

## What changes in an employee's status need to be reported to CSI?

### a. New hire

1. Determine [eligibility](#). (Refer to page 4, a-d)
2. If eligible, must complete the CSI group enrollment form and/or the Priority Health form. If for coverage other than single, he/she must fill out the dependent information as well. If requesting Optional Life, the optional life form should be filled out within 31 days of the date of hire. After 31 days, a statement of health is also required and must be submitted to the CSI Insurance office where it will be sent to the UNUM/Provident Underwriting Department for approval.

### b. Change in salary

1. Salary changes are reported on the enrollment form at the beginning of the Plan Year. (Refer to page 8, k)
2. If the salary increases or decreases during the year, the school should report those changes on the [change form](#)\* that is included with the monthly invoice.

### c. Change in legal marital status

#### 1. Marriage

- a. Within 31 days of date of marriage, the employee may:
  1. Keep the same coverage as before and fill out a [name change/beneficiary change form](#)\*.
  2. Change coverage to include spouse by filling out a new CSI group enrollment form and a [Priority Health change form](#)\* if necessary.
  3. Change to the Limited Benefits Plan, if the employee is covered through his or her spouse's employer's plan. He or she must fill out a new CSI group enrollment form.
- b. After 31 days of the date of marriage, a spouse may only be added by providing a Health Insurance Portability and Accountability Act (HIPAA) statement proving that he or she had comparable current medical coverage.

#### 2. Death

Contact CSI Insurance office for a life insurance claim form whether it is the death of an employee or a dependent. COBRA (Refer to page 7, e4) coverage is available for all dependents of employees who are covered by health and/or dental.

#### 3. Divorce

Complete the CSI group enrollment form and/or the [Priority Health change form](#)\* to add or delete dependents. Use the [UNUM/Provident change form](#)\* to change the beneficiary if desired. COBRA is also available for dependents of a divorce situation.

\* (see attached forms)

**d. Change in Number/Status of Dependents**

1. Dependent child
  - a. A dependent child is an unmarried child who is dependent on an employee for support and is:
    1. under age 19
    2. under age 25 and a full-time student
    3. physically or mentally incapable of supporting him/herself.
2. Dependent increasing
  - a. Complete a CSI Group Enrollment Form and a [Priority Health Change Form](#)\* (if necessary) to add a newborn, child or spouse, or a full-time student. If adding any of these more than 31 days after eligibility, a HIPAA statement must accompany the forms.
  - b. If adopting a child, contact CSI Insurance for a Reimbursement Claim Form, then follow directions above.
3. Dependent decreasing  
Complete a CSI Group Enrollment Form and a [Priority Health Change Form](#)\* (if necessary) to delete any dependent.

**e. Termination of Employment or Death of an Employee**

1. CSI Insurance must receive a written notice of the date of termination or retirement of an employee. Use the [CSI Employee Benefit Billing Change Form](#)\*. In May, the annual School Enrollment Forms are sent to the school for the next school Plan Year. Changes and end of year terminations must be reported on that form with a date of termination.
2. Age 55 or over are eligible for retiree insurance if the requirements listed under eligibility rules are met. (Refer to page 4, a-d)
3. Death—see change in legal marital status. (Refer to page 6, c2)
4. COBRA coverage is available for all employees and dependents who have health and/or dental coverage. A completed CSI Group Enrollment Form and/or a Priority Health form should be sent with the [COBRA Forms A](#) and [COBRA Forms B](#) to the CSI Insurance office. Form A should be filled out by the school and Form B by the employee/dependent. Form B includes a waiver as well as an application.

**f. Leave of Absence**

A leave of absence is considered a termination of employment. An employee (or any dependents) may apply for COBRA.

\* (see attached forms)

**g. Retirement**

1. Termination of employment/[age 55 or over](#). (Refer to page 7, e2)
2. CSI Insurance must receive written notice of the date of termination or retirement.
3. CSI Insurance will send a notice to employees age 55 or older periodically to inform them of retiree benefits.

**h. Change in level of employment**

1. Termination of employment/[age 55 or over](#). (Refer to page 7, e)
2. An employee may become eligible for insurance during the school year if the [definition of eligibility](#) as stated in the eligibility rules is met. (Refer to page 4, a-d.)
3. An employee must complete forms required of a new hire. (Refer to page 6, a)
4. If an employee no longer works enough hours to be eligible, the school must report that as a termination and send a written notice to CSI Insurance.

**i. Residence change**

All address changes should be reported to CSI Insurance on the CSI group enrollment form or [Trustmark change form](#)\* and/or the [Priority Health change form](#)\*.

**j. Disability of employee**

Contact CSI Insurance for all forms pertaining to long term disability.

**k. Annual enrollment**

1. In preparation for the new Plan Year, each May CSI Insurance sends a packet to the school that includes a School Plan Selection Form, Enrollment Form listing the current employees and coverage, a new supply of forms, and instructions for completing the forms.
2. Each September, the school chooses the Plan that will be offered to employees. If the school chooses to change the coverage offered, CSI Insurance should be notified.
3. September 1<sup>st</sup> is considered open enrollment and all employees may add or delete coverage.

**l. Change of beneficiary**

Complete the [UNUM/Provident Change Form](#) and submit it to the CSI Insurance office.

\* (see attached forms)

UI/form/FAQ Reporting of Changes.doc