

CMU Choices Status Change Request Form

Use this form to update your benefits **within 30 calendar days** of experiencing a qualified status change event. In most cases, these plan elections or changes will go into effect the next available pay period. You may only make enrollment changes which are consistent with your qualifying status change event. Some events may not allow the changes you are requesting. 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									
A. Event Date (mm/dd/yyyy): _____									
B. Check the status change event below.									
Marriage	Divorce/Legal Separation	Cost and/or Coverage Change in Spouse or Dependent's Health Plan				Change in Employment Status**Describe:			
Birth	Death of Dependent	Significant Change in Cost of Healthcare							
Adoption	Loss of Dependent Eligibility	Enrollment in an insurance plan through the Health Insurance Marketplace ("Exchange")							
Newly Eligible Dependent	Eligibility for Medicaid or State Children Health Insurance Plan	Change in the dependent care provider, or cost, or coverage (allows change in Dependent Care Flexible Spending Account only) <i>For details, see page 2.</i>				Loss of Other Coverage			
Other Event: _____									
3. Employee & Dependent Information – Complete this section for enrollment, change and/or drop.									
<small>*Social Security Numbers (SSNs) are required for all dependents.</small>									
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)		Drop	Add/Change	BCBS PPO1	BCBS PPO2	BCBS HDHP/HSA			
Medical/Prescription (Regular Faculty) <i>Note: MESSA member change form required</i>		Drop	Add/Change	MESSA Choices 10/20	MESSA Choices Saver	MESSA ABC HSA Saver			
Dental		Drop	Add/Change	100/75/50/50	100/50/50				
Vision		Drop	Add						
Life Insurance/AD&D:		Employee Life/AD&D _____	Spousal/OEI Life Options _____	Child/ren Life options _____					

Important information and election changes for Flexible Spending Account and Short-Term Disability on the following page.

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:** _____

CMU Choices Status Change Request Form

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

Short-Term Disability – The following employee groups are eligible: Staff, Regular Faculty and Medical Faculty.

STD coverage choices: 50% up to \$900/week 67% of weekly earnings, up to \$1,200/week	Change from: _____ Change to: _____
--	-------------------------------------

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.

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

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

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.

INTERNAL USE ONLY:
Coverage Effective Date: _____ Effective Pay Date: _____