

## Family Member Eligibility Verification Procedures

This supplement describes procedures relating to disenrollments and reinstatements related to Family Member Eligibility Verification (FMEV).

### **Employees who respond within the verification deadline and FMEV successfully completed**

For employees who respond within the verification request deadline and all documents are accepted by the FMEV vendor, coverage is uninterrupted. The effective date of coverage for newly added dependents is described in Section 1005 of the Group Insurance Regulations (GIRs).

### **Employees who fail to respond to all requests for verification**

For employees who fail to respond to all verification request, the employee's unverified dependents will be disenrolled from all health and welfare benefit plans on a prospective basis. Dependents who previously have already successfully completed FMEV will remain enrolled in their health and welfare benefit plans.

All premiums will be adjusted according to the corresponding coverage level following the disenrollment.

COBRA will not be available to dependents who have been disenrolled due to failure to respond to FMEV request.

### **Employees who respond to the initial verification request but fail to respond to subsequent requests for additional information**

For employees who initially respond to the initial verification but fail to respond to requests for additional information, the employee's unverified dependents will be disenrolled from all health and welfare benefit plans on a prospective basis. Dependents who previously have successfully completed FMEV will remain enrolled in their health and welfare benefit plans.

All premiums will be adjusted according to the corresponding coverage level following the disenrollment.

COBRA will not be available to dependents who have been disenrolled due to failure to respond to FMEV request.

### **Employees seeking to re-instate coverage for dependents disenrolled due to FMEV**

Employees who come forward to re-instate coverage for dependents disenrolled due to FMEV can do so at any time. Employees must submit all paperwork within 30 days of initiating re-instatement. Coverage will be re-instated on a prospective basis, the first of the month following successful completion and approval by the FMEV vendor.

Employees seeking to re-instate coverage for medical will not have to undergo the 90 day wait. However, any medical costs incurred during the lapse in coverage between the time of disenrollment

and re-instatement are the responsibility of the employee.

Employees seeking to re-instate coverage for life insurance will not have to submit evidence of insurability prior to re-instatement.

**Family Member Eligibility Verification (FMEV) Appeal Procedures for Faculty and Staff**

A claimant who wishes to appeal the cancellation of coverage may submit a written statement of appeal. See GIR Administrative Supplement No. I-A for appeal procedures.