



# Davis Vision Enrollment Application

Employee (Member) Information (Please Print)

Employer/Group Name <b>Clayton County Board of Commissioners</b>		Reason For Application: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change <input type="checkbox"/> COBRA <input type="checkbox"/> Waive Coverage			
Employee (Member) First Name / Middle Initial / Last Name					
Mailing Address			City	State	Zip code
Employee (Member) Identification Number (Employee #)	(To be completed by Benefit Office) Effective Date Month   Day   Year		Employee Status <input type="checkbox"/> Active <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Retired (Date) _____ <input type="checkbox"/> COBRA <input type="checkbox"/> Vested		
Employee Work Phone Number	County Department	Employee Hire Date Month   Day   Year	Employee Home Phone Number		

Check Type of Coverage:

Employee Only

Employee and One Dependent

Employee and Family

**Please indicate the change(s) that you need to make to your record:**

<input type="checkbox"/> Loss or Addition of other Coverage	<input type="checkbox"/> Legal Marriage/Divorce	<input type="checkbox"/> Significant Coverage Change	<input type="checkbox"/> Change Enrollment Status to:	<input type="checkbox"/> Employee and One Dependent	<input type="checkbox"/> Add/Delete Family Member
<input type="checkbox"/> Number of Dependents	<input type="checkbox"/> Judgement/Court Order		<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee and Family	

Complete If Applicable	First Name / Middle Initial / Last Name	Change	Effective Date of Status Change			Sex F/M	Check If		Birth Date*		
			MM	DD	YY		Student Over 19	Disabled	MM	DD	YY
			Self		<input type="checkbox"/> Add <input type="checkbox"/> Term						
<input type="checkbox"/> Spouse		<input type="checkbox"/> Add <input type="checkbox"/> Term									
<input type="checkbox"/> Child		<input type="checkbox"/> Add <input type="checkbox"/> Term									
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<input type="checkbox"/> Child		<input type="checkbox"/> Add <input type="checkbox"/> Term									

**"I certify that this enrollment information is true and correct and I authorize Clayton County Board of Commissioners to deduct the premium associated with the coverage I selected from my payroll check with pre-tax money or pension check after tax, whichever is applicable."**

Member/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*It is the primary responsibility of the employee /retiree to provide all necessary and required documentation for any family status change event.\*\***

### **FAMILY STATUS CHANGES**

Generally, you must make a selection once per year (during an annual Open Enrollment period) concerning whether or not you want to be enrolled in the Davis Vision coverage and the family members you may want enrolled in that coverage. However, certain status changes that occur during the year will permit you to make a change in your coverage that is commensurate with the status change, provided it is done within **ONE MONTH** of the event. Status changes allowed under this Plan are:

- \*Legal Marriage, Divorce, Legal Separation or Annulment,
- \*Death of a Spouse or Child,
- \* Coverage is lost or becomes effective due to a different effective date of a spouse's plan,
- \*Birth or Adoption of a Child,
- \* Significant cost or coverage changes occur in the Employee/Retiree or Spouse's plan
- \*Being appointed "Legal Guardian" or "Legal Custodian" of a child,
- \*Child satisfies or ceases to satisfy the requirement of an eligible dependent (such as aging out, failing to meet required student status, fails to reside in the employee's/ retiree's household, gets married, etc.),
- \*Change in Employment status that affects eligibility in the applicable benefit plan that would cause the individual to cease to be eligible under that plan, including the start of or end of employment, a strike or lockout, commencement of or return from an unpaid leave of absence, a change in work site, switching from part-time to full-time, etc.,
- \*Becoming subject to a judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody-including a Qualified Medical Child Support Order issued to our Employee/Retiree or
- \*Employee/Retiree, spouse or dependent child becomes entitled or loses eligibility for coverage under Medicare or Medicaid or loses coverage under any group health coverage sponsored by a governmental or educational institute, such as SCHIP or a foreign government group vision plan.

### **DEPENDENT COVERAGE**

The Plan will **require verification each quarter or semester** from the registrar's office of an accredited school that the dependent child(ren) over age 19 is a full-time student. Full-time student means that the child(ren) **must attend school at least 5 consecutive months in a calendar year** and be enrolled for a minimum of 2/3rds of the full-time hour requirement for that institution (normally 12 hours each quarter or semester) for each semester or quarter. Coverage for the student continues through the last day of the month that the student was enrolled in school. In addition, a student is granted (1) free semester or quarter (where they either, do not attend school at all or take fewer than the required 2/3rds of full-time hours) in a rolling twelve (12) month period, provided the child met student status for the previous 2 semesters or 3 quarters.

