

Benefits Open Enrollment Form *(complete only if making changes)*

Print Name _____

DUE IN THE PERSONNEL OFFICE BY NOVEMBER 13, 2023(586) 758-8337 or shelton.edie@vdps.net

Union _____ Building _____

Please read instructions below before completing this form.

Open Enrollment is passive this year, which means your 2023 benefits, except for flexible spending accounts, will automatically rollover to 2024 unless you want to make changes. If you wish to enroll yourself, your spouse and/or dependent(s) please complete the information below. Please place an "X" in the box for the coverage you are selecting. Coverage will be effective January 1, 2024. A marriage certificate will be needed to add a spouse. **Please make sure to include the social security number for each person you wish to enroll.**

First Name	Last Name	Social Security #	Relationship (spouse, daughter, son, etc..)	Date of Birth	Health/ RX	Dental	Optical	Vol. Life	Vol. AD & D

Please indicate any address corrections below.

Employee's Mailing Address:	Employee's Phone Number	If dependent's address is different , please enter dependent's name and address below

I understand that it is my responsibility to notify the Personnel Office within 30 days if my spouse and/or dependent(s) no longer meet the qualifications to remain on my health, prescription drug, dental, and/or vision insurance. Failure to notify the Personnel Office constitutes insurance fraud and disciplinary action will be taken, including reimbursement of paid insurance claims.

Employee Signature_____
Date

Contact the Personnel Office if you wish to enroll in a TSA, and/or enroll/check your status for Voluntary Life or Voluntary Long-Term Disability. Flexible Spending Account (FSA) Enrollment Forms and Information are available on-line: www.vdps.net under Personnel.

Eligible Dependent Rules

Spouse – Ex-spouses do not qualify for coverage. Employees are responsible to complete the enclosed “Notification of change(s) in spouse/dependent status” within 30 days of a divorce.

Dependent children – This category includes children of the subscriber by birth, legal adoption, or legal guardianship, dependent stepchildren who reside with the subscriber, or children from a former marriage of whom the subscriber has custody. Adult children are eligible to age 26.

Children eligible because of a court order

Disabled dependents – These dependents are the subscriber’s children who are totally and permanently disabled, either physically or mentally. Michigan law requires that disabled dependents continue coverage as regular members if they meet all of the following requirements:

- They are totally and permanently disabled prior to age 19.
- They are incapable of self-sustaining employment.
- The disability is certified by a physician.

**VAN DYKE PUBLIC SCHOOLS
BENEFIT ELIGIBILITY
NOTIFICATION OF CHANGE(S) IN SPOUSE/DEPENDENT STATUS**

ATTENTION EMPLOYEE

This form is to be completed to report changes in spouse and dependent status. Failure to complete and submit this form in a timely manner will result in disciplinary action including reimbursement of paid insurance claims. Should you have any questions as to this forms purpose or how to complete the form, contact the Personnel Office at (586) 758-8337 or shelton.edie@vdps.net.

In regards to divorce, and a child ceasing to be a dependent under the terms of the group health plan, notification must be made within 30 days of the event.

Name of Company: Van Dyke Public Schools

Name of Employee: _____

Name of Spouse/Dependent(s)
no longer eligible for coverage: _____

Relationship to Employee: _____

Please check one:

☐ Divorce Date of Event: _____
(Attach a copy of the signed divorce decree.)

☐ Child Ceasing To Be A Dependent Event: _____

Date of Event: _____

Current Mailing Address of Spouse/Dependent(s) Losing Coverage:

Street Address: _____

City, State, Zip: _____

Telephone: _____

Employee Signature

Date

Mail Completed Form to:

Van Dyke Public Schools, Personnel Office, 23500 MacArthur Blvd., Warren, MI 48089

VAN DYKE PUBLIC SCHOOLS

23500 MacArthur Avenue

Warren, MI 48089

ADDRESS NOTIFICATION FORM

To The Covered Employee,

If you have a dependent that is covered by Van Dyke Public Schools group health plan whose legal residence is not yours (dependent child covered by court order, living with an ex-spouse, etc.), you are required to provide us with the proper address so notices can be sent to them as well. Should you have any questions, please call (586) 758-8337 or shelton.edie@vdps.net immediately. Thank you for your assistance.

This information must be provided to the Personnel Office upon commencement of coverage under the group health plan.

COVERED DEPENDENT ADDRESS INFORMATION

1. Name of covered dependent: _____
2. Name of guardian, ex-spouse, etc.: _____
3. Street address: _____
4. City: _____ State: _____ Zip: _____

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**IMPORTANT NOTICES REGARDING YOUR BENEFITS UNDER THE
Van Dyke Public Schools Health and Welfare Plan ("Plan")**

Date: October 24, 2023

Federal law requires that employers provide specific disclosures to employees about their group health plans and enrollment rights that may be available. Please carefully review the following information.

If you have questions about any of these notices, please contact Alicia Holifield at: x8337 or Edie Valentine at x8405

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Special Enrollment Notice

If you decline enrollment for yourself or 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). 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. Further, if you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact the Plan Administrator above.

Reminder of Privacy Notice

The Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Plan Administrator.

Summary of Benefits and Coverage (SBC)

- Community Blue 12
- Simply Blue

The Summary of Benefits and Coverage can be accessed on the Personnel page of the district's website or via the email that was sent.