

## Employee Health Plan Benefits Enrollment/Disenrollment Packet

Benefits **MUST** receive this form within 31 calendar days of the mid-year election change event.

IMPORTANT ENROLLMENT REQUIREMENTS	
<b>STEP 1:</b>	Complete Section A.
<b>STEP 2:</b>	Review the eligibility criteria located in Section 3 of the <a href="#">Sandia Health Benefits Plan for Employees Summary Plan Description</a> (SPD) to ensure your dependent meets the eligibility criteria.
<b>STEP 3:</b>	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's coverage.
<b>STEP 4:</b>	Sign Section D to certify the enrollment action request.
<b>STEP 5:</b>	<b style="color: blue;">Benefits MUST receive this form within 31 calendar days of the mid-year election change event.</b> For births, adoptions, or placements for adoptions, you have retroactive coverage to the date of the event if enrolled within 31 calendar days of the event; however, you may enroll these dependents between 31-61 calendar days after the event with coverage effective on the date the paperwork is received by the Benefits Department.
<b>STEP 6:</b>	Submit your completed form via fax to Benefits at 505-844-7535 (please retain a copy of your fax confirmation for your records), OR hand-deliver to Benefits Customer Service in Bldg. 832. Contact Benefits Customer Service at 505-844-4237, option 2 with questions.
<b>STEP 7:</b>	You will receive a confirmation email from Benefits when your enrollment or disenrollment has been processed.

### A. Primary Member Info and Qualifying Election Change Information

First Name	Last Name	M.I.	
SNL I.D.	Org.	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	<input type="checkbox"/> Employee and Spouse plus Child(ren)

**HEALTH PLAN (mark all that apply):**

<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	

**CLASS II DEPENDENT CANCELLATION**

<b>DATE OF QUALIFYING MID-YEAR ELECTION CHANGE EVENT</b>	<b style="color: blue;">IMPORTANT:</b> You must provide the date of the mid-year election change event (e.g., marriage, birth, adoption date, etc.)
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<b>Benefits Department Use Only</b>	<b>Effective Date:</b>
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<b>B. Qualifying Enrollment Mid-Year Event Allowing Change (mark one)</b>				
	<b>Mid-year Change Event</b>	<b>Allowable Change</b>	<b>Supporting Documentation</b>	<b>When Coverage Begins and Ends</b>
<input type="checkbox"/>	Birth	You may enroll yourself, spouse, spouse's 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 <sup>st</sup> 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, spouse's 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 <sup>st</sup> 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, spouse's 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"/>	Spouse, spouse's child(ren), or eligible dependent(s) terminates employment or retires	You may enroll yourself, spouse, spouse's child(ren) or eligible dependent(s) who lose coverage.	You must submit official documentation from employer verifying loss of coverage.	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.
<input type="checkbox"/>	Employee, spouse, spouse's 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, spouse's child(ren), or eligible dependent(s) who lose coverage.	You must submit official documentation from employer verifying loss of coverage.	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.



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"/> Other: _____ Refer to Section 3 (Eligibility) and Section 4 (Mid-Year Enrollment/Disenrollment Events) in the <a href="#">Sandia Health Benefits Plan for Employees SPD</a> for a complete list of qualifying events and supporting documentation requirements.				

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

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.

First Name	Last Name	M. I.	Relation to Employee	SSN (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 (SSN) for all dependents is **required**. Enrollment of your dependent will not occur unless we receive the Social Security Number.

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

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

**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.

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 Qualified Medical Child Support Order (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"/>	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  <b>Note:</b> 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 Section 10 (Continuation of Coverage) in the <a href="#">Sandia Health Benefits Plan for Employees SPD</a> 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 or dependent	You must disenroll spouse 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.



**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"/>	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.

Other: \_\_\_\_\_

Refer to Section 3 (Eligibility) and Section 4 (Mid-Year Enrollment/Disenrollment Events) in the [Sandia Health Benefits Plan for Employees SPD](#) for a complete list of qualifying events and supporting documentation requirements.

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

First Name	Last Name	M.I.	Relationship to Employee	SSN	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"/>

