

Memorandum



Date:
To:
From:
Subject: LOA Remittance Form (County-Provided Plans)

As of _____ you are on _____ Leave Without Pay (Status: ____). Since you will not receive a paycheck during your unpaid leave, the premiums\contributions to cover your benefit plan elections cannot be payroll deducted. To continue these benefits, you must remit payments by check or money order, or your benefits will be cancelled. Premiums and contributions are due in advance of the pay period to be covered. The first payment is due within two weeks of your last payroll deduction. If your status changes or if you return to work, resign, terminate, become disabled or retire, you must notify Benefits Administration \Internal Services Dept at (305) 375-4288 and Fringe Benefits Management Company at (800) 342-8017 (*if enrolled for a Spending Account*). If you are enrolled in the union sponsored health plan for Fire Fighters, please contact your union office directly at (305) 593-6100 for specific remittance instructions.

Important Note: Taking an unpaid leave of absence is a qualifying event which allows you to temporarily stop participation in any benefit plan, or drop to single coverage to reduce your insurance cost. Your request must be received by Benefits Administration\Internal Services Dept. within 45 days of the onset of the unpaid leave. Refer to the Benefits Handbook for "opt-out" provisions. Contact my office for the appropriate Change in Status (CIS) forms or download from the benefits website at www.miamidade.gov/benefits.

Group Medical, Dental, Vision, Life, and Optional Life Coverage:

The check must be made payable to the **Miami-Dade County** and mailed as indicated below. Write your employee ID# on your check and include the Leave of Absence (LOA) Remittance Form with your first payment.

Employee Portion Medical	\$	<u>Mailing Address</u> Miami-Dade County LOA Section - Benefits Admin\HRD 111 NW 1st St., Suite 2340 Miami, FL 33128
Employee Portion Dental	\$	
OPTIX Vision Plan	\$	
Optional Life	\$	
Short-Term Disability	\$	
Long-Term Disability	\$	
Group Legal Services	\$	Do not mail Fire Union Health Plan premiums to this office.
Imputed Income	\$	Imputed Income & FICA\MICA are only applicable if employee covers a Domestic Partner or overage child(ren)
FICA/MICA on Imputed Income (7.65%)	\$	
Employer Portion Medical**	\$	** If your leave is for non-medical reasons, you are also responsible to pay the County portion as well as the employee premium.
Employer Portion Dental**	\$	
Employer Portion Group Life**	\$	

Total Biweekly Premium \$ _____

Flexible Benefits - Premiums are to be remitted by **separate check** as indicated below and made payable to **Vista Deposit Account\Miami-Dade**. Include the last four digits of your SS# on the check:

Healthcare Sp. Account	\$	<u>Mailing Address</u> FBMC- Client Accounting Department (DM) P.O. Box 1878 Tallahassee, FL 32302
Dependent Care Sp. Acct	\$	
Admin Fees	\$	

Total Biweekly Premium \$ _____

c: LOA Section, Benefits Administration\ Internal Services Department
FBMC

GROUP INSURANCE AND FLEXIBLE BENEFITS LOA REMITTANCE FORM (COUNTY Provided Plans)

Name (Please print): _____ SS# _____

Address: _____

City: _____ Zip: _____ Daytime Phone Number: _____

PLEASE SIGN AND RETURN THIS FORM TO BENEFITS ADMINISTRATION\HUMAN RESOURCES DEPARTMENT WITH YOUR FIRST PAYMENT.

Please write in the premium amount of the plan(s) you wish to continue coverage. ***Refer to the note below regarding changes:**

1. I have read and understand the information in the summary "EMPLOYEE BENEFITS DURING AN UNPAID LEAVE OF ABSENCE." I understand that if I take an unpaid leave of absence (LOA) which lasts more than two pay periods, I must remit payments by check or money order to maintain my benefits in force as of the last pay period that I received a payroll deduction. These benefits are listed on the cover memo from my Department Personnel Representative (DPR), which was attached to this LOA Remittance Form.
2. I also understand that payments are due in advance of the period to be covered and I am responsible to pay the biweekly premiums\contributions listed on the cover memo issued by my DPR. I will remit payments based on the biweekly payroll schedule attached to this form. If I fail to make the required payments, I understand that my coverage will be cancelled and I will not be able to re-enroll until the next Open Enrollment period. My mandatory contribution (if any) towards the County's health insurance cost will resume once I return to work. If my benefits are cancelled for non-payment of premiums, I will contact my DPR for further instructions on enrolling during the next annual open enrollment. If I return to work or if my status changes, I must immediately notify Benefits Administration at (305) 375-4288 and Fringe Benefits Management Company at (800)342-8017.

*** Note:** Write-in the premium\contribution amount of your current benefit plan elections. Leaving the section blank will not cancel your participation. To stop participation in a benefit plan, cancel dependent coverage, or add a newly acquired dependent (e.g. newborn, adopted child, spouse, etc.), submit a Change in Status form (CIS) and Benefit Election Change Form. Obtain the forms from your DPR's office or download from the benefits website at www.miamidade.gov/benefits. Benefits Administration must receive your change request within 45 days of the qualifying event (60 days for newborns, adoptions\ placement for adoptions). You may "opt out" of insurance at any time according to Florida Statutes. Please refer to the Benefits Handbook under "Changing Your Coverage" for more information, including restrictions.

Group Insurance Benefits	Biweekly Cost	Insurance Payment Mailing Address
Employee Portion Medical	\$	Miami-Dade County LOA Section - Benefits Admin\ISD 111 NW 1st St., Suite 2340 Miami, FL 33128
Employee Portion Dental	\$	
OPTIX Vision Plan	\$	
Optional Life	\$	
Short-Term Disability	\$	Make checks payable to Miami-Dade County
Long-Term Disability	\$	
Group Legal Services	\$	Imputed Income & FICA\MICA are applicable only if you cover a Domestic Partner or an overage child (26+ to 30). Imputed income amt listed is for reference only; do not add to biweekly cost.
Imputed Income \$ _____		
FICA/MICA on Imputed Income (7.65%)	\$	
Employer Portion Medical**	\$	** If your leave is for non-medical reasons (example: personal, educational leave, suspension etc.), you are required to pay the County portion of the premium, as well as the employee portion.
Employer Portion Dental**	\$	
Employer Portion Group Life**	\$	
Total Biweekly Amount	\$	
Flex Benefits		Flex Benefits Payment Address
Healthcare Sp. Account	\$	FBMC – Client Accounting Dept (DM) P.O. Box 1878 Tallahassee, FL 32302-1878
Dependent Care Sp. Account	\$	
Administrative Fees	\$	
Total Flex Biweekly Amount	\$	Make checks payable to Vista Deposit Account/Miami-Dade

Grand Total Biweekly Amount \$ _____

Signature _____

Date _____

EMPLOYEE BENEFITS DURING AN UNPAID LEAVE OF ABSENCE

The information presented here is to assist you in understanding the effect of your leave without pay status on various employee benefits. The information in this summary applies to all employees on an unpaid leave or no-pay status (Medical related, Personal, Workers Compensation, or Suspension). Please read this information carefully and discuss any questions with your **Department Personnel Representative (DPR)** or **Benefits Administration/ Human Resources Department**. If your status changes or if you return to work, resign, terminate, become disabled or retire, notify **Benefits Administration - HR Dept** at (305) 375-4288, or **FBMC-Benefits Management, Inc**, at (800) 342-8017, if enrolled in a spending account.

PREMIUMS & CONTRIBUTIONS

While you are on an unpaid leave of absence and not receiving a paycheck, the premiums\contributions to cover your benefit plan elections cannot be payroll deducted. To continue these benefits, you must remit payments by check or money order. This also applies to employees on "no-pay" status due to a worker's compensation illness\injury; insurance premiums are not deducted from workers compensation payments.

When making payments, checks should be made out to:

- **Miami-Dade County** (applies to insurance premiums only)
- **Vista Deposit Account/Miami-Dade** (applies to FSA contributions only)

The mailing address for the checks will be on the Remittance Memo issued by your DPR. The amount you are responsible to pay depends on the reason for your absence. Your DPR will advise you specifically about your situation. Premiums and contributions are due in advance of the pay period to be covered. The first payment is due within two weeks of your last payroll deduction. If you do not remit payments to maintain your coverage, benefits will be cancelled. If you are cancelled for non-payment of premiums, your former plan elections will not be restored when you return to work; you must re-apply during the next general open enrollment. Additionally, if your health benefits are cancelled for non-payment and you subsequently leave County service (termination, retirement, etc.) you will not be eligible for continuation of health coverage (COBRA). Employees on a Personal, Educational Leave, or Suspension must pay both the employee cost and the County portion of the premium to maintain health insurance while on no-pay status. This charge will be included on the LOA Remittance Form and payment is mandatory if you wish to continue health coverage. **Employees on unpaid leave (medical and non-medical) are not required to pay the** (percentage of base salary) **contribution towards the County's cost of healthcare.** Your contribution (if applicable) will restart once you return to work.