### **ELIGIBILITY REQUIREMENTS**

The Human Resources Department, Benefits Division will require a new enrollment form and documentation proving a marital relationship (marriage certificate), legal guardianship/custody of or adoption of a child(ren) (signed official court papers), within one month from the date such dependents are acquired. Failure to submit the required enrollment form and documentation timely will result in denial of coverage until the Vision Plan's next Open Enrollment period

The Plan will require verification each quarter or semester from the registrar's office of an accredited school that the dependent child(ren) over age 19 is a full-time student. Full-time student means that the child(ren) must attend school at least 5 months in each calendar year and be enrolled for a minimum of 2/3rds of the full-time hour requirement for that institution (normally 12 hours each quarter or semester).

The term "children" shall include natural children, children for whom the county employee/retiree has been named "legal guardian" or "legal custodian", adopted children or children placed with a covered Employee/Retiree while adoption procedures take place. Stepchildren who reside in the Employee's/Retiree's household may also be included, as long as all other eligibility requirements are met. All children must reside in the same principal place of abode as the County employee/retiree for more than 1/2 of the time.

As required by the Federal Omnibus Budget Reconciliation Act of 1993, any child of a Plan Participant who is an alternate recipient under a Qualified Medical Child Support Order or an administrative process established under state law, shall be considered as having a right to Dependent coverage under this Plan with no Pre-Existing Conditions provisions applied. No other eligibility requirements are necessary if dependent coverage is a result of a Qualified Medical Support Child Support Order.

Dependent coverage becomes effective when either:

- \*The Employee's/Retiree's coverage goes into effect, provided the Dependent meets all eligibility requirements, the Employee/Retiree enrolls the Dependent for coverage on the application provided by the Benefits Office and required contributions are paid, or
- \*For newly acquired dependents, effective the date the Dependent satisfied eligibility requirements provided the Employee/Retiree completes the proper notification form along with providing the required documentation and it is received by the Benefits Office within one month of the event date and required contributions are made.

To add a newborn child to your coverage, you must complete a new enrollment form within one month from the child's date of birth and provide the record of birth from the hospital OR a birth certificate (if it is available). Failure to complete the enrollment form and provide the required documentation timely may result in coverage being denied. In such a case, the child could not be added to your coverage until the next Open-Enrollment Period and the child's coverage would become effective the beginning of the Plan year following the Open-Enrollment Period during which you added the child to your coverage.

To add a new spouse to your coverage, you must complete a new enrollment form within one month from the date of marriage and provide a copy of the Marriage Certificate. Failure to do so within the specified time period will result in your inability to add the spouse until the next Open-Enrollment Period.

#### **Dependent coverage ceases when either:**

- \*the spouse becomes divorced from the employee or retiree,
- \*the spouse dies,
- \*the employee dies while in active service (not retired) unless otherwise specified,
- \*the Employee's/Retiree's coverage is canceled,
- \*required contributions are not made for dependents' coverage,
- \*the child attains age 24 or age 19 and is not a full-time student,
- \*the child gets married,
- \*the Employee/Retiree loses legal guardianship/custody of the child(ren),
- \*the dependent goes on active duty in any military service of any country,
- \*a child provides more than 1/2 of their own support,
- \*the Employee/Retiree is no longer the legal step-parent of the child(ren).
- \*the dependent becomes enrolled for coverage under the Plan as an Employee,
- \*the child becomes employed full-time,
- \*the child ceases his/her full-time student status between the ages of 19 and 24,
- \*the child dies,
- \*The child no longer resides more than 1/2 of the year in the employee's/retiree's household (except for temporary absences to attend school),

A Dependent child may continue eligibility under this plan as long as the Employee/Retiree continues to be covered, and they continue to meet all of the following:

- \* Incapable of self-sustaining employment by reason of mental retardation or physical handicap, which existed before the child would have otherwise become ineligible for coverage. The Benefits Office must be notified in advance of the child reaching the maximum age for dependent status prior to the child aging out in order for the coverage to be continued due to physical or mental disability.
- \* Reside more than 1/2 of the calendar year with the County employee/retiree (except for temporary absences to attend school, etc.)
- \* If parents have joint custody, the County employee/retiree must have the higher gross earnings. The child may not provide more than 1/2 of his/her own support.
- \* Remain unmarried and meet all other "Dependent" requirements at the time they would have otherwise become ineligible.

**In no event** will a child(ren) be covered as a Dependent of more than one Employee/Retiree.

No other person living in a covered Employee's/Retiree's home is eligible for coverage other than those previously outlined.

The Plan reserves the right to require proof that a spouse or child(ren) qualifies or continues to qualify as a Dependent.