

Health Benefits

MOVING FORWARD TO BETTER HEALTH



Contractual Subsidy

On November 25, 2013, Governor Martin O'Malley announced that a contractual employee who works for an agency covered under the State Employee and Retiree Health and Welfare Benefits Program (the Program), has a current employment contract and works 30 or more hours a week (or on average 130 hours per month) may be eligible for subsidized health benefits coverage for themselves and their dependents beginning January 1, 2015. As a contractual employee, you will be responsible for paying 25% of the premiums for your medical and prescription coverage, including any eligible dependents you have enrolled. The State of Maryland will subsidize the remaining 75% of the cost for these benefits. You can also elect to enroll in dental coverage, accidental death and dismemberment insurance, and life insurance, but will be responsible to pay the full premium for these benefits.

STATE OF MARYLAND
CONTRACTUAL EMPLOYEES
HEALTH BENEFITS ENROLLMENT AND CHANGE FORM FOR JANUARY 2015-DECEMBER 2015

PERSONAL DATA - PLEASE PRINT CLEARLY

Name: _____ Apt. Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Personal E-mail: _____
Work E-mail: _____
Social Security Number: _____
Date of Birth: MM / DD / YYYY

FOR BE COMPLETED BY AGENCY BENEFITS COORDINATOR

Legal Marital Status: Single Married Legally Separated Divorced
 Widowed Other

Pay Code: _____
 Full Part Other

Agency Code: _____ Check Date Code: _____
(if applicable)

STATUS & ENROLLMENT/CHANGE ACTION REQUESTED

Change in Family Status (Use Benefits Guide for determination requirements)
Date: _____ (Support must be made within 90 days of the date of the qualifying event.)

Add Dependent Name(s): _____ Date: _____
 Birth/Adoption/Agreement/Prenatal Legal Guardian Date: _____
 Other Reason: _____
 Remove Dependent because of: _____ Date: _____
 Divorced/Limited Divorce/Legal Separation Date: _____
 Death Date: _____ (attach copy of Death Certificate)
 Dependent no longer eligible Date: _____
 Other Change: _____

New Contractual Employee State Subsidy Eligible
Contract Period From: _____ To: _____
 New Contractual Employee NOT State Subsidy
Contract Period From: _____ To: _____
 Open Enrollment - Effective January 1st
 Cancel all Coverage in all Plans/Options

COMPLETED AND SIGNED ENROLLMENT FORMS MUST BE GIVEN TO YOUR AGENCY BENEFITS COORDINATOR.

If you are enrolling dependents outside of Open Enrollment, all required dependent documentation must be attached.

Health benefits information and forms are available on the Department of Budget and Management's website:
www.dbm.maryland.gov/benefits

ERB Use Only:
Received _____
Processed _____
Avalued _____

If you work 30 or more hours a week (or on average 130 hours per month), complete the enclosed contractual enrollment form and take it to your agency benefits coordinator. Your agency benefits coordinator will forward the completed form to the Department of Budget and Management's Employee Benefits Division for processing.

You will receive payment coupons for your premiums from the Employee Benefits Division just prior to the beginning of the plan year. Monthly payments must be made timely for benefits to remain active. Payments are due the first of each month. There is a 30-day grace period each month. However, delaying payment may delay the payment of claims submitted during that period. If benefits are cancelled due to non-payment, you will have to wait until the following Open Enrollment to re-enroll.