MEDICAL, DENTAL, VISION, LIFE INSURANCE, STD\LTD PLANS AND GROUP LEGAL

You are eligible to maintain your medical, dental, vision, life insurance, short-term disability, long-term disability and group legal benefits while on leave without pay.

Employees on an unpaid leave may cancel participation in a benefit plan completely, cancel dependent coverage, or add a newly acquired dependent (e.g. newborn, adopted child, spouse etc.). You must submit a **Change In Status (CIS)** form & a **Benefit Election Change (BEC)** form, along with the appropriate documentation (marriage\hospital birth certificates, etc.). Submit forms to Benefits Administration-Human Resources Department (HRD) within 45 days of the qualifying event (60 days to report newborns, adoptions\ placement for adoption). Note, starting an unpaid leave of absence is a qualifying event. Employees may drop employee and dependent coverage and reinstate it upon returning to work. However, if you are on Suspension and enrolled in health insurance, you cannot cancel your own coverage; you must maintain at least single coverage. The CIS & BEC forms must be received by Benefits Administration within forty five (45) days of each qualifying event (start/return to work from leave).

Refer to the **Change in Status Form** for a list of additional qualifying events. The forms may be obtained through your **DPR's** office or can be downloaded from the County's website at <http://www.miamidade.gov/humanresources/leave-of-absence.asp>

Note: Under Florida Statutes, an employee can “opt” out of coverage at any time during the year. However, with a pre-tax benefit, the employee will still have to continue the premium (if any) for the balance of the year. Refer to the Benefits Handbook under Changing Your Coverage for more information and applicable restrictions.

Employees who have enrolled Domestic Partners or overage dependent child (ren) (age 26+ to 30) will be charged an imputed income amount (per IRS regulations) based on the employee’s elected coverage and family category. The employee is responsible for paying the FICA and MICA tax on this imputed income. The current tax rate is 7.65%, which will be automatically added to the employee’s bi-weekly premium amount.

SHORT-TERM & LONG-TERM DISABILITY INCOME PROTECTION

If you elected to drop your disability coverage and wish to reinstate it when you return from LOA, you will be required to submit the CIS\BEC forms, plus evidence of insurability (SOH form) within 45 days of returning to work (not applicable to Military leave). Your application will be subject to medical review by the insurance carrier MetLife, to determine eligibility. Employees cancelled for non-payment of premiums while on leave will not be able to purchase coverage again until the next Open Enrollment period after returning to work and are required to submit evidence of insurability (SOH form). When you are subject to the medical review process coverage is not guaranteed and you may not be approved.

FLEXIBLE SPENDING ACCOUNTS (HEALTHCARE AND DEPENDENT CARE)

You can continue to submit Reimbursement Request Forms for expenses incurred while you were on an unpaid leave. However, in order to be reimbursed for expenses incurred during that period, or following your return to work, you must keep your account active by continuing to submit contributions on a post-tax basis to **FBMC**, while you are on a leave without pay. If contributions are stopped during an unpaid leave, any prior balance in the Flexible Spending Account (for which expenses have not been incurred) will be forfeited. This means that if you elect to drop the Flexible Spending Account(s) by submitting a **Change In Status** form, you will not be able to access any contributions already made to the account if you have not already received the medical treatment or the dependent care services.

