

# Enrolling New Employees

Updated June 2021



## **Enrolling New Employees**

### **Eligibility** – See more information in SPD

An Employee is one who works at least 30 hours per week (full-time employment status) directly in the regular business of and is compensated for services by the Member or Member Affiliated Entity. Elected officials, except for non-salaried elected officials and Licensed Professional Elected Officials, are considered Employees under the Plan. At the option of the Member, permanent part-time and/or any other employees that qualify under the Affordable Care Act working a minimum of 24 hours per week, and Licensed Professional Elected Officials may be eligible for coverage; in such case, such qualified part-time Employees and Licensed Professional Elected Officials are considered Employees under the Plan. Also, at the option of the member, employees that are participants in a retirement incentive program provided through the member, and who are between 62 and 65 years of age with a minimum of 5 consecutive years of employment service, may be eligible for coverage; in such case, Incentivized Retirees are considered Employees under the Plan. Incentivized Retirees eligibility for coverage would be limited to coverage starting as early as the month in which they become 62 years of age and ending at the end of the month in which they become 65 years of age. Temporary Employees and retirees are not eligible and cannot be considered for coverage. Eligibility for coverage as an Employee Participant in the Plan begins subsequent to the day a person commences either full-time or qualifying part-time employment, in accordance with individual policies set by Members.

### **Initial Enrollment** – See more information in SPD

Eligible Employees may apply for benefits for themselves and their eligible Dependents by submitting an Enrollment Application/Change Form. The Member and the Plan must receive the Enrollment Application/Change Form within 31 days of the date of hire, or within 31 days of the expiration of the waiting period, as defined in the Member's new hire policy. The Effective Date of benefits will be determined in accordance with any established waiting period as determined by the Member. The Member will inform the Employee of the length of the waiting period.

## **Effective Date & Waiting Period**

The Effective Date of benefits will be determined in accordance with any established waiting period as determined by the Employer. Your waiting period is:

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## Enrollment Application/Change Form – See Appendix 2

1. Have new employee complete an Enrollment Application/Change Form **within 31 days** of effective date. Make sure all information is included and that the employee has signed and dated the form.
  - a. **INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL CAUSE DELAYS.**
  - b. It is strongly suggested you make a copy of the application for your records.
2. Commonly Missing Information on Enrollment Applications/Change Forms
  - a. The field for the Social Security Number at the top of all pages of the application **must** be completed by the **employee** only.
  - b. The Health, Dental & Life Group numbers **must** be completed by the **employer**.
  - c. **Section 1** – Reason for Completing Application
    - i. Fill in the Qualifying event (New Hire) and the Date of the qualifying event (Hire Date).
  - d. **Section 2** – Benefits and Coverage Desired
    - i. Make sure the Medical, Dental & Vision benefits plan that are being elected are checked.
    - ii. Make sure the coverage (Employee, Employee & spouse or child, Family, etc.) are checked for all plans being elected.
    - iii. If coverage is being declined, make sure the decline box is checked for all products and section 7 Waiver of Insurance is completed.
  - e. **Section 3**- Employee and Family Information
    - i. List **ALL** individuals to be added to the coverage.
    - ii. **ALL** information must be completed in this section.
    - iii. Spouse's Social Security Number must be completed – This is required for annual Medicare reporting.
    - iv. If more space is needed for dependents, use an additional sheet of paper.
  - f. **Section 4** – Life Insurance
    - i. Choose Life Insurance elections – **See Appendix 4 for Supplemental Life & Dependent Life Information.**

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- ii. Fill in the Primary and Secondary Beneficiary information. This information could be asked to confirm the beneficiary upon the employees' death.
  - iii. If more space is needed for beneficiaries, use an additional sheet of paper.
- g. **Section 5 – Other Insurance**
  - i. Disclose prior coverage or any other current coverage for employee and dependents.
- h. **Section 6 – Medicare Coverage Information**
  - i. Complete if employee, or spouse/domestic partner or dependent child(ren) have Medicare coverage.
- i. **Section 7 – Waiver of Insurance**
  - i. If employee and/or any dependents are waiving Medical, Dental or Vision coverage, this section **must** be completed **per** person.
- j. **Section 8 – Common-Law Affidavit**
  - i. Must be completed if employee is covering a common-law spouse as a dependent.
  - ii. Both employee and common-law spouse must sign.
- k. **Section 9 – Important Legal Information**
- l. **Section 10 – Signature**
  - i. Check one of the two boxes provided.
  - ii. Employee Signature & Date.

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# Adding a New Employee using the Online Portal

1. From the home page, search for all employees by the SSN first to see if they are already in the system as a past employee.
  - a. Make sure to “uncheck” the box next to **Active Only**. If no one pulls up, it is safe to add them.
  - b. If the employee is a former employee, please see instructions below on “Adding Returning Employees” first.
2. Click on the icon to add member once you have completed Step 1
3. Use the drop-down boxes to select the appropriate division
  - a. I.E. General Fund, Social Services, Human Resources, etc.
4. Hire date will calculate the products effective date, so make sure you enter that correctly.
5. Family ID is the member’s SSN with *no dashes*.
  - a. Do not use dashes for the member’s SSN either.
6. When all of the information has been added, click SAVE.



Affiliation Information			
Entity	CHEYENNE COUNTY	Hire Date	09/22/2017
Division	GENERAL FUND	Termination Date	{not required}

  

Member Information			
First Name	AMANDA	Family Id : Seq #	20168877 1
Middle Name	P	Enrollee Type	Primary
Last Name	CLADIS	Gender	Female
Address 1	500 S PEARL ST	Prefix	
Address 2	APT 2	Suffix	
City	DENVER	SSN	201-16-8877
State	Colorado	Birth Date	12/05/1966
Zip	80224	Phone	(303) 999-9299

Save Cancel

7. If there are dependents to add, do so now before adding products. There is an icon at the top right next to the employee’s name to add them.
  - a. When adding dependents under a new employee, their effective date should be the same as the employee’s date of hire.



8. Once done adding the dependents, use the drop-down box at the top to go back to the employee's name. Once there, next to Affiliation, you will see the New Hire button – click on that to add products.
9. Select products the employee is enrolling in and check whether it is Employee Only, Employee + 1, or Family. Or, click Decline this Benefit if they are opting out.
  - a. If selecting products, make sure to put a checkmark next to anyone being covered.
10. Once completed, hit “Submit” and not just save so that it is processed and sent to your CHP Benefits Administrator for approval.

201168977 - CLADIS, AMANDA Open Enrollment - Incomplete

Open Enrollment  
Effective Date for New Enrollments: 1/1/2018  
Last Updated By 'renee' on 9/27/2017 11:41:58 AM

**Medical Insurance**

HDHP 2000

Emp. + 1 Dep.  
 Employee Only  
 Family

Select the family member(s) to receive coverage:

<input checked="" type="checkbox"/>	CLADIS, AMANDA P	Primary	Female
<input checked="" type="checkbox"/>	CLADIS, THOMAS L	Spouse	Male
<input checked="" type="checkbox"/>	CLADIS, KATELYN P	Dependent	Female

Medical A  
 Emp. + 1 Dep.  
 Employee Only  
 Family

Medical B  
 Emp. + 1 Dep.  
 Employee Only  
 Family

Medical B5  
 Emp. + 1 Dep.  
 Employee Only  
 Family

Decline this Benefit

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Please complete Health Form if requesting more than the guarantee amount  
[Click Here](#)

The guaranteed amount for this product is \$100,000.00. Any selection over this amount will require underwriting.

Supplemental Life - Primary 65+  
Primary Vol. 65+

Decline this Benefit

**Voluntary Dependent Life**

Dependent Life - \$5K Sp / \$2K Ch

Select the family member(s) to receive coverage:

<input type="checkbox"/>	CLADIS, THOMAS L	Spouse	Male
<input type="checkbox"/>	CLADIS, KATELYN P	Dependent	Female

Decline this Benefit

**Voluntary Spouse Life (THOMAS L CLADIS)**

Supplemental Life - Sp - Spouse  
Spouse Volume

Please complete Health Form if requesting more than the guarantee amount  
[Click Here](#)

The guaranteed amount for this product is \$20,000.00. Any selection over this amount will require underwriting.

Decline this Benefit

Family

Select the family member(s) to receive coverage:

<input checked="" type="checkbox"/>	CLADIS, AMANDA P	Primary	Female
<input checked="" type="checkbox"/>	CLADIS, THOMAS L	Spouse	Male
<input checked="" type="checkbox"/>	CLADIS, KATELYN P	Dependent	Female

Dental B Dual  
 Emp. + 1 Dep.  
 Employee Only  
 Family

Decline this Benefit

**Vision**

Vision

Emp. + 1 Dep.  
 Employee Only  
 Family

Select the family member(s) to receive coverage:

<input checked="" type="checkbox"/>	CLADIS, AMANDA P	Primary	Female
<input checked="" type="checkbox"/>	CLADIS, THOMAS L	Spouse	Male
<input checked="" type="checkbox"/>	CLADIS, KATELYN P	Dependent	Female

Decline this Benefit

**Life Insurance**

Basic Life

Beneficiary Designation

	First Name	Last Name	SSN	Relationship	Designation	
THOMAS CLAI					Primary	<input type="checkbox"/>
KATELYN CLAI					Secondary	<input type="checkbox"/>

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## Adding a Returning Employee using the Online Portal

1. From the home page, search for all employees by the SSN first to see if they are already in the system as a past employee.
  - a. Make sure to “uncheck” the box next to **Active Only**.
  - b. If an employee pulls up, click on “View” and then click on “Edit”
2. If you need to update the address, this is the time to do that – then hit “Save”
3. Below the name under “Affiliation,” click on the blue + sign.
  - a. A pop-up box will show up and under “Parent,” use the drop-down box to select the appropriate division.
  - b. Put in their new hire date and check the box “Reset Waiting Period.” The hire date will calculate the products effective date, so make sure that is entered correctly.
  - c. When all the information has been added, click “Add”
4. Once complete, click on “Life Event.” There is an option titled “Rehire” – use this.
  - a. Coverage Effective Date is the date that coverage is actually effective, according to the Member’s waiting period.
5. Select products the employee is enrolling in and check whether it is Employee Only, Employee + 1, or Family. Or, check the Decline this Benefit box if they are opting out.
  - a. If selecting products, make sure to put a checkmark next to anyone being covered.
6. Once complete, hit “Submit” so the information will be processed and sent to your Benefits Administrator for approval.

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