

## **HIPAA**

### **Special Enrollment Notice**

*This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time. Please be aware that if you enroll in the plan at a future date, you and your family may be subject to a limited benefit or pre-existing condition for waiting period. See Immanuel Benefits for more details.*

#### **Loss of Other Coverage**

If you do not apply for coverage for yourself or your dependents (including your spouse) because you have other health insurance coverage at this time, you and your dependents may be entitled to enroll yourself and your dependents in this plan at a later date if that coverage is lost. However, you must request enrollment within 30 days after the date the other coverage ends.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

#### **Marriage, Birth or Adoption**

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Example: When you were hired by this employer, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

#### **Medicaid or CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage. *Note: If you and your eligible dependents enroll during a **special enrollment period**, as described above, you are not considered a late enrollee. See Immanuel Benefits for more details.*