

## **Important Information regarding your Employer Sponsored Health Benefits**

### **Enrollment Periods**

- **Timely Enrollment** - Enrollment forms must be completed, signed and returned to your employer within 30 days of your effective date of coverage.
- **Special Enrollment/Qualifying Event** - If you are waiving coverage for you and/or your dependents, you may be able to enroll in the future if you inform your employer and complete an enrollment form within 30 days of one of the following events: marriage, birth, adoption or involuntary loss of prior coverage. Date of coverage due to a special enrollment/qualifying event will begin on the date of the event.
- **Open Enrollment Period** - If you previously waived coverage and/or enrolled more than 30 days following your initial enrollment period or a special enrollment/qualifying event then you can come on at open enrollment. The open enrollment period is the 30 days prior to your group's renewal date. An enrollment form must be completed, signed and returned to your employer prior to the renewal date.

### **Life Insurance Portability & Conversion Rights**

If you terminate employment you can elect to continue the Basic Life policy by contacting Assurant Employee Benefits within 30 days of your termination. For additional details about portability and conversion rights please refer to your Assurant Employee Benefits Policy that can be found by logging into [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) or you may contact Assurant Employee Benefits at 1-800-733-7879.

### **Women's Health and Cancer Rights Act**

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your Plan Administrator for more information.

### **Newborn Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Medicaid and CHIP**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. Once it is determined that you or your dependents are eligible for premium assistance, your employer must permit you to enroll in your employer plan (within 60 days of being determined eligible) if you are not already enrolled.