

# UPMC Employee Service Center Enrollment Documentation Submission Form

<b>Instructions:</b> 1) Read and complete all areas below. 2) Submit this form with your documentation to the UPMC Employee Service Center. 3) You will be notified by mail with directions to complete your benefit elections via My HUB. Thank you for your cooperation.	<b>UPMC Employee Service Center</b> <b>U.S. Steel Tower, Floor 56, 600 Grant Street</b> <b>Pittsburgh, PA 15219</b>  <b>Phone: 1-800-994-2752, option #3</b> <b>Fax: (412) 647-7860</b>
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Employee Information			
Name		Employee ID Number	
Home Phone		Work Phone	
Enrollment Event (choose one)	<input type="checkbox"/> new hire/rehire <input type="checkbox"/> employment status change <input type="checkbox"/> open enrollment <input type="checkbox"/> tuition assistance <input type="checkbox"/> family status change (birth, adoption, divorce, marriage) <input type="checkbox"/> other (loss/gain of other coverage, etc) _____		

- You may only enroll eligible dependents in your UPMC benefits. Eligible dependents include your:**
- Legally married spouse or qualified domestic partner
  - Your dependent biological child, stepchild, domestic partner's child, legally adopted child, child placed with you for adoption, or child for whom you are court appointed legal guardian, provided they meet all of the following criteria:
    - ✓ Is unmarried and is primarily dependent on you for support; and
    - ✓ Resides in your household (or with their other parent); and
    - ✓ Is under age 19 or is between age 19 and 25 and a full-time student (or qualifies for a student medical exception); or
    - ✓ Is totally disabled, provided the disability occurred before age 19.

If, at any time, a dependent enrolled in your benefits does not meet the criteria of an eligible dependent (such as divorce, not maintaining full-time student status, dissolution of domestic partner relationship) you are *required* to notify the UPMC Employee Service Center within 30 days. Failure to do so is considered fraud and could result in repayment of expenses incurred by the plan on behalf of the ineligible dependent, loss of COBRA rights, and disciplinary action up to and including termination of employment. By enrolling a dependent you are certifying that they are an eligible dependent and you acknowledge and understand your obligations. If you have any doubts, call the UPMC Employee Service Center for clarification.

**Specify documentation type:**

This documentation supports my (check one)  dependent's eligibility (ex. proof of full time student status, legal custody, guardianship or QMSCO) or  qualified status change event (ex. divorce decree).

**Specify details about the attached documents:**

- \_\_\_\_ Adoption documents: date of placement \_\_\_\_\_
- \_\_\_\_ Court order providing legal custody or guardianship for minor child \_\_\_\_\_
- \_\_\_\_ Divorce Decree: date of divorce \_\_\_\_\_ (Federal regulations result in COBRA rights when removing dependents from coverage due to divorce. You must enter a current mailing address for your ex-spouse in the Comments section below to comply with COBRA notice requirements.)
- \_\_\_\_ Proof of full-time student status (or student medical exception): for dependent \_\_\_\_\_
- \_\_\_\_ Proof of loss or gain of other coverage: date other coverage starts or ends \_\_\_\_\_
- \_\_\_\_ Qualified Medical Child Support Order \_\_\_\_\_

**Specify the enrollment action you wish to take:**

- \_\_\_\_ Elect coverage
- \_\_\_\_ Waive coverage
- \_\_\_\_ Drop dependent from coverage
- \_\_\_\_ Add dependent to coverage (cover under  medical,  dental,  dependent life,  dependent AD&D)
- \_\_\_\_ Other (explain): \_\_\_\_\_

Note: If a dependent has an address different than yours, you must enter their address in the Comments section below to comply with Federal COBRA regulations.

**Comments:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_