

## SPECIAL ENROLLMENT NOTICE IF YOU ARE WAIVING GROUP HEALTH INSURANCE

### Waiving Coverage Because of Other Health Insurance

If you are declining enrollment for yourself or 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 the Solano County Health plans if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### Conditions of Special Enrollment

- A. When coverage was declined or waived, employee or dependent stated in writing that other coverage was the reason for the waiver.
- B. If the other coverage was COBRA coverage, then the other coverage must be exhausted for the special enrollment to apply.
- C. If the other coverage was not COBRA coverage, then the other coverage must have been terminated because of one of the following reasons:
  - 1. Employer contributions towards the coverage have been terminated, or
  - 2. Loss of eligibility under the other coverage
    - a. *Divorce or Legal separation;*
    - b. *Cessation of dependent status (such as attaining the maximum age of 26 to be eligible as a dependent child under the plan);*
    - c. *Death of an employee;*
    - d. *Termination of employment or reduction in the number of hours of employment*
    - e. *In the case of coverage offered through an HMO, or other arrangement, in the group market that does not provide benefits to individuals who no longer reside, live, or work in a service area, loss of coverage because an individual no longer resides, lives, or works in the service area (whether or not within the choice of the individual) and no other benefit package is available to the individual;*
    - f. *A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits;*
    - g. *A situation in which a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual.*

**Exceptions:** Loss of coverage due to failure on the individual's part to pay premiums on a timely basis, or termination of coverage for cause, such as fraudulent claims and/or intentional misrepresentation of a material fact in connection with the plan does **not** constitute a loss of coverage for HIPAA special enrollment purposes.

### Waiving Coverage But No Other Health Insurance

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 60 days after marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact **Solano County Human Resources, 675 Texas Street, Suite #1800, Fairfield, CA 94533** or call **(707)784-6171**.