

Employee Insurance Eligibility Notification Template

(Please cut and paste on to the appropriate letterhead)

Date:

To:

From: Human Resources Office

Subj: **Insurance Eligibility**

You are eligible for insurance benefits with **<full /part employer contribution>** effective on **<DATE>**. Your eligibility for insurance coverage will be re-assessed **<annually/after three months>** according to requirements under the Affordable Care Act and/or the terms of your labor agreement or compensation plan.

You will receive an insurance enrollment packet in the mail from the State Employee Group Insurance Program (SEGIP). Please read the information in that packet and follow the enrollment instructions and deadlines. If you do not respond, SEGIP will automatically enroll you in single medical coverage. You will not be able to make changes to your coverage until either the next Open Enrollment or when you experience an applicable qualified life event. After you review the packet contact SEGIP with questions about your options at 651-355-0100 or www.mn.gov/mmb/segip/AboutUs/indexsc.jsp.

A change in your employment status may alter your insurance benefit eligibility. These changes include separation from state service, taking an unpaid leave, changing positions within your current agency (including bidding/interest bidding) or accepting a position at another state agency, or a change in the number of hours you are anticipated (or scheduled) to work.

Questions regarding this notification or why you are eligible should be directed to your Human Resources Designated Department Insurance Representative (DDIR) at **[list DDIR contact info here]**.

cc: File