



ALBUQUERQUE PUBLIC SCHOOLS

ELIGIBILITY AND ENROLLMENT GUIDELINES

Introduction

Through its benefits program, Albuquerque Public Schools helps you pay for health care services, build retirement savings, and assists in providing financial security for you and your family. The benefits program encourages wellness, personal health assessments, and preventive health measures. The program offers you a range of optional benefits, including coverage for family members, letting you customize your coverage to meet your personal needs. You contribute towards the cost of the benefits you elect.

Enrollment

Your benefits enrollment is very important. Please review the following guidelines to assist you in submitting the appropriate forms and documentation to enroll in the APS benefit plans. Timely submission of your forms and documents will ensure coverage for you and your family members. If you have any questions about your benefit plan options, please contact the APS Employee Benefits Department at (505) 889-4859 or employee.benefits@aps.edu.

Eligibility

Who is eligible?

- You, if you are 1) classified as A1 status (full-time, benefit eligible), 2) an employee who has been notified by the Employee Benefits Department that they have averaged 30 hours or more of service per week and are eligible for the medical plan only, or 3) current A3 status (part-time, benefit eligible) employee already enrolled for benefits and work at least a .45 FTE
- Your legal spouse
- Your domestic partner (must complete notarized Affidavit of Domestic Partnership)
- Your unmarried or married natural or adopted child(ren) or stepchild(ren); your foster child(ren) for whom you have a Placement Order. Children are eligible to the age of 26.
- Your other child(ren) for whom you have legal guardianship (unmarried or married and under age 26).

Extended family members are not eligible under any circumstances.

- Applicable to the 403(b) and 457(b) Plans **ONLY**: Effective January 1, 2017 all employees, whether full-time, part-time, on an hourly status, or a substitute teacher or substitute educational assistant, are eligible to participate in either of the voluntary retirement savings plans (403(b) and 457(b) Plans).

Part-time Benefits Eligibility

- A1 status employees who elect to move to part-time (A3) status may continue their current benefits (with the exception of long term disability) as long as the following conditions are met:
- The employee has completed twelve (12) continuous months of service or one (1) contract year of employment with APS as an A1 employee; and
- Part-time employment for purposes of benefit continuation is .45FTE or greater; and
- The employee's premium contribution rate is based on his/her 1.0 full-time equivalency salary. Therefore, premium rates will remain the same and will not change to a lower amount when your status changes to part-time.
- Long Term Disability, (LTD) is not offered to part-time employees in keeping with industry standards and underwriting policies.
- Benefits coverage must be continuous. If a part-time employee currently enrolled for benefits cancels coverage or is termed from coverage because he/she drops below .45 FTE, he/she will no longer be eligible for benefits unless he/she changes to A1 status or returns to .45 or above FTE status within the same calendar month.
- If a part-time employee whom has been covered on the benefit plan(s) drops below a .45 FTE and then, within the same calendar month, returns to a .45 or above FTE, he/she will be eligible to continue on the same benefit plan(s) that were in place prior to the time he/she dropped below the .45 FTE status. Within 31 days of the date that coverage was termed, the employee must request, in writing, that the benefit or benefits that were in place be reinstated retroactive to the date coverage was termed. The employee is responsible for paying any premium that was not withheld from payroll checks. The written request should be made to the APS Employee Benefits Department.

- Applicable to the 403(b) and 457(b) Plans **ONLY**: Effective January 1, 2017 all employees, whether full-time, part-time, on an hourly status, or a substitute teacher or substitute educational assistant, are eligible to participate in either of the voluntary retirement savings plans (403(b) and 457(b) Plans).

When Can I Enroll?

A new A1 status employee has 60 days from the date of hire in which to enroll for benefit plan coverage offered by Albuquerque Public Schools. An employee who has been notified by the Employee Benefits Department that they have averaged 30 hours or more of service per week and are eligible for the medical plan (only) has 60 days from the date of notification to enroll in the medical plan. Coverage will be effective the 1st day of the month following the date your completed Enrollment Form is received by the Employee Benefits Department, provided it is received within 60 days of your date of hire or date of notification. An eligible employee may also enroll within 60 days of incurring a “change of status/qualifying life event”. Qualifying Life Events are listed below.

