

CHANGING COVERAGE DURING THE BENEFIT PLAN YEAR

Qualifying Events/Special Enrollment Periods:

A life event change, also called a Qualifying Event, is a personal change in status which may allow you to change your benefit elections outside the regular Open Enrollment season. There are several Qualifying Events that allow you to change your benefit coverage during the plan year.

Your election change must be made within 30 days of the event, by logging on to <http://icubabenefits.org>, and must be consistent with the “change in status.” In addition, you must provide supporting documentation in the required time period.

If you do not experience a Qualifying Event, the next opportunity to change your level of coverage is during the annual Open Enrollment period.

Currently, Federal law considers the following events to be “changes in status,” subject to certain conditions:

FAMILY STATUS CHANGES	
When your legal marital status changes:	Due to marriage, legal separation, divorce, annulment, or death.
When the number of your dependents changes:	Due to birth, adoption, placement for adoption, death, or acquiring a new dependent (legal guardianship).
When your dependent child’s status changes:	Due to a dependent gaining or losing eligibility for other coverage (i.e. change in age).
When employment status changes for you, your spouse, or your dependent and benefit eligibility is affected:	Due to the beginning or ending of employment; or the commencement or return from unpaid leave of absence, including leave under FMLA (Family Medical Leave).
When the work schedule changes for you, your spouse, or your dependent:	Due to an increase or reduction in work hours, including a change from full-time to part-time employment or vice versa.
When residency changes for you, your spouse, or your dependent:	Due to a change in residency if benefit eligibility is affected or there are no participating providers within area.
When you or any of your covered dependents become entitled to or lose Medicare or Medicaid coverage:	Entitlement may allow you to prospectively cancel or reduce health care coverage. Loss of entitlement may allow you to make a prospective election to add health coverage. *Changes to FSA elections are not allowed.

FAMILY STATUS CHANGES <i>continued</i>	
When an employed family member changes a health coverage election in a plan sponsored by his/her employer:	<p>If the enrollment period under the ICUBA plan is different from the enrollment period under the employer's plan of your covered dependent (spouse, former spouse, or child), you may make an election change that corresponds with a change made under the employer's plan of your covered dependent.</p> <p>i.e. Your spouse and you have individual coverage through your respective employers. Your spouse's open enrollment effective date is January 1, and your spouse elects a two-party plan to cover both of you. Consequently, you can cancel your individual ICUBA plan coverage as of December 31st.</p> <p>*Changes to FSA elections are not allowed.</p>
When compliance with certain family relations orders or decrees is legally required: (Qualified Medical Child Support Order):	<p>If a judgment, decree or order (resulting from divorce, legal separation, annulment, or change in legal custody) requires health coverage for your child or dependent foster child, you may change your election to add or drop coverage consistent with the order.</p>
When COBRA ceases under another employer's plan:	<p>Includes loss of COBRA coverage because you or your dependent exhausted COBRA coverage under another group plan, or lost eligibility for the other plan.</p>
When there is an elimination or significant curtailment of a Benefit Package Option during the Plan Year:	<p>Under most circumstances, you may revoke your elections and elect to receive comparable coverage under another plan.</p> <p>*Changes to FSA elections are not allowed.</p>

***Flexible Spending Accounts**

- You cannot reduce your Health Care Flexible Spending Account (HCFSA) or Dependent Care Flexible Spending Account (DCFSA) below the amount of funds you used during the plan year.
- You must sign-up for the account(s) every plan year, during Open Enrollment, if you want to participate.
- HCFSA can be used to pay for eligible dependent health related expenses. DCFSA must be used for day care expenses incurred for dependent children age 13 and under; or disabled adult child earning no more than \$3,200 per calendar year.
- Eligible dependents do not have to be enrolled under your medical plan to take advantage of the HCFSA.

DOMESTIC PARTNERSHIP ENROLLMENT

Domestic partner enrollment is not subject to a Qualifying Life Event and can be completed any time during the plan year.

Log on to <http://icubabenefits.org> to add your partner and/or dependent(s) information, providing they meet the definition of an eligible dependent as defined in the [ICUBA Plan Document](#). You are required to provide the social security number and date of birth for your partner and eligible dependent(s).

Next, complete the **Affidavit of Domestic Partnership** and **Declaration of Tax Dependent Status** form by visiting the Benefits website at <https://www.nova.edu/hr/benefits/forms/affidavit-of-domestic-partnership.pdf>. Submit the forms to the Benefits department by email loa@nova.edu within **30 days** of processing your enrollment. Domestic partner premiums may be deducted on a post-tax basis.

This is per federal regulations from the Centers for Medicare and Medicaid Services (CMS) as part of their Medicare Secondary Payer Mandatory Reporting requirements.

TERMINATION OF DOMESTIC PARTNERSHIP

You must complete the **Declaration of Termination of Domestic Partnership** form located at https://www.nova.edu/webforms/hrd/dp_termination.html and also log on to <http://icubabenefits.org> to terminate your partner's and/or your partner's child(ren) coverage.

NOTE: You must show proof that you will provide support and have legal guardianship of your partner's child(ren) to keep their coverage active under your insurance.

The **Affidavit of Domestic Partnership** cannot be filed again to qualify for domestic partner benefits until at least twelve (12) months have elapsed from the date the **Declaration of Termination of Domestic Partnership** form was submitted to Office of Human Resources, Benefits department.

Termination of your domestic partner and/or partner's child(ren) coverage must be completed within **30 days** of submitting the **Declaration of Termination of Domestic Partnership** form. If not, then you will need to submit a new request to the Benefits department and reimbursements you may be eligible to receive will be applied toward your new request.