



HIPAA Special Enrollment Rights Notice

If you are declining enrollment either for yourself or for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your coverage or your dependents' coverage). However, you must request enrollment within 31 days after the date your coverage, or your dependents' coverage, ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. You are required to submit documentation for each life event within 31 days from the date of the life event. In addition to the special enrollment rights noted above you and your eligible dependents may enroll within 60 days of losing eligibility for Medicaid or a state CHIP plan or within 60 days of becoming eligible for premium assistance under Medicaid or a state CHIP plan. You are required to submit documentation within 60 days of experiencing one of these events. The EyeMed Vision Plan is an excepted benefit under HIPAA, and as such is not subject to the special enrollment rights outlined above.