Employee Responsibilities

- Timely notification to the Employee Benefits Department (within 60 calendar days of date of hire, date of notification, or date of a qualifying event)
- Timely completion of an Enrollment/Change Form in the Employee Benefits Department (within 60 calendar days of date of hire, date of notification, or date of qualifying event)
- Timely submission of supporting documents to the Employee Benefits Department (at the time you complete an Enrollment/Change Form, which must be within 60 calendar days of date of hire, date of notification, or date of qualifying event)

General Enrollment Guidelines

Employer Paid Basic Life & Accidental Death & Dismemberment (AD&D) Coverage

- If you work the required minimum number of hours per week and are classified as A1 or A3 status, you are automatically covered for Basic Life and AD&D Insurance in the amount of \$10,000. This coverage is provided by the District at no cost to you. You need to complete a beneficiary designation card, even if you do not enroll for any other benefits.

Voluntary Life & Accidental Death & Dismemberment (AD&D) and Long-Term Disability Coverage

- If you work the required minimum number of hours per week and are classified as A1 status, you may enroll for Additional Life and AD&D Insurance and/or Long-Term Disability insurance within 60 days of your date of hire. You may also enroll for Additional Life Insurance for your spouse and/or your children (subject to plan rules). You may add Additional Life Insurance for a new spouse and/or a new child within 60 days of the date of your marriage or the birth or adoption of the child. If you do not enroll for these coverages as a new employee (or within 60 days of a qualifying event) and want to apply at a later date, you will be subject to the Late Entrant Rule shown below.

Medical Plan Coverage

- Late enrollment is not allowed in the APS medical plan unless you involuntarily lose other medical coverage (or experience another qualifying event), or you enroll during the annual Switch/Open Enrollment period held each October. If you apply for the medical plan during Switch/Open Enrollment, your coverage will begin January 1st of the following year.

The Two-Year Lock-in Dental Rule

- Late enrollment is not allowed for APS dental coverage unless you involuntarily lose other dental coverage (or experience another qualifying event), or unless you enroll during the annual Switch/Open Enrollment period held each October. If you apply for dental during Switch/Open Enrollment, your coverage will begin January 1st of the following year. Once enrolled in dental, you may not drop or switch dental plan options until you and each of your covered dependents have been enrolled for two years.

The Two-Year Lock-in Vision Rule

- Late enrollment is not allowed for APS vision coverage unless you involuntarily lose other vision coverage (or experience another qualifying event), or unless you enroll during the annual Switch/Open Enrollment period held in October. If you apply for vision during Switch/Open Enrollment, your coverage will begin January 1st of the following year. Once enrolled in vision, you may not drop the plan until you and each of your covered dependents have been enrolled for two years.

The Late Entrant Rule for Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance and Long-Term Disability Insurance

- If you work the required minimum number of hours per week and are classified as A1 (full-time, benefit eligible) or A3 (part-time, benefit eligible) status, you may apply for Additional Life and AD&D Insurance. If you work the required minimum number of hours per week and are classified as A1 status, you may also apply for Long-Term Disability insurance. You may apply at any time, subject to approval by The Standard, based on medical underwriting. There is no guarantee you will be approved. The Standard will notify both you and the APS Employee Benefits Department if you are approved or denied. If your coverage is approved by The Standard, your coverage and required payroll deductions will start the first of the month following receipt of that notification by the Employee Benefits Department.
- If you work the required minimum number of hours per week and are classified as A1 or A3 status, and have Additional Life Insurance on yourself, you may apply for Additional Spouse Life Insurance. You may apply for spouse coverage at any time during the year, subject to approval by The Standard, based on medical underwriting. There is no guarantee that your spouse will be approved. If your spouse's coverage is approved, The Standard will notify both you and the APS Employee Benefits Department. That coverage and required payroll deductions from your paycheck will start the first of the month following receipt of that notification by the Employee Benefits Department.
- If you work the required minimum number of hours per week and are classified as A1 or A3 status, and have Additional Life Insurance on yourself, you may enroll for Additional Dependent Life Insurance for your children (through age 25) during Switch/Open Enrollment. That coverage and required payroll deductions from your paycheck will start the following January 1st.

Forms and Required Documentation

Completing the correct paperwork is crucial to your enrollment in the plans offered. APS requires dependent documentation to safeguard against fraudulent enrollment.

