UA Health Plan Coverage Offer Form
Temporary Employees - Eligible Upon Hire

www.alaska.edu/benefits

Dept/HR to Complete Date Fields

Employee Hire Date: 
Election Period End: 
Coverage Begin Date: 

if enroll by 25th of month if enroll after 25th of month

For the purpose of health care eligibility, health care reform laws require employers to offer health care coverage to employees who work a minimum of 30 or more hours per week or 130 hours per month; some exceptions apply. As a temporary employee, your work hours determine if you are eligible for health care benefits.

You have been hired with the expectation of working 30 or more hours per week for an ongoing term of employment. Therefore, you are being offered health care coverage on the University of Alaska’s health plan, UA Choice, subject to a 30-day waiting period. Please note this offer of coverage only applies to the health care plan (medical, pharmacy, dental and vision), but no other UA benefit plans.

In accordance with health care reform requirements, your work hours will be tracked for a specified “look-back” period (currently six months) to verify that you continue to qualify for coverage. If each subsequent look-back count of hours shows you still work an average of 30 or more hours per week, your coverage will continue. You must remain employed to continue being covered by the plan.

Please visit alaska.edu/benefits/health-care-reform/aca-coverage to find the health plan information, including a plan comparison chart, summaries of benefits and coverage, a glossary of terms, rates for the current plan year, and the forms you will need to enroll. Coverage is offered to you and your eligible dependents. Eligible dependents include your spouse, financially interdependent partner (FIP), and your natural, adopted children or step-children. Refer to the website above for an explanation of financially interdependent relationships and the statement of financial interdependence (FIP benefits are taxable).

To enroll for coverage, submit appropriate health plan enrollment form(s) to your regional human resources (HR) office before the end of your election period noted above (within 30 days of your hire date).

• If your enrollment form(s) are received by HR on or before the 25th of the month in the 30-day election period, coverage will be effective in the following month on the same day as your date of hire.
• If your enrollment form(s) are received by HR after the 25th of the month but within the 30-day election period, coverage will be effective on the first day of the month following the end of the 30-day election period.
• If you do not submit the appropriate enrollment form(s) within the 30-day election period, you will be deemed to have waived coverage.

If you know you do not wish to enroll in coverage, please mark the “waive coverage” checkbox below. Sign and date this form and return it to your regional human resources office by the election period end date. Keep a copy for your records.

If you have questions, please refer to your regional human resources office. Contact information for each office is available at http://alaska.edu/hr/contact-hr/.

Employee Acknowledgement

I understand that, upon my hire date above, I am eligible for coverage through the University of Alaska’s health care plan. To enroll, I must make my selection within the first 30 days of my employment.

I will be deemed to have waived coverage in the University of Alaska’s health plan if:
• I do not submit the appropriate enrollment forms within my election period, OR
• I mark the “waive coverage” checkbox below within my election period

☐ I choose to waive coverage in the University of Alaska’s health care plan.

Employee Signature __________________________ Date ____________ Email Address __________________________

Copy: Employee, Personnel File

Rev. 7/16/15