

Benefit Year: 2020 State Employee ID Number: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ E-mail: _____

CHANGE IN PARTICIPATION or MID-YEAR ENROLLMENT DUE TO A STATUS CHANGE

I hereby revoke any previous authorization for the current year and authorize the State of Minnesota to make the pre-tax payroll deductions, which I have indicated below. I understand that the deducted amounts will be available for the reimbursement of my qualifying expenses incurred during the period of the calendar year in which I am an active, contributing employee under the terms of the formal plan document. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts.

NOTE - Changes cannot be made retroactively and the mid-year election change must be consistent with the status change that affects insurance eligibility for coverage under the plan, e.g. birth of a child – you may increase your MDEA account, not decrease it. **The change must be made within 30 days of the event date.**

Change in Marital Status:

Marriage Divorce or Annulment Legal Separation Death of Spouse

Change in Number of Tax Dependents:

Birth Adoption Death of Dependent

Change in Employment Status That Affects Insurance Eligibility For You, Your Spouse or Dependents:

Termination of employment/retirement Commencement of employment Change in work schedule, hours, or shift Hourly to salaried or salaried to hourly

Commencement of unpaid leave of absence/
lay off/unpaid FMLA Return from unpaid
leave of absence/lay off/
unpaid FMLA/PPL

Change in Spouse or Dependent's Insurance Eligibility Under an Employer's Plan:

Loses eligibility (age, student status, marital status) Gains eligibility (student status, marital status)

Change Due to:

Judgments, Decrees or Order Enrollment or dis-enrollment in Medicare, Medicaid, or Medical Assistance

Changes Specific to Dependent Care Expense Account (DCEA) Only:

- Significant increase or decrease in cost (no change can be made when provider is a relative)
 Addition, elimination, or reduction of your spouse or dependent's dependent care expense plan
 Change in coverage or open enrollment of spouse or dependent under their employer's dependent care expense plan

NOTE - if your employment terminates and you are rehired within 30 days, your prior election amounts are reinstated unless another event has occurred that allows a change. If your employment terminates and you are rehired after 30 days, you may make new elections. Please see the Plan Summary for more information.

Event date: _____

NOTE - The effective date of the change is the later of the event date or the first day of the pay period in which SEGIP receives your completed and signed Change in Participation form. Changes cannot be made retroactively.

Please explain the event(s) marked above on which you are basing your request for a mid-year coverage change and describe how the requested change is consistent with the event:

Enter your new annual election amount: MDEA: \$ _____ DCEA: \$ _____

The minimum election for the MDEA is \$100 and the maximum is \$2,750. The minimum election for the DCEA is \$100 and the maximum is \$5,000 per year per family.

Employee Signature: _____ Date: _____

SUBMIT THIS FORM TO:

MINNESOTA MANAGEMENT AND BUDGET | STATE EMPLOYEE GROUP INSURANCE PROGRAM
658 Cedar Street | St. Paul, MN 55155 | Fax: (651) 797 - 1313 | Email: segip.mmb@state.mn.us

Notice of Collection of Private Data

Minnesota Management and Budget administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your dependents and beneficiaries, how we will use it, who will see it, and your obligation to provide that information.

What information will we use?

We will use the information you provide us at this time, as well as information you have previously provided us about yourself, your dependent(s), and/or your beneficiary. If you provide any information about yourself or your dependent or beneficiary that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We do not need the gender or marital status for your beneficiary designation, so you may enter “unknown” in these fields. We only need your dependent’s date of death to process a death benefit claim or to discontinue the dependent’s coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We only need your dependent’s social security number to offer insurance continuation or process a death benefit.

Why we ask you for this information?

We ask for this information to process your request to add or change coverage for yourself, your dependent or a beneficiary. The requested information helps us to determine eligibility, to identify you and your dependents and beneficiaries, and to contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including analyzing unidentifiable aggregate data to develop new programs and ensure current programs are effectively and efficiently meeting member needs. We may ask for information about you that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct change request or other insurance benefit transaction.

Do you have to answer the questions we ask?

You are not legally required to provide any of the information requested.

What will happen if you do not answer the questions we ask?

If you do not answer these questions, the insurance benefit transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this information about you and your dependents and beneficiaries?

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP’s representatives, vendors, The State of Minnesota’s actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. We can use or release this information only as stated in this notice unless you give your written consent to authorize release of the information to another person/entity, or if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.

We ask for this information to process your request to add or change coverage for yourself, your dependent or beneficiary. The requested information helps us to determine eligibility, identify you and your dependents and beneficiaries, and contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including using unidentifiable, aggregate data to develop new programs and ensure current programs effectively and efficiently meet member needs. We can use or release this information only as stated in this notice unless you give us your written permission to release the information or to use it for another purpose.

You are not legally required to provide us any of this information and you may refuse to provide the information. However, if you do not provide us the requested information, the insurance transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP’s representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. This information may also be used or released if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.