CMU CENTRAL MICHIGAN UNIVERSITY | Human Resources
Benefits & Wellness

CMU Choices Status Change Request Form

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. THE ACTUAL START DATE OF COVERAGE WILL BE DETERMINED BY THE BENEFITS & WELLNESS OFFICE IN ACCORDANCE WITH IRS REGULATIONS GOVERNING SECTION 125 PLANS.

Review the Benefits Status Change website for more information.

1. Employee Information

Employee Full Name: _____ Campus ID#: _____

Employee Group: ☐ Staff ☐ Fixed-Term Faculty ☐ Medical Faculty ☐ Postdoctoral Research ☐ Regular Faculty

2. Qualifying Status Change Event Information

Event Date (mm/dd/yyyy): _____

Check the status change event below.

☐ Marriage
☐ Birth
☐ Adoption
☐ Newly Eligible Dependent
☐ Divorce/Legal Separation
☐ Death of Dependent
☐ Loss of Dependent Eligibility
☐ Loss of Other Coverage
☐ Change in Employment Status**Describe: _____
☐ Other Event (see back page): _____

3. Employee & Dependent Information – Complete this section for enrollment, change and/or drop.

*Social Security Numbers (SSNs) are required for all dependents. (indicate ADD or DROP for type of coverage)

Relationship	Last Name	First Name	Gender	DOB	*SSN	Medical	Dental	Vision	Term Life

4. Requested Coverage Change – Complete this section if you wish to enroll, decline or change plan(s). Not available for all events.

Medical/Prescription (Staff, Fixed-term and Medical Faculty, Postdoctoral Research Fellows) *Certification Form REQUIRED
☐ **Drop Coverage** ☐ **Add/Change Coverage**
☐ BCBS HDHP/HSA* ☐ BCBS PPO2 ☐ BCBS PPO1

Medical/Prescription (Regular Faculty)
Note: MESSA member change form required
OEI's not eligible for MESSA
☐ **Drop Coverage** ☐ **Add/Change Coverage**
☐ MESSA ABC HSA Saver ☐ MESSA Choices Saver ☐ MESSA Choices 10/20

Dental ☐ **Drop** ☐ **Add/Change** ☐ Core Plan ☐ Buy-Up Plan

Vision ☐ **Drop** ☐ **Add/ Change** ☐ Standard Plan ☐ Premium Plan

Life Insurance/AD&D – options on back | Employee Life/AD&D | Spousal/OEI Life _____ | Child/ren Life _____

Short-Term Disability – The following employee groups are eligible: Staff, Regular Faculty and Medical Faculty.
STD coverage choices: 50% or 67% of weekly earnings (limits listed on back) | Change from: | Change to:

Flexible Spending Accounts – Indicate your request for change(s) you wish to make in your Flexible Spending Accounts (FSAs).

Health Care FSA Change from: _____annual total Change to: _____annual total

Dependent Day Care FSA Change from: _____annual total Change to: _____annual total

The information provided above is correct to the best of my knowledge. I have read and agree to the terms and conditions listed on the second page of this form. I authorize Central Michigan University to deduct from my salary any additional cost for the plans I select. I understand that falsified information or eligibility may result in discipline up to and including termination from employment.

Signature: _____ **Date:** _____

INTERNAL USE ONLY:

Coverage Effective Date: _____ Effective Pay Date: _____

Entered By: _____ Date: _____

Notes:

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Terms and Conditions
By signing the bottom of page 1, you agree to abide by the following:

IRS Section 125 Status Change Events
Employees can make certain benefit coverage changes, consistent with the event, during the plan year (7/1-6/30) if they experience a qualifying status change event and a completed Status Change Request form is received by CMU Benefits & Wellness office within 30 calendar days of the event. If you fail to submit the Status Change Request Form within 30 calendar days of the event, you must wait until the next open enrollment (usually in April/May with changes effective July 1).

Form Processing
The Status Change Request form will be reviewed and approved by the Benefits & Wellness office. Employees requesting a status change may be required to provide the appropriate documentation.

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 employers' 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.

Life Insurance/AD&D options: 1 1/2, 2, 3, 4 x salary

STD/LTD Coverage Limits
- 50% - up to $900/week
- 67% - up to $1,200/week

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

Proof of Eligibility
Central Michigan University reserves the right to request proof of eligibility.

Effective Date of Change
Unless otherwise specified below, enrollments or changes in enrollment become effective on the first day of the next available pay period after the Status Change Request form is received by the Benefits & Wellness office.

Status Change Events

- **Loss of Coverage**

A loss of coverage through an employer-sponsored plan or state-sponsored programs such as Medicaid or CHIP is considered a qualified status change to add your spouse and/or child(ren) to your benefits.
DOCUMENTATION REQUIRED

- **Gaining Coverage**

Gaining coverage through an employer-sponsored plan or state-sponsored programs such as Medicaid or CHIP is considered a qualified status change to remove your spouse and/or child(ren) from your benefits.
DOCUMENTATION REQUIRED

- **HSA Contribution Limit**

A change to your coverage level (single, 2-person, family) during the year may affect your contribution limit. For more information, visit www.IRS.gov and search for IRS Publication 969.

- **Dependent Care Provider**

A change in the dependent care provider, or cost, or coverage allows change in Dependent Care Flexible Spending Account only.

- **Cost and/or Coverage Change in Spouse or Dependent's Health Plan**

Status Change Events – Continued

- **Change in Marital Status**

In the event of a marriage, you also have the option to waive University coverage to be added to your spouse's employer-sponsored plan or add your spouse to your existing coverage.
DOCUMENTATION MAY BE REQUIRED

In the event of a divorce, you must remove your ex-spouse and step-child/ren (if any) from your existing coverage.
DOCUMENTATION REQUIRED

- **Birth or Adoption**

The addition of a child to your family allows you the opportunity to add the dependent to your coverage **effective the date of birth/adoption**, if the Status Change Request form is received by the Benefits & Wellness office within 30 calendar days of event.
DOCUMENTATION MAY BE REQUIRED

- ****Change in Employment Status**

A change in employment status can include any of the following:
  - Full-time to part-time (reversed)
  - Paid to unpaid (reversed)
  - Termination or commencement of employment
  - New collective bargaining agreement

DOCUMENTATION MAY BE REQUIRED

- **Enrollment in an insurance plan through the Health Insurance Marketplace ("Exchange")**

- **Eligibility for Medicaid or State Children Health Insurance Plan**