



Employee Eligibility

An employee is eligible to participate in the Flexible Benefits Program if the employee is:

- a full-time regular employee who works at least thirty (30) hours a week and is expected to work for at least nine (9) months.
- a public schoolteacher, working at least 17.5 hours, and employed in a professionally certified capacity.
- in a local school system holding a non-certificated position. You must be eligible to participate in the Teachers Retirement System (TRS) or its local equivalent, and you must work a minimum of 20 hours a week (or 60% of the time necessary to carry out the duties of the position, if that's more than 20 hours).
- in a local school system working at least 15 hours (or 60% of the time necessary to carry out the duties of your position, if that's more than 15 hours) and you are eligible to participate in the Public School Employees' Retirement System (PSERS), as defined by Paragraph 20 of Section 47-4-2 of the Georgia Code.
- in a county or regional library and works at least 17.5 hours per week.
- in an organization deemed eligible by Federal or Georgia law.

NOTE: The term Employee does not include students (unless a student is also a full-time Employee); part-time employees; contingent workers of the Labor Department; employees who are working on a temporary, seasonal, or intermittent basis; or employees working in a sheltered workshop operated by a county department of family and children services, mental health subdivision, or other employing entities.

Once an employee is deemed eligible to participate in the Flexible Benefits Program, they will have a 30 calendar day window to complete their enrollment.

The screenshot shows the GaBreeze website interface. At the top left is the GaBreeze logo with the tagline "Direct, Easy Access to Your Benefits". To the right are three diamond-shaped navigation icons: a lighthouse, a city skyline, and a person on a beach. Below these is a green horizontal bar. The main content area features a photograph of a smiling family (a woman, a man, and a child) on the left. On the right, there is a "Welcome!" heading, followed by the text "This is the place to learn about your benefits and take action." Below this text are two buttons: a blue "Log On" button and a blue "Access Mobile Site" link.

Dependent Eligibility

A dependent of an employee is eligible to participate in the Flexible Benefits Program if the dependent is:

- a legal spouse as defined by within the meaning set forth in 1 U.S.C. §7.
- a dependent child who is under age 26,
- a dependent child who is age 26 or older, and who is incapable of self-sustaining employment by reason of mental incapacity or physical disability

NOTE: The term Dependent Child is defined as the natural or legally adopted child of the employee or their legal spouse. When a dependent child turns age 26, their coverage will terminate the end of the month of their birthday.

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Certify the Eligibility of Your Dependent

By choosing **Continue** below, you certify that the information about your dependent's eligibility is true and correct.

The definition of child eligibility:

- Your **natural child** for whom you have not relinquished all guardianship rights through a judicial decree. Eligibility begins at birth and ends at the end of the month in which the child reaches age 26.
- Your **stepchild**. Eligibility begins on the date of legal placement for adoption and ends at the end of the month in which the child reaches age 26.
- Your **adopted child**. Eligibility begins on the date of your marriage to the natural parent. Eligibility ends at the end of the month in which the child reaches age 26, or at the end of the month in which you and your spouse get divorced, whichever is earlier.
- **Guardianship**. A child for whom you are the legal guardian. Eligibility begins on the date the legal guardianship is established. Eligibility ends at the end of the month in which the child reaches age 26, or at the end of the month in which the legal guardianship terminates, whichever is earlier. Certification documentation requirements are at the discretion of the Administrator. However, a judicial decree is required unless the Administrator concludes that documentation is satisfactory to establish legal guardianship.
- **Totally Disabled Child**. This must be your natural child, legally adopted child or stepchild age 26 or older, who became physically or mentally disabled before age 26.

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Certify the Eligibility of Your Dependent

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The definition of spouse eligibility: A person who is legally recognized as the covered employee's husband or wife.