- Employee's Social Security Number (SSN) and the SSN for all enrolled members (spouse/domestic partner and/or children) are required under federal law.
 - SSNs are required under the Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) for purposes of coordination of benefits to the Centers for Medicare and Medicaid Services (CMS)
 - Section 6055 and Section 6056 of the Internal Revenue Code require Albuquerque Public Schools to file an annual report with the Internal Revenue Service that includes tax identification numbers (SSN) for our employees and for their dependents who are covered on our medical plan
- An original State Certified Marriage Certificate is required to enroll a spouse
- An original, notarized Domestic Partner Affidavit and three (3) forms of evidence of financial responsibility is required to enroll a domestic partner
- A State Certified Birth Certificate and/or Adoption Decree provided by a court are required to enroll a child
- A Qualified Medical Child Support Order is required to enroll a child for whom you are legally responsible to provide health insurance coverage
- A Placement Order is required to enroll a foster child
- Legal Guardianship papers are required to enroll a child whom is not your natural or adopted child
- Loss of Coverage Letter from prior employer or prior insurance provider is required to enroll yourself or your eligible family members if you are enrolling due to an involuntary loss of other coverage

Qualifying Life Events

- **New Hire** - Complete Enrollment/Change Form and beneficiary designation within 60 days from date of hire.
- **Marriage** – Complete Enrollment/Change Form and provide original Marriage Certificate within 60 days of date of marriage. Review your beneficiary designation for any needed changes or updates.
- **New Child**
 - **Children are eligible** to be enrolled on the medical, dental, vision and dependent life insurance plans until age 26.
 - **New Baby:** Complete Enrollment/Change Form and provide original Birth Certificate or Hospital Proof of Birth within 60 days of date of birth. If a Hospital Proof of Birth is supplied because the Birth Certificate is not yet available, the Birth Certificate must be submitted as soon as you receive it. The baby's SSN must be provided as soon as you receive it.

- **Adopted Child:** Complete Enrollment/Change Form and provide original Adoption Decree within 60 days of date of adoption. The child's SSN must be provided at the time of enrollment or as soon as you receive it.
 - **Foster Child:** Complete Enrollment/Change Form and provide original Placement Order within 60 days of date of placement. The child's SSN must be provided at the time of enrollment or as soon as you receive it.
 - **Child acquired through marriage:** Complete Enrollment/Change Form and provide original Birth Certificate within 60 days of date of marriage. (Your original Marriage Certificate must also be presented at the time the Enrollment/Change Form is submitted.) The child's SSN must be provided at the time of enrollment or as soon as you receive it.
 - **Other circumstances:** Complete Enrollment/Change Form and provide original Legal Guardianship papers, Placement Order or Qualified Medical Child Support Order within 60 days of date of event. The child's SSN must be provided at the time of enrollment or as soon as you receive it.
- **Divorce – Complete Enrollment/Change Form as soon as possible but not later than the end of the month in which the divorce is final.** Provide a copy of your Final Divorce Decree. Review your beneficiary designation for any needed changes. Timely notification is required so APS can inform your former spouse of eligibility for COBRA continuation coverage. **It is fraudulent to continue coverage for your former spouse on the APS active medical and/or other benefit plans.**
 - **Death – Complete Enrollment/Change Form as quickly as possible, but not later than 60 days after the death of a spouse/domestic partner or child.** Provide a copy of the Death Certificate. Review your beneficiary designation for any needed changes.
 - **Employment Status Change – Change in status from part-time to A1 (full-time, benefit eligible) status:** May enroll in all benefits offered to A1 employees. Complete Enrollment/Change Form and provide any required documentation within 60 days of becoming an A1 employee. (Documentation: SSN for all dependents enrolled, original Marriage Certificate to enroll a spouse, original Birth Certificate(s) or legal documentation to enroll a child or children, Affidavit of Domestic Partnership with required supporting documentation to enroll a domestic partner.)
 - **Full-Time Short-term Employees – May enroll in all benefits when first hired ONLY.** Complete Enrollment/Change Form and provide any required documentation within 60 days of date of hire. (Documentation: SSN for all dependents enrolled, original Marriage Certificate to enroll a spouse, original Birth Certificate(s) or legal documentation to enroll a child or children, Affidavit of Domestic Partnership with required supporting documentation to enroll a domestic partner.) If coverage is not elected or coverage is dropped, the employee will not be able to enroll until the next Open Enrollment period. If employee's contract is renewed after the first day of school, he/she will receive a new "Hire Date". Employee is then considered a new hire and may enroll in benefits at that time.
 - **Involuntary Loss of Coverage – Complete Enrollment/Change Form to enroll in the benefits you and your eligible family members lost.** This must be done within 60 days of the loss of coverage. Provide Loss of Coverage Letter from previous employer or insurance provider which specifies who was covered, type of coverage and the date coverage terminated. Include required documentation (SSN for all dependents enrolled, original Marriage Certificate to enroll a spouse, original Birth Certificate(s) or legal documentation to enroll a child or children, Affidavit of Domestic Partnership with required supporting documentation to enroll a domestic partner). The effective date of coverage for you and/or your family members will be the 1st day of the month following the date you submit the Enrollment/Change Form and required documentation. If you fail to meet these deadlines, you will not be able to enroll until the next Open Enrollment period.
 - **Child turns age 26 – The Plan Administrator (insurance company or carrier) will cancel medical, dental and /or vision coverage as of the last day of the calendar month in which your child turns age 26.** The APS Employee Benefits Department will send a COBRA Notification letter to your child within 14 days of notification of cancellation of coverage. Dependent Life Insurance coverage ends the day before your child's 26th birthday.
 - **Incapacitated Child turns Age 26 – A child whom is incapable of self-sustaining employment because of mental or physical impairment and whom is chiefly dependent upon the employee for maintenance and support is eligible to continue enrollment on the APS benefit plans.** Employee must provide proof of the child's incapacity and dependency within 31 days of the child reaching age 26, and every year thereafter upon