If you decide to drop your Flexible Spending Account or you do not remit your contributions on a timely basis, your Account(s) will be cancelled. You will not be able to participate in a Flexible Spending Account again until the Annual Open Enrollment period after your return to work. The bi-weekly spending account contributions must be sent to:

**FBMC – Benefits Management, Inc.
Client Accounting Department (DM)
P.O. Box 1878
Tallahassee, Florida 32302**

The check should be made payable to: **Vista Deposit Account/Miami-Dade. Write only the last four digits of your Social Security Number on the check.**

RETIREMENT

While you are on a leave without pay, you will not earn creditable service time with the Florida Retirement System (FRS). You must return to work immediately following the leave for at least one (1) calendar month in order to qualify to purchase the period that you were on leave without pay. You are eligible to purchase up to a maximum of two (2) years. If you were on Military Leave, you can purchase credits up to a maximum of five (5) years. You must have been honorably discharged and be entitled to return to work under the provisions of the Uniformed Services Employment and Reemployment Act. Service credit for a military leave of absence will count toward the years of service you need to vest, and you don’t need to be vested before you can receive such credit. However, any unpaid leave time (non-military leave) that you purchase will not be credited to your account until you have completed six (6) years of creditable service. If you established FRS membership on or after July 1, 2011, purchased time will not be credited until you complete eight (8) years or creditable service.

DEFERRED COMPENSATION

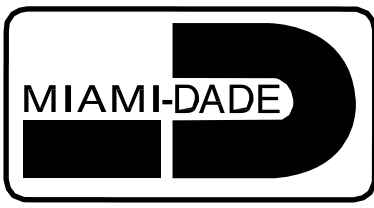
No contributions can be made to the Miami-Dade County Deferred Compensation Plan while you are on a leave without pay status. When you return to work, your deductions will automatically start again at the same rate that was taken from your last paycheck. If you are trying to contribute the maximum amount to the Plan, you may want to adjust your contribution rate when you return to work. If you wish to stop your deductions when your return to work, you must submit a **Deferred Compensation Change Form**, either NRS or ICMA.

You are not eligible to make a withdrawal from your account simply because you are on a leave without pay. Withdrawals may be made when you retire, separate from service, or if you can demonstrate an unforeseeable emergency. The Internal Revenue Service Code limits unforeseeable emergencies to events that are sudden, unexpected and beyond your control. Such withdrawals are subject to taxes.

ATTACHMENTS

The following Forms are attached for your convenience and use:

- **LOA Remittance Memo (DPR cover memo to employee)**
- **LOA Remittance Form to be returned by employee with first payment**
- **Biweekly Pay Periods Schedule**
- **Flex Change In Status Form (CIS)**
- **Benefit Election Change Form**



Miami-Dade County BENEFIT ELECTION CHANGE FORM

Attach a Flex Change In Status Form if changing a pre-tax benefit election due to a valid qualifying event.

For Office Use Only

Flex Approval: YES NO

Effective Date: _____

Group #: _____

Return form to: Benefits Administration\Human Resources Dept., SPCC - 111 NW 1st Street, Suite 2340, Miami, FL 33128
Phone (305) 375-4288 Fax (305) 375-2964

Employee Last Name (Print)	First Name (Print)	MI	Social Security#
Department	Phone Number		Cell Phone

Change requests are processed prospectively and premium changes, if any, take effect the beginning of the next pay period following receipt of your request. For exceptions and related information, refer to the Benefits Handbook at www.miamidade.gov/benefits.

1. ☐ ADD DEPENDENT(S)

(Check one box only)

☐ CANCEL DEPENDENT(S)

Qualifying Event (QE) Type _____ QE DATE _____

Comments _____

LAST NAME	FIRST NAME	SOCIAL SEC #	Date of Birth MMDDYYYY	Gender	Relationship	Provider ID#	Medical	Dental	Vision
Spouse\DP				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Child				<input type="checkbox"/> Male <input type="checkbox"/> Female					

2. ☐ CANCEL PLAN ELECTIONS - Complete this section only if you wish to OPT-OUT OF PARTICIPATION IN A BENEFIT PLAN.

