

# Catskill Area School Employee Benefit Plan

## Notice of HIPAA Special Enrollment Rights

As a new employee, you are eligible to participate in the Catskill Area School Employee Benefit Plan. In order to participate, you must complete an enrollment form and pay part of the premium through payroll deduction.

A federal law called HIPAA requires that we notify you about a very important provision in the plan. That is your right to enroll in the plan if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### **Special Enrollment Provision Loss of Other Coverage.**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.**

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **Important Warning**

*If you decline enrollment for yourself or for an eligible dependent, **you must complete the attached "Form for Employee to Decline Coverage."** On the form, you are required to state that coverage under another group health plan or other health insurance coverage is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption.*

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your District Benefit Clerk or CASEBP at 800-962-6294 or 607-588-8917