

# How To Make A Coverage Change

To change your health coverage you must always contact your local School District's Health Plan Representative **ON A TIMELY BASIS (USUALLY WITHIN 30 DAYS)** and complete the necessary forms. All relevant supporting documentation must be submitted; otherwise the District Representative cannot authorize the change of coverage form, as required by the Plan.

## Documentation Required

The following supporting documentation must be furnished **ON A TIMELY BASIS (USUALLY WITHIN 30 DAYS)** to the local School District's Health Plan Representative in the event of:

<u>Event</u>	<u>Documents</u>
Marriage:	Marriage certificate
Divorce:	Divorce decree (sections regarding Health Coverage and date of court order)
Separation:	Court recorded legal separation papers
Birth:	Birth certificate
Adoption:	Initial letter from adoption agency, then the final papers from the court, when available.
Addition of Child(ren):	Court order, Proof of Residency and Financial Dependence upon member.
Dependent Child(ren):	
<b>A.</b> Loss of Covered Dependent Status at age 19:	<b>A.</b> Written advisory letter (from member) or completion of appropriate School District's Health Plan form(s).
<b>B.</b> Continuation of coverage while full-time student, ages 19 through 24:	<b>B.</b> Certification of Enrollment from qualified full-time school; <b>updated twice yearly</b> , Winter and Summer.
<b>C.</b> Loss of Covered Student Status for any reason, ages 19 through 24:	<b>C.</b> Written advisory letter from member/student or completion of appropriate School District's Health Plan form(s).
Death:	Death Certificate
Termination of other Coverage:	Copy of HIPAA certificate(s), or letter from former employer, or other documentation from prior health insurance carrier.

Failure to submit the proper documentation can result in the delay and/or denial of Plan coverage or of COBRA eligibility. Therefore, it is to your advantage to notify your School District immediately upon a change in your family's status.

*If you have questions, please refer to the "Definition of a Dependent" and the Sections on "Eligibility" and "Termination" of the Plan's Certificate of Coverage on the website at [www.ousdhp.com](http://www.ousdhp.com), or contact your local School District's Health Plan Representative.*

*This newsletter, Summary Plan Descriptions (SPD) and all other bulletins, posters, notices, or "flyers" are informational communications only, and cannot be used as Plan Provisions. The Plan Certificate of Coverage No. 6198OU-11-99 (as amended and approved by the NY State Insurance Department) is the only document upon which benefits are provided. You are entitled to review and obtain a copy of the Plan Certificate of Coverage from your Local School Districts Health Plan Administrator, or through the Plan's website at [www.ousdhp.com](http://www.ousdhp.com).*