<input type="checkbox"/> MEDICAL PLAN	<input type="checkbox"/> DENTAL PLAN	<input type="checkbox"/> VISION PLAN	<input type="checkbox"/> OPTIONAL LIFE
<input type="checkbox"/> GROUP LEGAL	<input type="checkbox"/> SHORT-TERM DISABILITY	<input type="checkbox"/> LONG-TERM DISABILITY	

After open enrollment, you may cancel any post-tax benefit plan (Group Legal, Short-Term, or Long-Term Disability Plans) without a penalty. **If you cancel a pre-tax benefit plan subject to the IRC Section 125 salary reduction provisions, such as medical, dental and vision, you will still be required to pay the employee premium (if any) for the remainder of the year. Opting-out of (cancelling) County-provided medical coverage will not eliminate your 5% base salary contribution (if applicable) towards the County's cost of healthcare.** Once you cancel any benefit plan (pre-tax or post-tax), you will not have another opportunity to re-enroll until the next open enrollment, unless you experience a family status change or HIPAA qualifying event. Your signature below acknowledges that you understand and agree to these conditions.

3. ☐ NAME CHANGE

From	To	Effective

Signature _____

Date _____

USE THIS FORM TO REPORT THE CHANGES LISTED BELOW TO THE INSURANCE CARRIER

For more information, refer to the online Benefits Handbook at www.miamidade.gov/benefits.

1. **Change in Enrollment Level** - Adding or cancelling dependents with a valid family status qualifying event (QE). You must also attach the Flex Change in Status (CIS) form and submit both to Benefits Administration\Internal Services Department within 45 days (60 days for birth/adoption).
2. **Election to Opt-Out** – If you opt-out or cancel your participation in a benefit plan, you cannot re-apply until the next open enrollment, unless you experience a family status or HIPAA qualifying event. If you cancel a pre-tax benefit plan subject to the IRC Section 125 salary reduction provisions, such as medical, dental and vision, you will still be required to pay the employee premium (if any) for the remainder of the year. Opting-out of (cancelling) County-provided medical coverage will not eliminate your 5% base salary contribution (if applicable) towards the County's cost of healthcare.

General Information

Valid qualifying events (QE) include, but not limited to:

- **Change in your marital status** (marriage or divorce)
- **Change in number of dependents** (birth, adoption/placement for adoption, gain/loss of dependent eligibility, death of dependent)
- **Gain or loss of other group health coverage** (Medicare/Medicaid/FL Kid Care, expiration of COBRA)
- **Court order**
- **Change in employment status** (beginning/end of employment of a spouse resulting in gain or loss of insurance coverage)
- **Unpaid leave of absence**
- **Change from part-time to full-time employment status or vice versa**

Include evidence supporting the QE, but do not delay submission of your Change in Status (CIS) and Benefit Election Change forms while you gather the documentation. Submit the forms to your DPR and forward your documentation as soon as it becomes available. Your existing elections will be stopped or modified (as appropriate) upon approval of your change request. Generally, mid-year pre-tax election changes are made prospectively. That is, no earlier than the beginning of the pay period following receipt by Benefits Administration\Human Resources Dept. New dependents become effective the first day of the month following receipt of a timely request with the exception of birth, adoption, or placement for adoption which become effective as of birth, or the earlier of: a) adoption or b) placement for adoption.

Loss of Eligibility for Dependent Children – Under Age 26

For this group, the only qualifying event that makes the child ineligible for coverage is enrolling in another group health plan. The Patient Protection and Affordable Care Act (PPACA) extended the limiting age for dependent children to the end of the calendar year the dependent turns age 26. Marital status, financial dependency, or student status are no longer applicable. Consequently, you cannot remove a dependent child from coverage due to marriage, or initial employment, unless the child gains other group insurance and enrolls in it. Moving out of the employee's home and losing financial dependency on the parent are not QEs that would permit the dependent's coverage to be canceled.

Loss of Eligibility – Adult Children Age 26+ to 30

- Marriage/Domestic Partnership
- Acquiring dependent children
- Becoming eligible for group medical coverage
- Relocating outside of Florida (unless FT/PT student)
- Entering Military Service

Premium Changes

Benefits Administration\Human Resources Dept. will process the change in premium the beginning of the pay period following receipt of your CIS request. The full premium is charged for the affected pay period, regardless of the number of days you (or dependent) had coverage. The payroll deduction will not be prorated based on the number of days coverage was active in the affected pay period. Refer to the online Benefits Handbook for additional information.

If a request to delete an ineligible dependent is received after the 45-day deadline, the dependent's coverage will be cancelled, but the dependent premium payroll deduction will continue through the end of the plan year.



