

FERRIS STATE UNIVERSITY

Other Eligible Adult Health Care Plan (Medical, Hospitalization, Vision, Dental, and Prescription Drug) Program Summary and Enrollment Form

For Non-Union/Non-Represented Employees

Effective January 1, 2010, FSU implemented a program that changes the eligibility criteria for enrollment in its health care plan(s) (medical, hospitalization, vision, dental, and prescription drug, hereinafter referred to as "health care plan"). Individuals are strongly encouraged not to forego health and/or dental coverage that may be available to them from other sources. The University reserves complete discretion to determine how the below-listed eligibility criteria and disqualifications will be applied during the program, and the documentation required in connection with enforcement. The University also reserves the right to modify, suspend or terminate this program if required by law to do so.

Under the program, a non-represented FSU employee may enroll one (1) "other eligible adult" ("OEA") in an FSU-sponsored health care plan, but only if ALL of the following *OEA eligibility criteria* are met:

- The FSU employee is eligible for and enrolled in the FSU-sponsored health care plan; The FSU employee does not have a current or former spouse who is enrolled in any FSU-sponsored health care plan or receiving any consideration to "opt-out" of any such FSU-sponsored plan, if such enrollment or "opt-out" is based upon any relationship with the FSU employee seeking to designate the OEA;
- The OEA is an adult under Michigan law;
- The OEA currently resides in the same residence as the FSU employee and has done so for the last 18 continuous months¹;
- The OEA is not a tenant of the FSU employee, and the FSU employee is not a tenant of the OEA;
- The OEA is not a "dependent" of the FSU employee as defined by the IRS; and the FSU employee is not a "dependent" of the OEA; and
- The OEA is not eligible to inherit from the employee, or from the employee's current or former spouse, under the laws of intestate succession in the State of Michigan (This provision does not preclude the FSU employee from naming the OEA in his or her estate plan).

Eligibility to continue coverage for an OEA ceases at the end of the month in which anyone or more of the eligibility criteria are not met.

The following individuals are *disqualified* from eligibility as an OEA under this program:

- The current or former spouse of the FSU employee²
- The children (including adopted, step- and foster children) of the FSU employee or of the FSU employee's current or former spouse, and their descendents (e.g., children, grandchildren, etc.)
- The parents (including adopted, step- and foster parents) of the FSU employee or of the FSU employee's current or former spouse, and their descendants (e.g., the FSU employee's siblings, nieces, nephews, in-laws, etc.)
- The grandparents of the FSU employee or of the FSU employee's current or former spouse, and their descendents (e.g., aunts, uncles, cousins, etc.)
- The FSU employee's renters, boarders, tenants, landlord, etc.

¹Numerous factors may be considered in determining residency, including such items as: (1) location of a person's principal residence; (2) address listed on a person's driver's license and any changes; (3) registration address of a person's vehicle(s); (4) address of a person's professional license(s); (5) address where a person is registered to vote; (6) location of the bank(s) where a person maintains accounts and statement address on same; (6) address on checking account, credit accounts/cards, etc. There will not be determined to be a break in residency if the OEA temporarily resides in the FSU employee's and OEA's former residence to sell a home or to stay with minor children to complete the current school year.

² A former spouse may be eligible as an OEA if after the divorce the former spouse becomes eligible again under the eligibility requirements above. The period of continuous residence must begin again after the divorce.

Eligibility to continue coverage for an OEA ceases immediately upon an OEA becoming disqualified.

An OEA's children (including adopted, step- and foster children) who are qualified and claimed as IRS-defined dependents by the FSU employee's eligible and enrolled OEA are also eligible for health care benefits in the same plan if they are members of the FSU employee's household and under the age of 19 or a full-time student (as defined in the FSU health care plan) and they are unmarried (up to age 23 if an IRS-defined dependent). Such children's eligibility to continue coverage ceases immediately upon the OEA or the child becoming ineligible or disqualified.

Employees must notify FSU Human Resources/Benefits in writing of any change in eligibility status or any disqualification, within 15 days after the relevant event.

The OEA enrollment form can be submitted only during the regular open enrollment period, or within 30 days after all of the eligibility criteria are first met, or within 30 days after an eligible OEA involuntarily loses health care benefits sponsored by another employer (a special enrollment event).

I wish to enroll the following Other Eligible Adult (OEA) and OEA's children:

OEA:

_____ Name	_____ Birthdate	_____ Social Security #
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Children:

_____ Name	_____ Birth date	_____ Social Security #
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_____ Name	_____ Birth date	_____ Social Security #
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_____ Name	_____ Birth date	_____ Social Security #
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_____ Name	_____ Birth date	_____ Social Security #
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I certify that the OEA named above currently meets the OEA eligibility criteria for the program and that neither the OEA nor any of the OEA's listed children is disqualified from eligibility as described above. I understand that I am responsible for immediately notifying FSU in writing if my OEA or any of my OEA's children ceases to satisfy one or more of the eligibility criteria or if my OEA should be disqualified from eligibility under the program. I understand that I am responsible for any premium co-pays attributable to participation of my OEA or my OEA's children in any FSU-sponsored health care plan, and for all costs and expenses attributable to participation by an OEA or OEA's children who are ineligible, and I authorize FSU to deduct such premium co-pays, costs and expenses from my periodic pay. I understand that state and/or federal law may not recognize "Other Eligible Adults" as being qualified for tax exempt status regarding the employer paid benefit. Therefore, I understand that the value of the health care coverages is subject to income tax and FICA taxes and will be reported as income in my W-2 form. I have been advised to consult with my own tax counsel at my own expense to determine the tax implications of the receipt of these benefits. I also understand that I will be responsible for paying any taxes associated with enrolling my OEA and my OEA's children. I also understand that in addition to all of the above that an OEA must meet the requirements of the insurance carrier to be eligible for insurance benefits.

Any information falsified on this document may result in discipline up to and including termination from employment.

_____ Employee Name (please print)	_____ Birth date	_____ Social Security #
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Signature: _____

Date: _____