

SANDIA PROPRIETARY INFORMATION

Employee Health Plan Benefits Enrollment/Disenrollment Packet

IMPORTANT ENROLLMENT REQUIREMENTS				
STEP 1:	Complete Section A			
STEP 2:	Review the eligibility criteria in the Sandia Health Benefits Plan Summary Plan Description for Employees, Section 3, Eligibility to ensure your dependent meets the criteria.			
STEP 3:	Review the enrollment and disenrollment mid-year election table and mark the appropriate change event. The table describes mid-year election supporting documentation requirements (if applicable). This documentation can follow the submission of the enrollment form, but is required within 60 days of the mid-year election change event. Your change will not be entered into the HR system until after Benefits receives the documentation. Failure to provide this documentation will result in disqualification of the dependent for coverage.			
STEP 4:	Sign Section D, Employee's Signature certifying the enrollment action request.			
STEP 5:	Fax or mail your completed enrollment form to Benefits. Benefits MUST receive this form within 31 calendar days of the mid-year election change event (60 days for birth/adoption).			
A. Primary Member Info and Qualifying Election Change Information				
First Name			Last Name	M.I.
SNL I.D.			Date of Birth	
Street Address			City, State	ZIP Code
Work Phone			Home Phone	
CHECK (all that apply):				
<input type="checkbox"/> New (Employee currently not enrolled)				
<input type="checkbox"/> ENROLLMENT Complete Sections A, B, & D		<input type="checkbox"/> DISENROLLMENT (specific family member) Complete Sections A, C, & D		<input type="checkbox"/> WAIVE (Sandia coverage)* Complete Sections A, C, & D
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee And Child(ren)		<input type="checkbox"/> Employee And Spouse/ Same-sex Domestic Partner	<input type="checkbox"/> Employee And Spouse/Same-sex Domestic Partner Plus Child(ren)
HEALTH PLAN (mark all that apply):				
<input type="checkbox"/> UHC Premier PPO (Represented Only)		<input type="checkbox"/> UHC Standard (Represented Only)		<input type="checkbox"/> BCBSNM In-Network (Represented Only)
<input type="checkbox"/> Sandia Total Health BCBSNM		<input type="checkbox"/> Sandia Total Health UHC		<input type="checkbox"/> Sandia Total Health Kaiser
<input type="checkbox"/> Dental Plan			<input type="checkbox"/> Vision Plan	
<input type="checkbox"/> CLASS II DEPENDENT CANCELLATION				
DATE OF QUALIFYING MID-YEAR ELECTION CHANGE EVENT			IMPORTANT: You must provide the date of the mid-year election change event (e.g., marriage, birth, adoption date, etc.)	
Benefits Department Use Only		Effective Date:		

SANDIA PROPRIETARY INFORMATION

B. Qualifying Enrollment Mid-Year Event Allowing Change (mark one)				
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends
<input type="checkbox"/>	Birth	You may enroll yourself, spouse (or same-sex domestic partner and his/her child(ren)), newborn, and any eligible dependents.	None	Retroactive coverage to the date of the birth if enrolled within 31 calendar days of the birth. You can also enroll after 31 calendar days but before the 61 st calendar day from the date of birth, however, coverage will be effective on the date the paperwork is received by the Benefits Department.
<input type="checkbox"/>	Adoption or placement for adoption	You may enroll yourself, spouse (or same-sex domestic partner and his/her child(ren)), newly adopted eligible children, and any other eligible dependent(s).	You must submit the official placement agreement and/or official adoption papers upon enrollment.	Retroactive coverage to the date of the adoption or placement for adoption if enrolled within 31 calendar days of the adoption. You can also enroll after 31 calendar days but before the 61 st calendar day from the date of adoption or placement for adoption, however, coverage will be effective on the date the paperwork is received by the Benefits Department.
<input type="checkbox"/>	Legal Guardianship	You may enroll yourself, spouse (or same-sex domestic partner and his/her child(ren)), newly eligible children, and any other eligible dependent(s).	You must submit the legal guardianship court papers granting permanent custody upon enrollment.	Coverage begins on the later of the date of the event creating eligibility or the date the Benefits Department receives completed paperwork.
<input type="checkbox"/>	Marriage	You may enroll yourself, spouse, and any eligible dependent(s).	None	Coverage begins on the later of the date of the event creating eligibility or the date the Benefits Department receives completed paperwork.
<input type="checkbox"/>	Enter into same-sex domestic partnership under Sandia's coverage	If you are already enrolled, you may enroll your same-sex domestic partner and eligible same-sex domestic partner dependents.	None	Coverage begins on the later of the date of the event creating eligibility or the date the Benefits Department receives completed paperwork.
<input type="checkbox"/>	Spouse (or same-sex domestic partner or his/her child(ren)) or eligible dependent(s) terminates employment or retires	You may enroll yourself, spouse (or same-sex domestic partner or his/her child(ren)) or eligible dependent(s) who lose coverage Note: If same-sex domestic partner or children of same-sex domestic partner are the ones with the event, enrollment for all is limited to medical and/or vision coverage.	You must submit the <i>Certificate of Creditable Coverage</i> from previous medical insurance carrier.	Coverage begins on the later of the date of the event creating eligibility, the date of loss of coverage or the date the Benefits Department receives completed paperwork.

