

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse/domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

The Children's Health Insurance Program (CHIP) Reauthorization Act of 2009 amends the HIPAA special enrollment rules to require a group health plan to permit an employee who is eligible, but not enrolled, for coverage under the plan to enroll if either of the following conditions is met: (1) the employee or dependent covered under Medicaid or CHIP has coverage terminated as a result of loss of eligibility, and the employee requests coverage under the group health plan within 60 days after such termination; or (2) the employee or dependent becomes eligible for Medicaid or CHIP assistance under the employer group health plan if the employee requests coverage within 60 days after the eligibility determination date.

In addition, if you have a new dependent as a result of marriage, birth, adoption or other Qualified Life Event, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days of the Qualified Life Event. For more information, contact the CSL Behring Benefits Center at **1.844.888.BNFT (2638)**.

