

145-4-07Reenrollment following voluntary termination of health care coverage.

(A) An eligible benefit recipient enrolled in health care coverage under rule 145-4-03 of the Administrative Code may voluntarily terminate coverage. The termination of coverage applies to both the benefit recipient and the benefit recipient's dependents. The effective date of the termination of coverage shall be determined as follows:

(1) If the termination of coverage is received by the retirement system not later than sixty days after issuance of the initial benefit payment and the public employees retirement system has not paid claims for health care coverage of the benefit recipient or dependent, the termination is effective on the effective date of benefits. The benefit recipient shall be treated as an individual who did not enroll in coverage under paragraph (E)(1) of rule 145-4-03 of the Administrative Code.

(2) If the termination of coverage is received by the retirement system more than sixty days after the issuance of the initial benefit payment but not later than the tenth day of a month, the termination is effective on the first day of the month following receipt of the termination.

(3) If the termination of coverage is received by the retirement system more than sixty days after the issuance of the initial benefit payment and after the tenth day of a month, the termination is effective on the first day of the second month following receipt of the termination.

(B) A benefit recipient who voluntarily terminated coverage as described in paragraph (A) of this rule on or after January 1, 2014, may reenroll in coverage by one of the following actions:

(1) During the annual open enrollment period, the benefit recipient applies for health care coverage and provides proof of creditable coverage in another health care plan that is effective through December 31 of the plan year immediately preceding participation in this plan; or

(2) Within sixty days of involuntary termination of health care coverage under another plan, the benefit recipient submits and application for health care coverage and provides proof of creditable coverage in the prior plan. This enrollment will become effective on the first day of the month following receipt of the application if the application is received not later than the tenth day of the month; otherwise, the enrollment becomes effective on the first day of the second month following receipt of the application.

(C) This rule does not apply to any of the following:

(1) Rule 145-4-13 of the Administrative Code;

(2) A benefit recipient whose disenrollment occurred under rule 145-4-17 of the

Administrative Code:

(3) A benefit recipient whose health care coverage has been suspended for failure to submit the documentation necessary to administer the individual's enrollment in the coverage.

Effective: 01/01/2014

CERTIFIED ELECTRONICALLY

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Certification

10/23/2013

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Date

Promulgated Under: 111.15  
Statutory Authority: 145.09, 145.58  
Rule Amplifies: 145.58, 145.584

