Designated Eligible Individual Enrollment & Change Form

Enrollment			
Employee Information			
Last Name	First Name	Middle Initial	Employee ID No.
Email Address	Daytime Phone Number		

The Designated Eligible Individual (DEI) program expands the eligibility criteria for enrollment in Western Michigan University's health insurance and tuition remission benefit programs. The University reserves the right to change the eligibility criteria of the DEI program, or to suspend or terminate the program, including any benefit coverage being provided, should a court of competent jurisdiction rule the program to be in violation of the law or of the Michigan constitution. Additionally, the University may change, suspend, or terminate the program in the event one chamber of Michigan legislature has voted to cut or withhold funding from the University because of the program, and the second chamber has scheduled a vote for this purpose.

The DEI program does not affect the rights of, or criteria applicable to, any employee who qualifies for enrollment in the University's benefit programs under any other applicable University policy.

Requirements

Under the DEI program, an employee who does not already enroll a spouse in the health insurance program or tuition remission program may enroll one adult individual for coverage under the respective benefit programs provided all of the following eligibility criteria are met:

- The employee is eligible for the benefit program for which coverage of a DEI is sought.
- The adult DEI, at the time of proposed enrollment, resides in the same residence as the employee and has done so for the previous 18 consecutive months, other than as a tenant.
- The adult DEI is not a "dependent" of the employee as defined by the Internal Revenue Service (IRS).

A child of an adult DEI is also eligible for benefit coverage if the child resides with the employee and meets IRS dependent criteria with respect to the adult DEI as well as other eligibility criteria of the particular benefit program.

Eligibility for coverage of an adult DEI, and of an adult DEI's dependent, ceases on the date that the above criteria are not met.

The following individuals are ineligible for designation as a DEI:

- Children of an employee and their descendants (children, grandchildren)
- Parents of an employee
- Parents' other descendants (siblings, nieces, nephews)
- Grandparents and their descendants (aunts, uncles, cousins)
- Spouse's relatives
- Renters, boarders, tenant

Enrollment of a DEI for health insurance must be completed within 31 days of the date of hire, within 31 days after all of the above eligibility criteria are met, or during an open enrollment period. The employee must complete and submit along with this DEI enrollment form the health insurance enrollment form and/or the tuition remission application, as applicable, for benefit program enrollment. Additionally, for both benefit programs, the employee must also submit copies of the DEI's federal income tax returns to substantiate the above residency requirement.

I choose to designate the following individual as a Designated Eligible Individual (DEI) for coverage under the University's health insurance program and/or tuition remission program:			
Last Name	First Name	Middle Initial	Effective Date
This is to certify that the person named above meets all of the eligibility criteria for the DEI program. I understand that I am responsible for paying any income taxes associated with enrolling a DEI.			
Employee Signature:		Date:	

Change

I previously designated the following individual as a Designated Eligible Individual (DEI) for coverage under the University's health insurance program and/or tuition remission program:

Last Name	First Name	Middle Initial	Effective Date

This is to certify that the person named above no longer meets all of the eligibility criteria for the DEI program. I am requesting the above named individual be removed from the DEI status.

This Designated Eligible Individual Enrollment & Change Form and required supporting documentation must be completed within 31 days of the eligibility criteria no longer being met or during an open enrollment period. The employee must complete and submit this form to Human Resources, along with any relevant documentation.

Reasons criteria is no longer met:

- **If you are now married to the individual noted above, DEI status will need to be updated.**
  - **A copy of the marriage license will need to be submitted with the Designated Eligible Individual Enrollment & Change Form as supporting documentation.**
- **If the individual noted above no longer resides at the same address as the employee.**
- **If the individual noted above now has other health care coverage.**
  - **Proof of the new health care coverage plan will need to be submitted with the Designated Eligible Individual Enrollment & Change Form as supporting documentation. A letter from the employer or insurance carrier with the effective date of the new coverage plan will be required.**

Employee Signature:		Date: