



Rules of the Employee Benefit Plan Council

478-2-.05 Effective Date of Coverage.

- (1) **Employment.** The employee's coverage under the Flexible Benefit Program shall become effective on the first of the month following employment for the full preceding calendar month if the employee is at work on that date. If the employee is not at work on that date, coverage will be effective on the date the employee returns to work. Coverage for eligible dependents will become effective on the date the employee's coverage is effective.
- (2) **Re-employment during the Plan Year.** If the employee is reemployed within 30 days during the same Plan Year during which the employee previously participated in the Plan as an active employee, coverage under the Plan shall be re-instated after a full month of employment. The employing entity must reactivate payroll and remit premiums and contributions consistent with the options elected by the employee prior to termination, unless a qualifying change in family status occurred during the period of non-eligibility. The employee shall be considered re-employed during the Plan Year if the employee had one or more deductions or reductions prior to employment termination and subsequent re-employment. When the employee is not re-employed on the first workday of a calendar month, coverage will become effective the first of the month after a full month of employment, provided the employing entity remits all premiums and spending account contributions. If the employee is rehired after 30 days or more during the same plan year, the employee is considered a new hire and will receive enrollment information and is required to reenroll. New hires may select different coverage options from those selected prior to the termination from employment.
- (3) **Change in Coverage due to Qualifying Life Event.** If the employee changes coverage to include eligible dependents based upon a qualifying life event, coverage for the dependents shall become effective as of the first day of the month following the Qualifying Life Event. Elections for any group health coverage (this does not include the Health Care Flexible Spending Account or stand-alone dental plans) as a result of a special enrollment period due to birth, adoption or placement for adoption for newborns and newly adopted children, shall be effective as of the date of such birth, adoption or placement for adoption as required by federal law.
- (4) **Open Enrollment Change.** The effective date for new enrollments, a change in coverage amounts or the addition of eligible dependents shall be January 1, provided the employee is at work on that day and/or the contractor has approved insurance based on medical underwriting requirements.
- (5) **Return from Suspension or an Approved Leave Without Pay Within the Same Plan Year.** If the employee is returning from suspension or an approved leave without pay during the same Plan Year in which the employee previously participated in the Plan, the benefit options and

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coverages previously selected by the employee will continue if the employees make all premium payments and health care flexible spending account contributions while on leave. The employee will be billed directly by the third-party administrator. If the employee failed to pay premiums for the insurance options and the health care flexible spending account during the leave without pay, the coverage will terminate. For employees on leave under the Family and Medical Leave Act, if coverage is terminated the employee has 31 days to request reinstatement upon returning to work. Dependent care flexible spending account contributions will be reinstated upon the employee's return to work.

- (6) Return From Suspension or an Approved Leave Without Pay Across Plans Years.** If the employee is returning from suspension or an approved leave without pay in the Plan Year following the Plan Year in which the employee previously participated in the Plan, the following provisions for benefit options and coverages shall apply.
- (a) When the absence without pay is twelve (12) or less months and the Employee continued premiums and health care flexible spending contribution for continuous coverage during the leave without pay period, the employee shall have an opportunity to make enrollment elections for the current plan year upon the employee's return from leave. The employee shall have a 30-day enrollment window from the print date of enrollment packet from the Third-Party Administrator.
 - (b) When the absence without pay is less than six (6) months and the employee did not pay the insurance premiums and health care flexible spending account contributions, the employee will be provided an enrollment period subject to all conditions for enrollment of a current employee, such as medical underwriting, preexisting conditions and late entrant limitations.
 - (c) When the absence without pay is six (6) or more months and the employee did not pay the insurance premiums and health care flexible spending account contributions, coverages will be terminated in accordance with the Failure to Pay Premium provision. The employee shall be offered an opportunity to re-enroll in the same manner as is allowed during the open enrollment period. The employee shall be subject to all conditions for enrollment of a current employee, such as medical underwriting, preexisting conditions and late entrant limitations.
- (7) Upon Return from Suspension or Leave Without Pay Greater Than Twelve (12) Months.** If the employee is returning from a suspension or leave without pay of more than twelve (12) months and the employee paid the appropriate premium amounts for the insurance options, the employee shall be offered an open enrollment period as a continuing employee.

Authority:

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O.C.G.A. §§. 45-18-51, 45-18-52(a).

Federal Law References:

29 U.S.C. §§ 2601-2654(Family and Medical Leave Act)