Effective Date for Coverage

Initial enrollment is during the first 31 days of your employment. You must complete an enrollment form provided by Staff Benefits during orientation. The requested coverage will become effective on the first of the calendar month that next follows the date of your employment.

If request for coverage is made more than 31 days after the date an employment, coverage for such individual will become effective as described below.

However, if you are not actively at work on the date coverage would otherwise be effective, your coverage will not be in force until the date you return to active work.

Annual Open Enrollment Period

An Annual Open Enrollment Period will be available for any Member or Dependent who failed to enroll during the initial enrollment period, or during any “Special Enrollment Period” or during any previous “Annual Open Enrollment Period”.

To qualify for enrollment during the Annual Open Enrollment Period, the Member or Dependent must meet the eligibility requirements described in the Plan.

The Annual Open Enrollment Period will be during the month of November each year.

The effective date for any qualified individual requesting coverage during the Annual Open Enrollment Period will be the following January 1st.

The individual will be subject to the plan’s Preexisting Condition Exclusion provisions when his or her coverage becomes effective.

Special Enrollment

If you do not enroll during the initial or open enrollment periods, you may be eligible to enroll by completing an application for coverage and returning it to ISU Staff Benefits within 31 days after one of the following events:

- termination of coverage under another employer’s health plan due to the employer terminating the plan; or
- termination of coverage under another employer’s health plan (voluntary or involuntary); or
- loss of coverage under another health plan due to divorce or separation; or
- loss of coverage under another employer’s health plan due to death or an employee; or
- termination of coverage due to disqualification under a state or federally-sponsored health plan.

You must provide written documentation of a qualifying event, within 60 days of the qualifying event. The employee and/or dependent will become a Member on the day following the date the other coverage ends, provided the employee and/or dependent is otherwise eligible.