart](#).

Working Spouse/OEI Rule - Spouses and Other Eligible Individuals (OEI) who are offered coverage through their employers MUST enroll in at least single coverage through their own employer's medical / prescription and dental plans unless the spouse / OEI is charged 100% of the cost of the coverage through that employer. Note: This provision does not apply to regular faculty.

Section 4: Complete only if CANCELING your coverage completely

- | | | | | | | | |
|---|---------------------------------|---------------------------------|---|--|--|--|---|
| <input type="checkbox"/> Medical / Prescription | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Spouse / OEI Life/AD&D | <input type="checkbox"/> Child Life / AD&D | <input type="checkbox"/> Short-term Disability | <input type="checkbox"/> Health Care FSA | <input type="checkbox"/> Dependent Care FSA |
|---|---------------------------------|---------------------------------|---|--|--|--|---|

Section 5: Complete only if ENROLLING in coverage or CHANGING your current plan(s)						
Medical/Prescription (staff, fixed-term faculty, medical faculty, postdoc research fellows)						
Enroll / Change Coverage <i>select one</i>	Advantage	Advantage Plus	IMPORTANT: Enrollment in the Advantage HDHP may include a CMU contribution to an HSA. Contribution is subject to eligibility.		Eligible for HSA contribution? Yes No	
	PPO2					
Medical/Prescription (regular faculty)						
Enroll / Change Coverage <i>select one</i>	ABC HSA	Choices Saver 500/1000	Choices Saver 200/400	Choices 10/20		
Dental			Vision			
Enroll / Change Coverage <i>select one</i>	Core Buy-Up	Add / Change Coverage <i>select one</i>		Standard Premium		
Section 6: Complete only if ENROLLING in or CHANGING current Life or Disability coverage (optional)			FOR INTERNAL USE ONLY	Short-term Disability (STD) (staff, regular faculty, medical faculty)	FOR INTERNAL USE ONLY	
Employee* (X salary)	1x	1.5x	2x	3x	4x	50% - up to \$900/week*
Spouse/OEI*	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	67% - up to \$1,200/week*
Child(ren)	\$10,000		\$25,000		*Election may require evidence of insurability (EOI) – see Important Notes.	
Flexible Spending Account (FSA) (Any contributions made since July 1 will be subtracted from the amount below and the remaining amount divided over the remaining pay periods)						
Health Care FSA	Total new annual election	\$ _____		General Purpose	Limited Purpose	
Dependent Care FSA	Total new annual election	\$ _____				

IMPORTANT NOTES

Health Savings Account (HSA) Eligibility
You must be enrolled in an HSA qualified high deductible health plan (HDHP) to receive a contribution to an HSA. **Example of disqualifiers:** coverage by another non-HDHP plan, even if coverage is secondary; enrollment in a General Purpose Health Care FSA; enrollment in Medicare. (See [IRS guidelines](#))

Beneficiaries
Life changes may result in necessary changes to life insurance beneficiaries. Please go to CMU Choices to update your record.

Evidence of Insurability (EOI)
Certain increases to Life / AD&D and STD insurance coverage may require the completion of a Personal Health Application for evidence of insurability. The Hartford, CMU's life insurance carrier, will send an email with a link to the EOI form for completion. Any change in coverage may be delayed until the health application is approved.

OEI Medicare Coordination
Medicare must be primary coverage for an OEI per IRS guidelines, however, CMU coverage will pay as secondary. OEIs should enroll in Medicare when first eligible or may be subject to premium penalties under CMS for delay in enrolling.

Authorization and Signature	
I have reviewed the Important Notes and understand that failure to provide dependent eligibility documentation to CMU or a third-party collecting this data on CMU's behalf, can result in termination of benefits. The information provided above is correct to the best of my knowledge. I authorize Central Michigan University to deduct from my salary any additional cost for the plan(s) I select. I understand that falsified information or eligibility may result in discipline up to and including termination of employment.	
Signature: _____	If submitting as an email attachment, a typed signature is acceptable. Date: _____
FOR INTERNAL USE ONLY	
<input checked="" type="checkbox"/> Already audited Date Add audit date <input type="checkbox"/> Needs verified	Notes: