



# San Bernardino County ESSENTIAL HEALTH PLAN COVERAGE ENROLLMENT/CHANGE FORM

The County offers non-benefitted employees a minimum essential coverage medical plan as required by the Patient Protection Affordable Care Act. Non-benefitted employees that elect minimum essential coverage must use an Essential Health Plan Coverage Enrollment/Change Form.

## REFERENCES

Employee Benefits Guide

## FORMS REQUIRED

Essential Health Plan Coverage  
Enrollment/Change Form  
Premium Deduction Election Form

## MANDATORY FIELDS

Employee ID; Last Name, First Name  
Department; Telephone; Address; Reason  
for Election; Benefit Elections

## GENERAL INFORMATION

The County currently offers non-benefitted employees Blue Shield Bronze PPO Plan medical insurance. The County does not provide a Medical Premium Subsidy to employees to pay for a portion of the medical insurance premium for this plan.

The Essential Health Plan Coverage Enrollment/Change Form should be included with the New Hire packet that is sent to EMACS-Human Resources (HR). If the enrollment form is not received as part of the New Hire packet, the Declination Agreement for Essential Health Plan Coverage should be obtained and sent to EMACS-Human Resources (HR). The Declination Agreement for Essential Health Plan Coverage must be obtained within the first pay period; however, the employee has 60 days from date of hire in which to supply the enrollment form to Employee Benefits and Services Division (EBSB)-HR.

Enrollment elections made within 30 days of hire will be processed retroactively, while elections made more than 31 days after the date of hire will be processed prospectively.

## Additional Information

Over-age dependent - Employees may add dependents to their medical plan who are 26 years or older, who are incapable of self-sustaining employment because of a mental or physical handicap.

## Acceptable Documentation for Dependent Eligibility (Add or Delete)

Copy of:

- ◆ Marriage Certificate/registration of domestic partnership
- ◆ Birth Certificate (including hospital issued)
- ◆ Death Certificate
- ◆ Court issued adoption placement paperwork
- ◆ Divorce Decree/dissolution of domestic partnership
- ◆ Insurance termination letter, Certificate of Coverage, or letter from employer or medical plan verifying coverage and effective date
- ◆ Copy of front and back of Medical Plan card (must be accompanied by documentation that includes an effective date)



San Bernardino County  
**ESSENTIAL HEALTH PLAN COVERAGE  
ENROLLMENT/CHANGE FORM**

**ENROLLMENT (OTHER THAN OPEN ENROLLMENT)**

'Enrollment Information' section should be completed if the employee is enrolling a spouse/domestic partner or child for the first time.

'Other Medical Coverage' section should be completed if the employee, or other family member, is also covered under another medical plan.

'Medicare Coverage' section should be completed if the employee or any family member is also covered under Medicare.

**DISTRIBUTION GUIDELINES**

New Enrollment – The completed Essential Health Plan Coverage Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation must be submitted with the New Hire packet and sent to EMACS-HR (0030).

**EMPLOYEE RESPONSIBILITIES**

- ◆ Obtain and complete the Essential Health Plan Coverage Enrollment/Change Form, Premium Deduction Election Form, and Declination Agreement for Essential Health Plan Coverage
- ◆ Provide documentation for each dependent that is being added to the medical plan, as applicable. Refer to "Acceptable Documentation for Dependent Eligibility" section above
- ◆ Retain copies for file
- ◆ Submit Declination Agreement for Essential Health Plan Coverage within first pay period or
- ◆ Submit enrollment form to department payroll specialist within 60 days of the qualifying event

**PAYROLL SPECIALIST RESPONSIBILITIES**

- ◆ Provide employee with the Essential Health Plan Coverage Enrollment/Change Form, Premium Deduction Election Form, and Declination Agreement for Essential Health Plan Coverage
- ◆ Audit for completeness
- ◆ Complete appropriate JAR packet
- ◆ Retain copies for department file
- ◆ Ensure that Declination Agreement for Essential Health Plan Coverage is submitted in the absence of the Essential Health Plan Coverage Enrollment/Change Form
- ◆ Forward original to EMACS-HR (0030)

**MID-YEAR CHANGE**

- ◆ An Essential Health Plan Coverage Enrollment/Change Form and a Premium Deduction Election Form must accompany all mid-year change paperwork requesting any change to medical benefits (i.e., deleting or adding dependents).



San Bernardino County  
**ESSENTIAL HEALTH PLAN COVERAGE  
ENROLLMENT/CHANGE FORM**

- ◆ 'Change in Status' box should be checked
- ◆ 'Enrollment Information' section should be completed for mid-year changes
- ◆ 'Other Medical Coverage' section should be completed if the employee, or other family member, is also covered under another medical plan
- ◆ 'Medicare Coverage' section should be completed if the employee or any family member is also covered under Medicare

#### **DEADLINES**

Mid-Year Changes - EBSD-HR must receive the Essential Health Plan Coverage Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation within 60 days of the qualifying event.

#### **DISTRIBUTION GUIDELINES**

Employees must send the completed Essential Health Plan Coverage Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation to EBSD-HR (0440).

#### **EMPLOYEE RESPONSIBILITIES**

- ◆ Obtain and complete the Essential Health Plan Coverage Enrollment/Change Form and the Premium Deduction Election Form  
**Note:** Request must be submitted to the department payroll specialist or EBSD-HR within 60 days of qualifying event
- ◆ Provide documentation for each dependent that is being added to the medical plan, as applicable. Refer to "Acceptable Documentation for Dependent Eligibility" section
- ◆ Retain copies for file
- ◆ Submit to department payroll specialist

#### **PAYROLL SPECIALIST RESPONSIBILITIES**

- ◆ Provide employee with the Essential Health Plan Coverage Enrollment/Change Form and the Premium Deduction Election Form
- ◆ Audit for completeness
- ◆ Retain copies for department file
- ◆ Forward original to EBSD-HR (0440)

#### **RELATED FORMS**

Premium Deduction Election Form  
Checklist - Extra-Help-Recurrent-PSE to Contract  
Checklist - Job Share  
Checklist - New Hire-Contract  
Checklist - New Hire-Exempt



San Bernardino County  
**ESSENTIAL HEALTH PLAN COVERAGE  
ENROLLMENT/CHANGE FORM**

Checklist - New Hire-Regular-Part-time-Reemployment (Rehire)

Checklist - Regular to Contract

Checklist - Return from Leave (With Right- Without Right-Medical Leave of Absence)