SANDIA PROPRIETARY INFORMATION

B. Qualifying Enrollment Mid-Year Event Allowing Change (mark one)				
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends
<input type="checkbox"/>	Employee, spouse (or same-sex domestic partner or his/her child(ren)), or eligible dependent(s) disenroll from an employer group plan during the open enrollment period that operates on a plan year other than a calendar year.	You may enroll yourself, spouse (or same-sex domestic partner or his/her child(ren)), or eligible dependent(s) who lose coverage Note: If same-sex domestic partner or children of same-sex domestic partner are the ones with the event, enrollment for all is limited to medical and/or vision coverage.	You must submit the <i>Certificate of Creditable Coverage</i> from previous medical insurance carrier.	Coverage begins on the later of the event creating eligibility, the date of the loss of coverage or the date the Benefits Department receives completed paperwork.
<input type="checkbox"/> Other: Refer to the Sandia Health Benefits Plan Summary Plan Description, Section 3, Eligibility Information and Section 4, Mid-Year Enrollments/Disenrollment Events for a complete list of qualifying events and supporting documentation requirements.				

Dependent Information: Please list each family member below that you wish to ENROLL.

First Name	Last Name	M. I.	Relation to Employee	SS (REQUIRED)*	Gender	Birth Date	Medical	Dental	Vision
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A Social Security number for all dependents is **required**. Enrollment of your dependent will not occur unless we receive the Social Security number.

***Exception:** Foreign spouses that do not have a Social Security Number and newborns/adoptions.

Important: Employees are required to report to Benefits the dependent social security number once the newborn/adopted child's Social Security number is received.

If you are currently covered and are adding a new family member(s), you only need to list the new addition(s) to your plan.

NOTE: Employees or Eligible Dependents are not eligible to have double health plan coverage. Employees cannot be covered as both a primary participant and a dependent, or as a Dependent under two different Sandia employees.

SANDIA PROPRIETARY INFORMATION

C. Qualifying Disenrollment/Waiver Mid-Year Event Allowing Change (mark one)				
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends
<input type="checkbox"/>	Judgment, decree or order which resulted from a divorce, legal separation, annulment, or change in legal custody, and must meet the requirements of a QMCSO	You may disenroll the eligible dependent(s) consistent with the judgment, decree, or order.	You must submit the official judgment, decree or order upon enrollment.	Coverage ends on the last day of the month in which the event takes place.
<input type="checkbox"/>	Dissolution of same-sex domestic partnership under Sandia's coverage	You must disenroll same-sex domestic partner and children of same-sex domestic partner.	You must complete the <i>Declaration of Termination of Domestic Partnership</i> form.	Coverage ends on the last day of the month in which dependent became ineligible.
<input type="checkbox"/>	Event by which dependent ceases to satisfy eligibility requirements	You must disenroll dependent.	None	Coverage ends on the last day of the month in which dependent became ineligible Note: At the end of the month in which your dependent turns age 26, Sandia Benefits will generally disenroll the dependent. If your dependent was not automatically disenrolled, it is your responsibility to notify the Sandia Benefits Department. Refer to Health Plans Summary Plan Description, Section 10, Continuation of Coverage, for information on COBRA coverage.
<input type="checkbox"/>	Marriage	You may disenroll yourself and any enrolled dependents who enroll in a Sandia-sponsored or non-Sandia-sponsored plan of the same type (e.g., medical, dental, vision).	You must provide documentation of enrollment in the non-Sandia-sponsored plan.	Coverage ends on the last day of the month in which the event takes place.
<input type="checkbox"/>	Death of Spouse/ Domestic Partner or dependent	You must disenroll spouse/same-sex domestic partner or dependent.	None	Coverage ends on the date of death.
<input type="checkbox"/>	Spouse or eligible dependent(s) commences employment	You may disenroll yourself, spouse, and/or enrolled dependent(s) who enroll in a Sandia-sponsored or non-Sandia-sponsored plan of the same type (e.g., medical, dental, vision).	You must provide documentation of enrollment in the non-Sandia-sponsored plan.	Coverage ends on the last day of the month in which the event takes place.

SANDIA PROPRIETARY INFORMATION

C. Qualifying Disenrollment/Waiver Mid-Year Event Allowing Change (mark one)				
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends
<input type="checkbox"/>	Same-sex domestic partner commences employment	You may only disenroll your same-sex domestic partner and/or child(ren) of same-sex domestic partner	None	Coverage ends on the last day of the month in which the event takes place
<input type="checkbox"/>	Spouse or eligible dependent(s) have a change that makes them eligible for other coverage	You may disenroll yourself, spouse, or dependent(s) who enroll in a Sandia-sponsored or non-Sandia-sponsored plan of the same type (e.g., medical, dental, vision)	You must provide documentation of enrollment in the non-Sandia-sponsored plan.	Coverage ends on the last day of the month in which the event takes place
<input type="checkbox"/>	Spouse or eligible dependent(s) enrolls in an employer group plan during the open enrollment period that operates on a plan year other than a calendar year	You may disenroll yourself, spouse, or dependent(s) who enroll in a non-Sandia-sponsored plan of the same type (e.g., medical, dental, vision)	You must submit documentation of enrollment in the non-Sandia-sponsored plan.	Coverage ends on the last day of the month in which the event takes place
<input type="checkbox"/>	Same-sex domestic partner (or his/her child(ren)) enrolls in an employer group plan during the open enrollment period that operates on a plan year other than a calendar year	You may only disenroll your same-sex domestic partner and/or child(ren) of same-sex domestic partner	None	Coverage ends on the last day of the month in which the event takes place
<input type="checkbox"/> Other: Refer to the Sandia Health Benefits Plan Summary Plan Description, Section 3, Eligibility and Section 4 Mid-Year Enrollments/Disenrollments for a complete list of qualifying events.				

Dependent Information: Please list each family member below that you wish to DISENROLL

First Name	Last Name	M.I.	Relationship to Employee	SSN No.	Gender	Birth Date	Medical	Dental	Vision
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

