

Tip Sheet - DELETING A DEPENDENT

Risk Management/Group Insurance 561- 233-5400 / Fax 561-242-7184

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When you have an eligible qualified event (e.g. divorce, change in spouse's/dependent's employment status resulting in eligibility for coverage, Medicare/Medicaid eligibility, death, etc.) you and your qualified dependents normally have 30 days from the event to make allowable changes to your group insurance coverage.

Complete the applicable group insurance forms to remove your dependent and forward them to Risk Management within the required 30 days.

IMPORTANT!	You must contact Risk Mgmt and process allowable changes to your coverage within 30 days of the date of the event. Failure to do so may delay removing your dependent from your coverage until the next applicable Plan Year, beginning January 1.
Effective date of coverage termination	First day of the calendar month, following receipt of the completed forms with documentation or the end of the month in which your dependent is no longer an eligible dependent (e.g. end of the month in which your divorce is final).
Divorce	Copy of final divorce order. Please note, legal separation is not a court action in Florida. Therefore, you usually have to wait until your divorce is final to remove your former spouse.
Change in employment status of spouse or dependent resulting in eligibility for other coverage	Written, dated confirmation from your spouse's/dependent's employer confirming that your spouse/dependent experienced a qualified event (e.g. date of hire) and subsequently is becoming eligible for benefits. Documentation is to be furnished on employer's letterhead with a contact name, telephone number and must confirm the date that your spouse/dependent will become eligible for benefits and the coverage type.
Medicare or Medicaid Eligibility/Entitlement	Written confirmation of the entitlement for Medicare/Medicaid. Must include the date that the coverage becomes effective. This change – same as other eligible qualified events - must be processed within 30 days of becoming <u>entitled</u> to Medicare or Medicaid. If the member does not notify Risk Management within 30 days of first becoming entitled to the benefit, the coverage termination will be delayed until the next applicable open enrollment period.
Death	Copy of death certificate
Coverage Continuation under COBRA	Under federal law, your dependents must be given the opportunity to continue health coverage when there is a qualified event (e.g. divorce, or a dependent child no longer qualifies as a dependent under the group insurance plan) that would result in loss of coverage. It is your responsibility to inform your group insurance office within 60 days of the date of a divorce, or child losing dependent status under the plan. COBRA benefits are administered by a third party, WageWorks, and written notification will be issued by WageWorks, to the qualified individual within the allowable timelines, following a qualified event. COBRA premiums are 102% of the total monthly coverage charge. Details of COBRA rights/responsibilities are outlined in the Summary Plan Descriptions. Deleting a dependent during Open Enrollment - without an associated qualified event that you have made Risk Management/Group Insurance aware of - does not result in eligibility for COBRA benefits.
Payroll Deductions	<ul style="list-style-type: none"> •If your level of coverage decreases (e.g. "Employee Plus One Dependent" to "Employee Only", your premium will be reduced with the paycheck containing the coverage begin date of your lower coverage level •Retroactive refunds may be due to you - it is your responsibility to check your deductions each paycheck and notify Group Insurance immediately of any discrepancies

The information presented above is for informational purposes only. In the event of an error, the contracts of insurance will prevail. In accordance with the provisions of ADA this document may be requested in an alternative format.

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