

REQUEST FOR Health/Dental Insurance ENROLLMENT FORM

Adjunct Faculty and Part-time Educational Assistants (regular scheduled to work less than 17.5 hours/week) are eligible to enroll in the State of Connecticut Health and dental plans by paying 100% of the premium cost. Read the important information and deadlines below:

For a copy of the healthcare Options Planner (Summary of the plans) go to:

<http://www.osc.ct.gov/stemploy.htm>

Employees must complete this section

Employee Name:	
Employee Address:	
Employee ID:	Date of Birth:
Start Date of Your Contract:	

Instructions

1. Return this completed form to Hank Moss in the Payroll Office (E306). You must submit this form to Hank within 10 business days of your contract start date.
2. Upon receipt of this form, Hank will generate an official health/dental enrollment form and send the form to you to complete and return to him for processing.
3. If you enroll dependent(s), you must provide the dependents Date of Birth and Social Security Number on the official enrollment form and submit the following documentation:

Relationship

Documentation Required

Spouse

Marriage Certificate

Divorce/Legal Separation

Come to HR Office for instruction (E306)

Dependent Children under Age 26

Birth Certificate

Employee is birth parent

**employee is legal guardian*

Documentation of Legal Guardianship

Child is under age 18

Employee is adoptive parent

Adoption Decree or Birth Certificate

Employee is Step Parent

Birth Certificate and Marriage Certificate

Disable Child over Age 26

Requires documentation noted about and completion of the insurance carrier's medical verification form. form is submitted to the insurance carrier for approval.

**Employees providing medical Plan Coverage to an individual after legal guardianship ended at 18(Child is between the ages of 18-26) and the employee would like to continue coverage they must complete form CO-1318 and submit one of the following forms:*

- If the child continues to be the employee's dependent for federal income tax purposes, the benefit will not be taxable to the employee. **Form CO 1048 QR Qualified Dependent** (former Ward) should be used by the employee to document the individual's status as a dependent for tax purposes.
- While employees are permitted to cover a former ward who is not a tax dependent, the fair market value of the benefit will be taxable. **Form CO-1048 NQ_ Qualified Child** (Former Ward) should be filled out by the employee to designate individuals under the age of 26 who are covered under the plan but do not qualify as a dependent for federal tax purposes.

Billing and Payment Dates

1. A bill will be sent to your home address on the 25th or each month. Payment is due in the Payroll Office by the 3rd day of the following month.
2. If payment is more than 30 days late, your coverage will be terminated for non-payment and you will not be eligible for COBRA benefits.
3. If you have submitted payment for coverage during your contract period you will be offered COBRA benefits when your employment ends.

*You **MUST** inform us immediately if you are eligible for this benefit*

If you are teaching 9 or more credits at multiple units of public higher education (Norwalk Community College and one or more of the Connecticut State Universities), you may be eligible for state-subsidized health insurance.

Please see Hank Moss in the Payroll Office (E306) or call him at (203) 857-7129. Adjunct Faculty teaching at least 9 hours in the Community College System are not eligible for this benefit.

If you qualify for state-subsidized health insurance, your payment must be submitted to the Payroll Office by the 3rd of each month to be eligible for reimbursement.

Questions: Contact Hank Moss (Room E306) or at (203) 857-7129 or by email at hmos@ncc.commnet.edu