SF 4400-PKG (11-2017)



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										
STEP 1:	Complete Section A.										
STEP 2:	Review the eligibility criteria located in Section 3 of the Sandia Health Benefits Plan for Employees Summary Plan Description (SPD) to ensure your dependent meets the eligibility 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's coverage.										
STEP 4:	Sig	n Section D to ce	rtify the en	rollm	ent action	on reque	st.				
STEP 5:	Ben	efits MUST rece	ive this for	n wit	hin 31 ca	alendar o	days of t	he mid-	yea	election c	hange event.
	eve bet	births, adoption nt if enrolled wit ween 31-61 caler eived by the Ben	hin 31 caler dar days a	ndar d fter th	days of t ne event	he even	t; howev	er, you	may	enroll the	
STEP 6:	con	mit your comple firmation for you efits Customer S	ır records),	OR h	nand-del	iver to B	enefits (Custom	er S		py of your fax dg. 832. Contact
STEP 7:		will receive a co	onfirmation	emai	il from B	enefits v	vhen you	ır enrol	lme	nt or diseni	rollment has been
A. Primary	у Ме	mber Info and	Qualifying	Elec	tion Ch	ange In	formati	on			
First Name				Last	Name					M.I.	
SNL I.D.				Org.					D	ate of Birth	
Street Addr	ess			City	, State					ZIP Code	
Work Phone	æ					Home F	Phone				
CHECK (all	that	apply):									
☐ New (En	nploy	ee currently not e	nrolled)								
☐ ENROL Comple		NT ections A, B, & D			MENT (sections A,	pecific fa C, & D	mily mer	nber)			andia coverage)* Sections A, C, & D
Employ	oyee										
HEALTH P	HEALTH PLAN (mark all that apply):										
☐ Sandia Total Health BCBSNM ☐ Sandia Total Health UHC ☐ Sandia Total Health Kaiser											
☐ Dental Plan ☐ Vision Plan											
☐ CLASS II DEPENDENT CANCELLATION											
DATE OF G	QUAL	IFYING MID-YEA	AR ELECTION	ON C	HANGE	EVENT		ar elect	ion (change eve	de the date of the ent (e.g., marriage,
Benefits Department Use Only Effective Date:											

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B. Qualif	ying Enrollment N	Mid-Year Event Allowin	g Change (mark o	one)
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends
	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 61st calendar day from the date of birth; however, coverage will be effective on the date the paperwork is received by the Benefits Department.
	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 61st 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.
	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.
	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.
	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.
	Employee, 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.

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B. Qualifying Enrollment Mid-Year Event Allowing Change (mark one)								
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends				
Other:								
Refer to Section 3 (Eligibility) and Section 4 (Mid-Year Enrollment/Disenrollment Events) in the <u>Sandia Health Benefits</u> <u>Plan for Employees SPD</u> 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

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.

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C. Qualifying Dis	senrollment/Waiver Mid-	Year Event Allowing (Change (mark on	e)
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends
	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.
	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 Section 10 (Continuation of Coverage) in the Sandia Health Benefits Plan for Employees SPD for information on COBRA coverage.
	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.
	Death of spouse or dependent	You must disenroll spouse or dependent.	None	Coverage ends on the date of death.
	Spouse or eligible dependent(s) commences employment	You may disenroll yourself, spouse, and/or enrolled dependent(s) who enroll in a Sandiasponsored 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.

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C. Qualifying Disenrollment/Waiver Mid-Year Event Allowing Change (mark one)							
	Mid-year Change Event	Allowable Change	Supporting Documentation	When Coverage Begins and Ends			
	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 Sandiasponsored 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.			
	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-Sandiasponsored plan.	Coverage ends on the last day of the month in which the event takes place.			
	(Eligibility) and Section 4 (Micra complete list of qualifying			the <u>Sandia Health Benefits Plan for</u> rements.			

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

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D. Employee Certification and Signature

Authorize Elections

I certify that the Class I dependent enrollment(s) elected with this action is in accordance with Sandia Corporate Policy Requirements as detailed in the <u>Sandia Health Benefits Plan for Employees SPD</u>. I also understand that I am responsible for disenrolling any dependents that become ineligible within 31 calendar days.

I understand that I must disenroll my ineligible dependent within 31 calendar days of the date that my dependent no longer meets the eligibility criteria for coverage under a Sandia medical, dental, or vision program.

If you do not disenroll your ineligible dependent, Sandia reserves the right to:

- Take employee disciplinary action up to and including termination for fraudulent use of the <u>Sandia Health</u> Benefits Plan for Employees SPD;
- Take action that results in permanent loss of coverage for you and your dependents for fraudulent use of the Sandia Health Benefits Plan for Employees SPD;
- Report the incident to the DOE Office of the Inspector General;
- Retroactively terminate dependent coverage to the extent permitted by law, effective the end of the month in which the dependent became ineligible;
- Hold the employee personally liable to refund to Sandia the cost of all medical, dental, and vision benefits
 provided during the ineligible period;
- Hold the employee personally liable to reimburse paid plan premiums for the current calendar year only; and
- Terminate any rights to temporary continued coverage under COBRA (if Sandia is not notified within 60 calendar days of what would have been the loss of coverage through Sandia).

I understand that failure to provide timely notice of loss of eligibility will be considered intentional misrepresentation.

I agree to abide by the terms and conditions in the applicable Summary Plan Description concerning subrogation and right of recovery provisions.

I understand that if I waive coverage for myself and all of my dependents for medical, dental and vision that Sandia is not responsible for any health plan expenses incurred by me or my dependents during the period in which these benefits are waived. I also understand that my next opportunity to enroll in a Sandia healthcare plan will be during the Open Enrollment period for coverage beginning the next calendar year or based on an eligible mid-year election change event.

I agree that the information provided in this packet	is true and correct to the best of r	ny knowledge.			
authorize Sandia to increase or decrease my health care premium amount as applicable.					
Signature	SNL I.D.	Date			

This form must be received by Benefits within 31 calendar days of the mid-year election change event.

Submit this completed form along with any required documentation via one of the following methods:

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 Information: Benefits Customer Service at 505-844-4237, option 2

FOR BENEFITS USE ONLY					
Signature of Benefits representative	Date change entered in SNL database				