HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid and CHIP Coverage

You and/or your dependents who become eligible to participate in a Medicaid or CHIP premium assistance program may enroll in our health plan if application is made within sixty (60) days of eligibility for the premium assistance. If you enroll within sixty (60) days, the effective date of coverage is the first day of eligibility for the subsidy.

If you and/or your dependents lose coverage under a Medicaid or CHIP plan due to a loss of eligibility, you may enroll in our health plan if application is made within sixty (60) days of the loss of coverage. If you enroll within sixty (60) days, the effective date of coverage is the first day after your Medicaid or CHIP coverage ended.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Name of Entity:	Southern Utah University
ContactPosition/Office:	Lori Ann Barnson, Human Resources Manager/Benefits
Address:	351 W. University Blvd., Cedar City, UT 84720
Phone Number:	(435) 586-7700