Penalties for Misrepresentation

If a Flexible Benefits participant misrepresents eligibility information when applying for coverage, during change of coverage or when filing for benefits, the Flexible Benefits program may take adverse action against the participants, including but not limited to terminating coverage (for the participant and his or her dependents) or imposing liability to the Flexible Benefits program for fraud or indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law. In order to avoid enforcement of the penalties, the participant must notify the Flexible Benefits program immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

I Agree

Continue **Cancel**

Eligibility Verification Process

Dependent(s) added to an employee's coverage may be required to verify the dependent(s) eligibility. If verification is required, the employee will receive a letter and verification form for completion. If the employee is requested to complete verification but fails to provide the required documentation within the specified timeframe, the dependent's coverage will be terminated prospectively and no refund given.

NOTE: The State Health Benefit Plan operates independent of the Flexible Benefits Program. As a result, an employee may receive a separate request for similar information for their health plan verification. The Flexible Benefits Program does, however, collaborate electronically with the health plan to obtain eligibility verification prior to making a separate request.

Required Verification Documents, if requested:

Spouse

- Copy of certified marriage certificate OR copy of your most recent Federal Tax Return (filed jointly with spouse).

Natural or Adopted Child

- Copy of certified birth certificate, for child(ren) up to age 26, listing parents by name OR a letter of confirmation of birth or newborns. Birth cards without parent information are not acceptable.

Stepchild

- Copy of certified birth certificate, for child(ren) up to age 26, showing your spouse is the natural parent; AND a copy of certified marriage certificate showing the natural parent is your spouse; AND a notarized statement the dependent lives in your home at least 180 days per year.

Disabled Dependent

- For a dependent child over age twenty-six (26), the employee should contact the State Personnel Administration at 404.656.2730 for required verification and documents.

Effective Dates for Coverage and Payroll Deductions

Coverage begins the first of the month following a full calendar month worked.

- Example: Hired March 8th; Coverage begins May 1st
- Payroll deductions begin first of the month following newly eligible status effective date

When an employee terminates employment before the 16th of the month:

- Coverage ends the last day of that month, excluding STD & LTD.*
- Example: Termed June 1st; Coverage ends June 30th
- Payroll deductions end effective the first of that month

When an employee terminates employment on or after the 16th of the month:

- Coverage ends the last day of the following month, excluding STD & LTD.*
- Example: Termed June 16th; Coverage ends July 31st
- Payroll deductions end effective the first of the following month.

*STD & LTD Exception: For Short Term Disability (STD) and Long Term Disability (LTD), coverage ends on the date of termination. Coverage is not based on the 16th of the month rule like all other benefits.

Events Impacting Eligibility

Throughout an employee's employment cycle, events periodically occur that may change eligibility for certain benefits, including:

- When an employee is rehired
 - > Employees who return within 30 days and within the same plan year
 - Coverage is reinstated with no changes
 - > Employees who return after 30 days or in a new plan year
 - Enroll as a new hire & select different coverage

- When an employee transfers agencies
 - > If GaBreeze receives termination information (from terminating agency) before receiving eligibility information (from new agency):
 - Active coverage is immediately terminated
 - Coverage continues (no enrollment) with new agency
 - > If GaBreeze receives eligibility information before receiving termination information:
 - New agency status will be pending until termination information is received
 - Once received, status is updated and coverage continues (no enrollment)

- When an employee works for multiple agencies
 - > Primary Agency is the employee's first agency of employment by recorded hire date
 - > Employees are not allowed to choose their primary agency

- When an employee has a life event affecting eligibility
 - > Some election changes are allowed under limited conditions
 - > Requests must be made within 30 calendar days following the event; or 90 calendar days if the event is a birth or adoption. For Children's Health Insurance Program Reauthorization Act (CHIPRA) special enrollment rights, a 60 calendar day deadline applies.

Need Help?

If you need help navigating the GaBreeze Employer Web site or have questions about any of the features described in this job aide, you can contact the DOAS Team at 1-888-968-0490, or 404-656-2730 if calling within the metro-Atlanta area, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time.



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