

Enrollment Rights Notice

Under HIPAA (Health Insurance Portability and Accountability Act 1996)

Employee Name _____ SSN _____ Date _____

| | |
|--|---|
| Initial Enrollment | You have completed the waiting period of _____ days and are now eligible to enroll yourself and/or your dependents in our Company's Group Health Plan. |
| Special Enrollment | When enrollment is offered to an employee or dependent under the plan and is declined, then under HIPAA, a group health plan is required to permit employees and dependents (including your spouse) Special Enrollment periods (Federal Register Section 54.9801-6T Special Enrollment). The special enrollment rights apply without regard to the dates on which an individual would otherwise be able to enroll under the plan. Special Enrollment periods are to apply to you and/or your spouse and/or your dependents if you have a new dependent as a result of marriage, birth, adoption or the placement for adoption . Under these rules, a group health plan is required to provide a special enrollment period for these individuals should they request enrollment within <u>30 days</u> after a special enrollment event has occurred. |
| Special Enrollment for Declining Enrollment | If you are declining enrollment for yourself or your dependents (including your spouse) and you state in writing that you and/or your dependents have coverage under another group health plan or health insurance coverage as the reason for declining to enroll, then special enrollment rules may apply to you and/or your spouse and/or your child/ren in the event you and/or your dependents have lost this other coverage due to the loss of eligibility. If you are declining enrollment for yourself and/or dependents because you have COBRA continuation coverage under another plan, you will not be eligible for a Special Enrollment until COBRA continuation coverage has been exhausted or terminated as a result of loss of eligibility . Loss of eligibility does not include a loss due to failure of the individual or the participant to pay premiums on a timely basis or termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan). Under these rules, a group health plan is required to provide a special enrollment period for yourself and/or your dependents should they request enrollment within 30 days after the loss of other coverage has occurred. |

If you are declining enrollment, please be sure to sign a Notice of Declining Enrollment form.

| | |
|-------------------------------|--|
| Annual Open Enrollment | Your plan may offer an Annual Open Enrollment giving you the opportunity to enroll yourself and/or your dependents if you have previously declined/waived coverage for you and/or dependents. |
|-------------------------------|--|

Please check with your plan administrator to verify if this option is available to you and/or your dependents.

Signature _____ Date _____