ADMINISTRATIVE PROCEDURES

Procedure Number: 23-22
Effective Date: 11/30/2003
Revision: 10/19/2017

County Administrator

SUBJECT: HEALTH AND LIFE INSURANCE ENROLLMENT PROCESS

DEPARTMENT RESPONSIBLE: Human Resources Department

I. STATEMENT

The purpose of this procedure is to set forth the processes and requirements for insurance enrollments.

II. DEFINITIONS

A. Eligible employee – A regular full-time, part-time or variable-time employee scheduled to work twenty (20) or more hours per week in a benefits eligible employment classification (see attachment 1) or any employee that meets the requirements defined by federal guidelines (Personnel Policy 8-122 B.1).

B. Eligible dependent – A legally married spouse, domestic partner, natural born child, step-child, child of an insured domestic partner, adopted child of the employee or domestic partner, child placed for adoption with the employee or domestic partner and for whom the application and approval procedures for adoption pursuant to A.R.S. §8-105 and §8-108 have begun, and/or a child for whom the employee or domestic partner has obtained court ordered guardianship (Personnel Policy 8-122 B.2). In order to insure a domestic partner and his/her children, the employee must complete an Affidavit of Domestic Partnership upon enrollment and each fiscal year thereafter.

C. Dependent child – “an eligible child insurable up to the age of twenty-six (26), regardless of the child’s student or marital status or availability of other employer-based coverage, providing the employee supplies documentation to support the relationship (such as a birth certificate or court order). An enrolled dependent child will continue to be eligible beyond age twenty-six (26) provided he/she is incapable of self-sustaining employment by reason of intellectual or physical disability and is chiefly dependent upon the employee or enrolled domestic partner for support and maintenance. Restrictions may be placed on dependent coverage by an insurance carrier if the dependent is not living within the carrier’s defined service area. At any time, an employee may be requested to document dependent status.

D. Initial Enrollment – The period which newly eligible employees have thirty-one (31) calendar days from their eligibility date to enroll in benefits.

E. Annual Enrollment – The period of time each year during which eligible employees have the opportunity to enroll, change or cancel their medical/dental/vision and
qualifying benefits absent a qualifying life event for themselves and/or eligible dependents. Enrollment in Flexible Spending occurs during a separate annual enrollment period held in the fall. Annual enrollment is the only time when most benefit changes can be made.

F. Qualifying Life Events – defined as any of the following:

1. Marriage;
2. Divorce;
3. Legal Separation;
4. The establishment or dissolution of domestic partner relationship;
5. Birth;
6. Adoption;
7. Placement for adoption pursuant to ARS §8-105 or §8-108;
8. Court ordered Guardianship;
9. Dependent leaves the service area (for certain medical and dental plans);
10. Employee’s spouse, domestic partner or other dependent gains or loses other coverage;
11. Leave of absence without pay;

Changes must be made within thirty-one (31) calendar days of the date of occurrence of the qualifying life event.

G. Continuous enrollment – certain plans allow for enrollments/changes to take place at any time throughout the year.

III. PROCEDURES

A. Employees will log on to the Employee Self Service (ESS) portal to enroll in or change benefits. Supporting documentation is required to insure dependents and to substantiate the qualifying life event.

B. Newly eligible employees must submit enrollment via the Employee Self Service (ESS) portal. The eligible employee must include all family members he/she wishes to enroll as well as provide their dates of birth, social security numbers and supporting documentation (see III. F for documentation examples). Any missing documentation of family members will result in them not being covered and may not
be added until the next annual enrollment period. All enrollments must be submitted via Employee Self Service (ESS) portal within thirty-one (31) days of eligibility.

C. Rehire – A rehire employee into a benefits eligible position within 13 weeks shall have their previous benefits reinstated as of the date of rehire.

D. Annual Enrollment communications will be through numerous methods including, but not limited to, mail, emails, flyers, the Pima County website, Departmental Benefits Representatives and employee newsletter articles.

E. Qualifying Life Events enable employees who have an employment or family status change to amend their benefits coverage via the Benefits online enrollment system to reflect those changes within thirty-one (31) calendar days of the event. Electronic enrollment and/or changes without appropriate documentation will result in the enrollment and/or changes being cancelled.