MIAMI-DADE COUNTY CHANGE IN STATUS FORM

Change In Status/Election Form



NAME: LAST	FIRST	MI	SOCIAL SECURITY #						
ADDRESS (STREET / PO BOX)									
CITY				STATE	ZIP	DAYTIME PHONE ()			

PLEASE INDICATE THE TYPE OF MID PLAN YEAR EVENT INCURRED:

Some Permitted Mid Plan Year Changes*

<input type="checkbox"/> Loss of coverage eligibility for (dependent) child or spouse
<input type="checkbox"/> Armed Forces (dependent) child or spouse
<input type="checkbox"/> Marriage
<input type="checkbox"/> Divorce
<input type="checkbox"/> Death (dependent) child or spouse
<input type="checkbox"/> Birth of a child* (60 days for newborns)
<input type="checkbox"/> Adoption of or placement for adoption of child*
<input type="checkbox"/> Change from FT to PT employment or vice versa
<input type="checkbox"/> <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT
<input type="checkbox"/> Unpaid leave of absence <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT
<input type="checkbox"/> <input type="checkbox"/> Start <input type="checkbox"/> Return (only if dependents coverage was dropped when leave started)
<input type="checkbox"/> Ineligibility of dependent child <input type="checkbox"/> AGE <input type="checkbox"/> MARRIAGE
<input type="checkbox"/> Beginning or end of employment of spouse/dependent
<input type="checkbox"/> Expiration of COBRA (spouse or child)
<input type="checkbox"/> Significant change in health coverage due to spouse's or dependent employment* (please explain): _____
<input type="checkbox"/> Court Order*
<input type="checkbox"/> Medicare* <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT
<input type="checkbox"/> Medicaid* <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT
<input type="checkbox"/> Open Enrollment* <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT
<input type="checkbox"/> Change in Residence* <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT

Documentation Required

Letter of explanation from Employer or insurance company with cancellation date of coverage
Copy of enlistment papers
Marriage license
Divorce decree
Death certificate
Birth certificate (when it becomes available)
Finalized Adoption agreement or letter from placement agency
Letter of explanation from employer w/ loss of coverage eligibility or the effective date of insurance.
Letter of explanation from employer with effective date of unpaid leave.
Birth certificate, marriage license, or letter from registrar(with insurance effective date)
Letter from employer w/ loss of coverage eligibility and termination date or effective date of insurance and date of full time employment
Letter from employer, plan description or insurance provider
Court Order
Copy of Medicare card showing effective date or another form of documentation showing effective date of coverage
Copy of Medicaid card or relevant letter indicating effective date
Copy of enrollment form or letter from employer with effective date of coverage
Utility Bill, change in address form, lease, mortgage agreement

PLEASE INDICATE THE CHANGES YOU WISH TO MAKE DUE TO THE MID PLAN YEAR EVENT INDICATED ABOVE. PERMITTED ELECTION CHANGES MUST BE CONSISTENT WITH THE EVENT.*

Dependent Care Spending Account (Pre-Tax) <input type="checkbox"/> Terminate account <input type="checkbox"/> Start account (election form must be completed) <input type="checkbox"/> Change existing account (election form must be completed)	Legal (Post-Tax) <input type="checkbox"/> Terminate coverage <input type="checkbox"/> Change to single coverage <input type="checkbox"/> Change to Employee + 1 <input type="checkbox"/> Change to family coverage	Group Dental Insurance (Pre-Tax) (Please submit health insurance status change form) <input type="checkbox"/> Terminate coverage <input type="checkbox"/> Change to single coverage <input type="checkbox"/> Change to Employee + 1 <input type="checkbox"/> Change to Employee + 2 or more <input type="checkbox"/> No change in premium, but addition or deletion of dependent
Healthcare Spending Account* (Pre-Tax) <input type="checkbox"/> Terminate account <input type="checkbox"/> Start account (election form must be completed) <input type="checkbox"/> Change existing account (election form must be completed)	Long Term Disability Income (Post-Tax) <input type="checkbox"/> Terminate coverage <input type="checkbox"/> Start coverage (evidence of insurability and election forms must be completed)	GROUP VISION INSURANCE (Pre-Tax) (Please submit health insurance status change form) <input type="checkbox"/> Terminate coverage <input type="checkbox"/> Change to single coverage <input type="checkbox"/> Change to Employee + 1 <input type="checkbox"/> Change to Employee + 2 or more <input type="checkbox"/> No change in premium, but addition or deletion of dependent
Short Term Disability Income (Post-Tax) <input type="checkbox"/> Terminate coverage <input type="checkbox"/> Start coverage (evidence of insurability and election forms must be completed)	Group Medical Insurance (Pre-Tax) (Please submit health insurance status change form) <input type="checkbox"/> Terminate <input type="checkbox"/> Change to single coverage <input type="checkbox"/> Change to Employee + Child(ren) <input type="checkbox"/> Change to Employee + Spouse <input type="checkbox"/> Change to family coverage <input type="checkbox"/> No change in premium, but addition or deletion of dependent.	

