

CMU Choices Status Change Request Form

IRS Section 125 Status Change Events – Employees can make certain benefit coverage changes, consistent with the event, during the plan year.

You must complete this form and submit along with supporting documentation to the Benefits & Wellness office, 108 Rowe Hall, within 30 calendar days of a qualifying status change event or wait until the next open enrollment period. Review the [Benefits Status Change webpage](#) for more information.

Purpose of Request – COMPLETE FIRST	
<input type="checkbox"/> ADD or REMOVE dependent(s) (to/from current coverage with no change in plan(s)) Complete sections 1, 2, 3 and SIGN (pg. 2)	<input type="checkbox"/> ENROLL employee or employee and dependent(s) (No current coverage) <input type="checkbox"/> CHANGE plan(s) currently enrolled (may also include addition of dependent(s)) Complete sections 1, 2, 3, 5, 6 and SIGN (pg. 2)
<input type="checkbox"/> DROP plan(s) currently enrolled Complete sections 1, 2, 4 and SIGN (pg. 2)	

Section 1: Employee Information

Employee Full Name: _____

Campus ID#: _____

Employee Group: Staff Medical Faculty

Regular Faculty Fixed-term Faculty Post-doctoral Research

Section 2: Qualifying Event

Date of Event: ____/____/____

The actual start/stop date of coverage will be determined by the Benefits & Wellness office in accordance with IRS regulations governing Section 125 Plans.

<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce/Legal Separation	<input type="checkbox"/> Change in Employment Status	<input type="checkbox"/> Other Event.
<input type="checkbox"/> Birth	<input type="checkbox"/> Loss of Other Coverage	Details: _____	Details: _____
<input type="checkbox"/> Death	<input type="checkbox"/> Enrolled in Other Coverage	_____	_____

Section 3: Dependent Information						Place an "A" to Add, "R" to Remove from coverage			Other coverage?	If "N" is entered for spouse / OEI, you must complete Affidavit below (See Working Spouse/OEI Rule)	FOR INTERNAL USE ONLY
Last Name	First Name	Relationship	M/F	DOB	SSN	Medical/Rx	Dental	Vision	Y/N		

Proof of Eligibility - Central Michigan University reserves the right to request proof of eligibility and may use a third-party administrator to collect documentation. Failure to provide eligibility documentation can result in termination of benefits. See [Verification Process Chart](#).

Working Spouse/OEI Rule - Spouses and Other Eligible Individuals (OEI) who are offered coverage through their employers MUST enroll in at least single coverage through their own employer's medical / prescription and dental plans unless the spouse / OEI is charged 100% of the cost of the coverage through that employer. Note: This provision does not apply to regular faculty.

Affidavit: Medical Coverage – Working Spouse / OEI	<p style="text-align: center;">My Spouse / OEI... (skip if regular faculty)</p> <p><input type="checkbox"/> is not employed; is self-employed; is on a pension or Medicare. (See back for OEI/Medicare Coordination)</p> <p>does not have access to other medical / dental coverage or is required to pay 100% of the premium.</p> <p>works at Central Michigan University.</p>
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Section 4: Complete only if DROPPING your coverage completely

Medical / Prescription Dental Vision Employee Life Spouse / OEI Life/AD&D Child Life / AD&D Long-term Disability Short-term Disability Health FSA Dependent Care FSA

Section 5: Complete only if ENROLLING in coverage or CHANGING your current plan(s)

Medical/Prescription (staff, fixed-term faculty, medical faculty, postdoc research fellows)

Enroll / Change Coverage *select one* **BCBS Advantage HDHP** **BCBS PPO2** **IMPORTANT:** Enrollment in the Advantage HDHP may include a CMU contribution to an HSA. **Contribution is subject to eligibility.** Eligible for HSA contribution? Yes No

Medical/Prescription (regular faculty)

Enroll / Change Coverage *select one* **ABC HSA** **Choices Saver 500/1000** **Choices Saver 200/400** **Choices 10/20**

Dental

Enroll / Change Coverage *select one* **Core** **Buy-Up**

Vision

Enroll / Change Coverage *select one* **Standard** **Premium**

Section 6: Complete only if ENROLLING in or CHANGING current Life or Disability coverage (optional)

Life / AD&D Insurance

FOR INTERNAL USE ONLY

Short-term Disability (STD) (staff, regular faculty, medical faculty)

FOR INTERNAL USE ONLY

Employee* (X salary) 1x 1.5x 2x 3x 4x 50% - up to \$900/week* 67% - up to \$1,200/week*
Spouse/OEI* \$10,000 \$25,000 \$50,000 \$75,000 \$100,000
Child(ren) \$10,000 \$25,000 **Election may require evidence of insurability (EOI) – see Important Notes.*

Flexible Spending Account (FSA)

(Any contributions made since July 1 will be subtracted from the amount below and the remaining amount divided over the remaining pay periods)

Health Care FSA Total new annual election \$ _____ General Purpose Limited Purpose
Dependent Care FSA Total new annual election \$ _____

IMPORTANT NOTES

Health Savings Account (HSA) Eligibility
You must be enrolled in an HSA qualified high deductible health plan (HDHP) to receive a contribution to an HSA. **Example of disqualifiers:** coverage by another non-HDHP plan, even if coverage is secondary; enrollment in a General Purpose Health Care FSA; enrollment in Medicare. (See [IRS guidelines](#))

Beneficiaries
Life changes may result in necessary changes to life insurance beneficiaries. Please go to CMU Choices to update your record.

Evidence of Insurability (EOI)
Certain increases to Life / AD&D and STD insurance coverage may require the completion of a Personal Health Application for evidence of insurability. The Hartford, CMU's life insurance carrier, will send an email with a link to the EOI form for completion. Any change in coverage may be delayed until the health application is approved.

OEI Medicare Coordination
Medicare must be primary coverage for an OEI per IRS guidelines, however, CMU coverage will pay as secondary. OEIs should enroll in Medicare when first eligible or may be subject to premium penalties under CMS for delay in enrolling.

Authorization and Signature

I have reviewed the Important Notes and understand that failure to provide dependent eligibility documentation to CMU or a third-party collecting this data on CMU's behalf, can result in termination of benefits. The information provided above is correct to the best of my knowledge. I authorize Central Michigan University to deduct from my salary any additional cost for the plan(s) I select. I understand that falsified information or eligibility may result in discipline up to and including termination of employment.

Signature: _____ *If submitting as an email attachment, a typed signature is acceptable.* Date: _____

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✓ Already audited Notes:
Date Add audit date
NV Needs verified