F. Documentation examples required for initial enrollment and/or qualifying life events include, but are not limited to the following:

1. Marriage Certificate or Affidavit of Domestic Partnership.

2. Court ordered separation, divorce or annulment. An application for divorce or a “Minute Entry” are not acceptable documents.

3. Termination of Domestic Partnership.

4. Birth certificate, court document notification of guardianship, adoption or placement for adoption of a child, or a Qualified Medical Child Support Order.

5. Death Certificate.

6. Dependent’s enrollment form in another insurance plan.

7. Dependent’s notice of discontinuation of his/her insurance, COBRA notification, or termination of employment with subsequent loss of insurance.

8. Written notification that the child no longer meets definition of dependent.

9. Written notification that a child once again meets definition of dependent.

10. Electronic enrollments indicating beginning or ending a leave of absence.

G. Enrollments and/or changes must be made by the following dates:

1. New Hires or Initial Enrollment – Within thirty-one (31) calendar days after the date of hire or transition into a benefits eligible position.

2. Rehire – Within thirty-one (31) calendar days from date of rehire.
3. Qualifying Life Events – Within thirty-one (31) calendar days after the date of the qualifying life event. Premium refunds will not be given if notification is made after the specified time period.

H. Continuous enrollment – Eligible employees have the opportunity to enroll and/or make changes to certain plans at any time throughout the year. Such plans as the bus pass subsidy program, pre-tax parking, Health Savings Account (HSA) contributions, and supplemental life insurance – with applicable medical history statement or Evidence of Insurability (EOI).

I. Deductions – Paycheck deductions begin the first payday following the effective date of coverage.

J. Employees share the responsibility with Human Resources Benefits to ensure the benefit premiums being deducted from their paychecks are accurate. Employees are responsible for notifying Human Resources Benefits when an error is identified.

NOTE: Whenever Human Resources Benefits becomes aware of a discrepancy in the level of coverage elected and the level of premium being paid by the employee and/or County, Human Resources Benefits shall make the correction retroactive to the date the error occurred within a reasonable time period.
## EMPLOYEE CLASSIFICATION CHART

<table>
<thead>
<tr>
<th>Employee Class</th>
<th>Participation Group</th>
<th>Participation Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Assignee/Unclassified</td>
</tr>
<tr>
<td>B</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Regular Classified</td>
</tr>
<tr>
<td>C</td>
<td>ALLEAP</td>
<td>Only eligible for the EAP plan</td>
<td>Law Clerk</td>
</tr>
<tr>
<td>D</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Detail</td>
</tr>
<tr>
<td>F</td>
<td>ALLEAP</td>
<td>Only eligible for the EAP plan</td>
<td>Intermittent</td>
</tr>
<tr>
<td>G</td>
<td>BENELIG</td>
<td>Eligible for All benefits after 6 mo.</td>
<td>Temporary</td>
</tr>
<tr>
<td>H</td>
<td>No Benefits</td>
<td>No Benefits</td>
<td>Summer Youth</td>
</tr>
<tr>
<td>I</td>
<td>ALLEAP</td>
<td>Only eligible for the EAP plan</td>
<td>Intern</td>
</tr>
<tr>
<td>J</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Elected Officials</td>
</tr>
<tr>
<td>K</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Court Classified</td>
</tr>
<tr>
<td>L</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Unclassified Court</td>
</tr>
<tr>
<td>M</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Justice Courts Classified</td>
</tr>
<tr>
<td>O</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Justice Courts Unclassified</td>
</tr>
<tr>
<td>Q</td>
<td>ALLEAP</td>
<td>Only eligible for the EAP plan</td>
<td>Youth Worker</td>
</tr>
<tr>
<td>R</td>
<td>No Benefits</td>
<td>No Benefits</td>
<td>Contractor</td>
</tr>
<tr>
<td>S</td>
<td>No Benefits</td>
<td>No Benefits</td>
<td>Seasonal (Precinct Worker)</td>
</tr>
<tr>
<td>T</td>
<td>BENELIG</td>
<td>Eligible for All benefits</td>
<td>Trainee</td>
</tr>
<tr>
<td>Y</td>
<td>ALLEAP</td>
<td>Only eligible for the EAP plan</td>
<td>Adult Work Experience</td>
</tr>
</tbody>
</table>