request by the Plan Administrator (insurance company or carrier). Contact the insurance company's Member Services Department or the APS Employee Benefits Department to request forms for proof of disabled/incapacitated child. If you do not submit the required documentation, the Plan Administrator will cancel your child's coverage at the end of his/her birthday month.

- **Change of Address** – Complete APS Name/Address Change Form in the Human Resources Department (City Centre east tower, suite 210) within 30 days of change to ensure that your benefit information is updated to reflect your new address.
- **Leave of Absence** – During an approved leave of absence, you may elect to continue your group insurance coverage, provided that you pay your portion of the total required monthly premium. (Details will be included in the letter you receive from the Leaves Department.) If you cancel your Additional Life Insurance or long-term disability insurance while on approved leave, you will be subject to the Late Entrant Rule for Voluntary Life and AD&D Insurance and Long-Term Disability Insurance (refer to General Enrollment Guidelines above). While on leave, you are responsible for notifying the Employee Benefits Department of any qualifying event (the birth of a baby, marriage, divorce, etc.) and completing an Enrollment/Change Form within 60 days of the qualifying event.
- **Resignation, Retirement, or Termination** – Contact the APS Employee Benefits Department to find out when your benefit coverage ends. COBRA continuation coverage may be available.
- **New Coverage Available for you, your spouse or child(ren) resulting from change in Employment Status or eligibility for Medicaid or Medicare** – You may cancel APS coverage for yourself, spouse and/or children within 60 days from the date the new coverage for yourself, your spouse and/or child(ren) is effective. You must provide APS with a Proof of New Coverage Letter on letterhead from the new insurance provider or the employer's Human Resources/Employee Benefits Department. This letter must specify who will be covered; type of coverage and the date coverage goes into effect. APS benefits for yourself and/or your family members will terminate at the end of the month in which you submit your Proof of New Coverage Letter and completed Enrollment/Change Form to the APS Employee Benefits Department. Please note that handwritten notices, computer print-outs, enrollment forms, and insurance identification cards will NOT be accepted as proof of other coverage.

When Does Coverage End?

In general, coverage ends as noted below. We encourage you to contact the Employee Benefits Department to be certain that you know when coverage will end in your particular circumstances.

- Coverage ends the last day of the calendar month in which your employment ends as long as premiums are withheld/paid in full for that month
- Coverage ends the last day of the calendar month in which you are no longer classified as a benefit eligible employee as long as premiums are withheld/paid in full for that month
- If you drop coverage due to a qualifying event, coverage ends on the last day of the month following timely receipt by the Employee Benefits Department of your completed Enrollment/Change Form
- In general, coverage ends for a retired employee at the end of the month in which premium was last withheld from your paycheck as long as premiums are withheld/paid in full for that month
- For a child who reaches the maximum age of coverage, medical, dental and/or vision plan coverage will end the last day of the calendar month in which the child turns age 26. The child will be notified of his/her eligibility to continue medical, dental and/or vision plan coverage under COBRA. Dependent Life Insurance ends the day before the child turns age 26.
- In the event of the death of an employee, medical, dental and/or vision plan coverage for any covered family member ends on the last day of the calendar month concurrent with or following the date of death. Covered family members will be notified of their eligibility to continue medical, dental and/or vision plan coverage under COBRA. Refer to The Standard Life Insurance Certificate for the date Additional Life Insurance ends for covered dependents of a deceased employee.

Insurance Fraud (Federal and State Insurance Laws Apply)

Anyone who knowingly or willfully makes any false or fraudulent statement or representations shall risk forfeiting all employee and family member rights to coverage or benefits. APS will take the appropriate disciplinary action against the offending employee.

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