

Other Employer's Open Enrollment or Health Care Plan Change

These qualifying mid-year event election changes are permitted when the coverage for you, your spouse, or your child under an employer's health care plan is changed and a corresponding change on your plan is desired. This includes Open Enrollment under another employer's plan.

Health Care Coverage:

- You may enroll or change your plan when a change is made under the other plan. HMO members are required to select a primary care physician.
- You may add eligible family members who are removed from the other plan.
- You may remove family members who enroll in the other plan. Removed family members will receive a HIPAA Certificate of Group Health Care Coverage. They do not qualify for Extended Coverage (COBRA).
- You may waive coverage if enrolled under the other plan.

Medical Flexible Reimbursement Account:

- No election change is permitted.

Dependent Care Flexible Reimbursement Account:

- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation from the other employer validating the change in their coverage.
- 2. How to submit the request.** Within 31 days of the day the corresponding change takes effect under the other plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The [Employee Benefits link](#) includes answers to frequently asked questions and helpful information about handling a life-changing event. For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.