This is to certify that on _____, 20____ I incurred the events indicated above and therefore wish to modify my benefits and salary reduction amounts as indicated. **I understand that the change(s) requested must be consistent with the event and that I must provide documentation of all events.** If documentation is not readily available, submit this form within 45 days (60 days for newborns) of the event. Forward documentation supporting your election change request when available. Review of request will be pending receipt of documentation.

Signature _____ Date _____

**Completed form must be received
within 45 days of the event (60 days for newborns).
Submit documentation when available:
FAX 305-375-1368
Please keep pink copy for your records.**

*SEE BACK FOR FURTHER DETAILS

OFFICE USE ONLY

Approved _____	Complete _____
Effective date _____	
Pending documentation _____	
Denied _____	
Notes _____	

Mid-year plan election changes must be consistent with the event. Within 45 days of an event (60 days for newborns, adoptions, or placement for adoption) which is consistent with one of the event categories that follow, you must complete and submit a Change in Status (CIS) Election Form. You may download this form from the Benefits website at www.miamidade.gov/benefits. Documentation supporting your election change request is required. Contact your DPR or the Benefits Administration Section to obtain this form, if you do not have access to a computer. Upon the approval and completion of processing your election change request, the deductions for your existing benefit election(s) will be stopped or modified (as appropriate) the first day of the pay period or the first day of the month after an approved mid-year plan election change request has been received. Changes to add a new dependent become effective the first day of the month following receipt of a timely request with the exception of birth, adoption, or placement for adoption which become effective as of birth or the earlier of: a) adoption or b) placement for adoption. Payroll changes to add a newborn are processed in accordance with Florida statute 641.31(9). If the CIS form is received by the Benefits Administration Section within the first thirty-one (31) days from birth, adoption, or placement for adoption, the premium is waived for the first 31 days. If the CIS form is received after the first 31 days, but within sixty (60) days of the event, the new premium will be charged retroactive to the birth or earlier of: a) adoption or b) placement for adoption. Payroll changes to delete a dependent, other than those events specified in this paragraph, become effective the first day of the pay period following receipt by the Benefits Administration Section. If a request to delete an ineligible dependent is received after the 45 day deadline, the dependent's coverage will be cancelled, but the dependent premium will continue through the end of the plan year. Generally, mid-year plan pre-tax election changes can only be made prospectively and no earlier than the first payroll after your election change request has been received, unless otherwise provided by law. If your election change is denied, you will have 30 days from the date of your denial to file an appeal. For more information, refer to the "Appeals Process for Denied Change in Status Requests" in your Benefits Handbook.

Change In Status (CIS) Events. Refer to the section "Changing Your Coverage" in the online Benefits Handbook for more information and clarification.

Circumstances constituting valid CIS Events. Refer to the section "Changing Your Coverage" in the online Benefits Handbook for more information and clarification.

Notes:

1. **"Gain or loss of dependents eligibility status"** – An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include a change in age or employment status.
2. **"Change in Residence"** – will only be considered a Qualifying Event if the dependent moves to an area that is out the AvMed or PHCS networks.
3. **"Dependents Eligibility Status"** – under the Patient Protection and Affordability Care Act (PPACA), student status and marital status is no longer considered a Qualifying Event for dependents up to age 26+.

Special Consistency Rules. Refer to the section "Changing Your Coverage" in the online Benefits Handbook for more information and clarification.

Changes in Cost or Coverage Events. Refer to the section "Changing Your Coverage" in the online Benefits Handbook for more information and clarification.

