MICHIGAN STATE UNIVERSITY

Offline Enrollment/Change Form

Complete this form to enroll, change, or cancel benefits for you and/or your dependents(s). For new hires, forms must be received by Human Resources no later than **30 days** after date of hire. Employees who are newly eligible or have a qualifying event, forms must be received by Human Resources no later than **30 days** after date of event. For more information regarding enrollment and qualifying events please contact MSU Human Resources at 517-353-4434, toll-free at 800-353-4434, or email SolutionsCenter@hr.msu.edu.

Personal Information – Please print clearly

Name (Last, First, Middle Initial)	Social Security Number or ZPID	Work Phone

Are you an Active Employee? ☐ Yes ☐ No Are you a Retiree? ☐ Yes ☐ No Are you on COBRA? ☐ Yes ☐ No If yes, Are you dependent of an employee? ☐ Yes ☐ No If yes, Employee's Name_____	If your spouse is an MSU employee/retiree, indicate his/her full name:	Home Phone

Reason for Completing This Form

☐ **Benefit Exception**	☐ **Birth/Adoption**	☐ **Change in Daycare**	☐ **Change in Work %**	☐ **Dependent Arrival in the US**
☐ **Divorce**	☐ **Loss of Previous Coverage**	☐ **Newly Eligible**	☐ **Marriage**	☐ **Obtaining Other Coverage**
☐ **Other:**				**Event Date:**

Health Plan	Employee Only	Employee + One	Family	Cancel Coverage
Blue Care Network-Michigan/ CVSCaremark	☐	☐	☐	☐
Community Blue PPO/ CVSCaremark	☐	☐	☐	☐
[1]Consumer Driven Health Plan (BCBS)/CVSCaremark	☐	☐	☐	☐
Humana Group Medicare Advantage PPO	☐	☐	☐	☐
Humana MSU Non-Medicare PPO	☐	☐	☐	☐
[2]Humana Transition PPO	N/A	☐	☐	☐
[3]Heath Plan Waiver Enrollment ☐				

[1]Consumer Driven Health Plan is only available to active faculty, academic staff, executive management, and non-union employee.
[2]The Humana Transition Plan is available when there is a mix of Medicare and non-Medicare enrolled family members.
[3]If you have other coverage you may waive MSU health coverage and receive up to $600 based on your employment status.

Dental Plan		Employee Only	Employee + One	Family	Cancel Coverage
☐ Aetna DMO	☐ Aetna Premium DMO	☐	☐	☐	☐
☐ Delta Dental		☐	☐	☐	☐

Flexible Spending Accounts (FSA)	Enroll	Increase Contribution	Decrease Contribution	Amount	Cancel Coverage
Dependent Care FSA (Max -$5,000)	☐	☐	☐	$	☐
Health FSA (Max - $2750)	☐	☐	☐	$	☐

FSAs will take effect the first of the following month.

Health Savings Account (HSA)	Enroll/ Change	Percent Contribution	Cancel
	☐	%	☐

To enroll in a Health Savings Account (HSA) you MUST meet the following IRS regulations: **1) You must be covered by a HSA qualified high deductible health plan (like the MSU CDHP administered by Community Blue), 2) You cannot be covered by another non-high deductible medical plan (a major medical plan) or a high-deductible plan that is not compliant with IRS rules regarding HSAs, 3) You cannot be covered by a health care flexible spending account (HCSA), Note: You cannot receive an employer contribution or contribute to your HSA plan as long as you have remaining funds in a health care flexible spending account until the end of the FSA grace period, currently April 30. 4) You cannot be enrolled in Medicare (Part A, B or D); 5) You cannot be claimed as a dependent on another individual's tax return; and 6) You cannot be currently enrolled in the Student Health Plan.** In addition, while you can make changes to your HSA plan at any time you do need to enroll in the plan during your initial enrollment period. If you do not enroll during this time you will need to wait until your next open enrollment period

HSAs will take effect the first of the following month.

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Enrolling and Updating Eligible Dependents

To **add** a dependent or **delete** a dependent from your health plans, fill out the dependent information. When adding new dependents due to marriage, birth or adoption, provide a copy of the marriage certificate, birth certificate, or adoption information and attach it to this form. Additional information about eligible dependents and required documentation is located at www.hr.msu.edu/benefits/documents/EligibleDependents.
If you are adding an OEI you will also need to complete the **Other Eligible Individual Registration Form** located at www.hr.msu.edu/benefits/other-eligible-individual/documents/OEIForm. Information outlining the enrollment guidelines for Other Eligible Individuals is available online at hr.msu.edu/benefits/other-eligible-individual/index.

Enrolling Dependents

Dependent Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YY)	Gender (M/F)	Relationship	Enroll(ed) in MSU coverage?		Enrolled in other coverage?		Medicare A & B?	Full-time Student?
					Health	Dental	Health	Dental		
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐

Remove Dependents

To **remove** an existing dependent (s) from your plan, list the person(s). If you are removing a dependent due to divorce provide COBRA information in the spaces provided below. To **remove** a beneficiary from all your plans, list the beneficiary's name and social security number.

Dependent\Beneficiary Name (Last, First, Middle Initial)	Social Security Number	Delete MSU Coverage?		For COBRA notification, provide the person's address if he/she is not living with the subscriber.
		Health	Dental	
		☐	☐	
		☐	☐	

Employee-Paid Life[4]

Employee	Spouse[5]	Child(ren)	☐ Cancel All Coverage
☐ No Coverage	☐ No Coverage	☐ No Coverage	
☐ 1X Salary ☐ 6X Salary	☐ $10,000 ☐ $25,000	☐ $5,000 ☐ $10,000	
☐ 2X Salary ☐ 7X Salary	☐ $50,000 ☐ $ 75,000	☐ $15,000 ☐ $20,000	
☐ 3X Salary ☐ 8X Salary	☐ $100,000 ☐ $125,000	☐ $25,000	
☐ 4X Salary ☐ 9X Salary	☐ $150,000 ☐ $175,000 ☐ $200,000		
☐ 5X Salary ☐ 10X Salary			

Accidental Death and Dismemberment[4]

Employee	Spouse + Dependents	☐ Cancel All Coverage
☐ 1X Salary ☐ 6X Salary	Family Option ☐	
☐ 2X Salary ☐ 7X Salary		
☐ 3X Salary ☐ 8X Salary		
☐ 4X Salary ☐ 9X Salary		
☐ 5X Salary ☐ 10X Salary		

[4]If you are a late enrollee applying for coverage 30 days after date of hire, or you are increasing coverage, you will need to provide proof of good health (i.e., evidence of insurability [EOI])

Authorization – Please read, sign, and date this section.

I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I authorize the required payroll deductions (pre-tax or after-tax). I understand that only those dependents listed on this form who meet the definition of "Dependent" or "Sponsored Dependent" will be covered by the benefits I have elected (refer to the plan brochure for the definition of "Dependent" and Sponsored Dependent").

I authorize my selected health plan to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse, and/or dependent(s), which are necessary to the administration of my contract.

I have read and agree to the terms and conditions above and outlined in the plan brochures. I verify all above information is true, correct, and complete.

You can return this form by:

Mail address/Drop Box: 1407 S Harrison Rd, East Lansing MI 48823-5287
Fax: Fax number: 517-432-3862
E-mail: **SolutionsCenter@hr.msu.edu, if sending by email please send securely**

Signature _____ Date _____

MSU is an affirmative-action, equal-opportunity employer.