HIPAA's Special Enrollment Provisions. Except for your employer's health FSA plan, your employer's group health plans are subject to HIPAA's special enrollment rights which provide that an IRC125 cafeteria plan may permit an employee to change a salary reduction election due to birth, adoption, or placement for adoption. Pre-tax coverage is on a prospective basis only like any other permitted mid-year plan election change.

CHIPRA amends the Internal Revenue Code, the Employee Retirement Income Security Act, and the Public Health Service Act to require employer-sponsored group health plans to permit employees or their dependents to enroll in the plan if they lose eligibility for Medicaid or CHIP, or if they become eligible for premium assistance under Medicaid or CHIP. An individual who requests enrollment within 60 days of losing or becoming eligible for Medicaid or CHIP must be enrolled even if there is no open enrollment period, and without any penalties for late enrollment.

Certain Judgment, Decree or Court Order. Refer to the section "Changing Your Coverage" in the online Benefits Handbook for more information and clarification.

Date: July 16, 2012

To: Department Directors

From: Mary Lou Rizzo, Assistant Director
Internal Services Department

Subject: Bi-weekly Pay Periods and County Holidays – 2013

Memorandum



The following bi-weekly pay periods and paydays for the year 2013 are to be used for leave accrual purposes and to establish employee leave and pay anniversary dates.

PP#	Pay Period Begin	Pay Period End	Pay Day		PP#	Pay Period Begin	Pay Period End	Pay Day
1	12/24/2012	1/6/2013	1/11/2013		14	6/24/2013	7/7/2013	7/12/2013
*2	1/7/2013	1/20/2013	1/25/2013		15	7/8/2013	7/21/2013	7/26/2013
3	1/21/2013	2/3/2013	2/8/2013		16	7/22/2013	8/4/2013	8/9/2013
*4	2/4/2013	2/17/2013	2/22/2013		17	8/5/2013	8/18/2013	8/23/2013
5	2/18/2013	3/3/2013	3/8/2013		*18	8/19/2013	9/1/2013	9/6/2013
6	3/4/2013	3/17/2013	3/22/2013		19	9/2/2013	9/15/2013	9/20/2013
7	3/18/2013	3/31/2013	4/5/2013		20	9/16/2013	9/29/2013	10/4/2013
8	4/1/2013	4/14/2013	4/19/2013		*21	9/30/2013	10/13/2013	10/18/2013
9	4/15/2013	4/28/2013	5/3/2013		22	10/14/2013	10/27/2013	11/1/2013
10	4/29/2013	5/12/2013	5/17/2013		*23	10/28/2013	11/10/2013	11/15/2013
*11	5/13/2013	5/26/2013	5/31/2013		*24	11/11/2013	11/24/2013	11/27/2013
12	5/27/2013	6/9/2013	6/14/2013		25	11/25/2013	12/8/2013	12/13/2013
13	6/10/2013	6/23/2013	6/28/2013		26	12/9/2013	12/22/2013	12/27/2013

* Revised schedule for time collection (ePARs) due to holiday

The following are the thirteen (13) County-observed holidays for the year 2013, unless otherwise specified by collective bargaining agreement:

New Year's Day 2013, Tuesday, January 1, 2013
Martin Luther King's Birthday, Monday, January 21
President's Day, Monday, February 18
Memorial Day, Monday, May 27
Independence Day, Thursday, July 4
Labor Day, Monday, September 2
Columbus Day, Monday, October 14

Veterans Day, Monday, November 11
Thanksgiving Day, Thursday, November 28
Friday after Thanksgiving, Friday, November 29
Christmas Day, Wednesday, December 25
Employee's Birthday
Floating Holiday

The Floating Holiday is to be taken at the mutual convenience of the employee and the department. This holiday is not compensable and cannot be accrued or transferred from one fiscal year to the next. Only career employees having more than nine (9) pay periods of County service are eligible to use this holiday. The employee earns this holiday at the beginning of each fiscal year (October 1st).

The Birthday Holiday is also taken at the mutual convenience of the employee and the department and must be taken within six months of occurrence or it is forfeited. Neither the Birthday Holiday nor the Floating Holiday is paid out at separation.

Employees who are out of pay status for any portion of the day before or after a holiday will not be eligible to be paid for, or bank, the holiday.

c: Office of the Mayor Senior Staff
Departmental Personnel Representatives
Internal Services Department Senior Staff
Union Presidents