



Administrative Guidelines

Enrollment Guidelines

Additions / Coverage Changes:

Employees and their dependents are eligible for coverage the first of the month following completion of the Company established waiting period. Please review applications for completeness, accuracy and eligibility, including PCP and/or Dental Provider selection (if applicable). This will help eliminate future claim problems. The Account Administrator will contact the client if the coverage eligibility date differs from the requested effective date.

Applications must be submitted to GBS by the 22nd of the month prior to the coverage effective date. This guideline is established to provide members with ID cards and access to care by their effective date.

Employees or dependents that choose not to participate in the benefit program at time of initial eligibility will be considered late applicants, subject to the next Company open enrollment period. Exceptions are, as follows:

- Newborn or adopted dependents and newly eligible grandchildren can be added within 31 days of birth, adoption, or legal custody (proper documentation is required to support adoption or legal custody).
- A newly married spouse can apply for coverage within 31 days of the date of marriage.
- An employee who has a life-style change (i.e., loss of coverage through the former employer)

**Additional exceptions may apply based on carrier guidelines.

Notice of Employee or Dependent Termination:

Written notice of termination for employees and dependents **must be received by GBS no later than the first of the coverage month** for appropriate premium credit. The process is important in order to notify the carrier and avoid claims processing following termination of eligibility. Premium credit may not be given for any termination notice received after the first of the coverage month. Notices received during the coverage month will be processed based on the date of receipt and individual carrier guidelines.

To avoid the additional premium liability for terminated employees or dependents, we suggest to clients that termination notices be faxed to the assigned Account Administrator as they occur.



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When notifying GBS of employee or dependent terminations, please specify the lines of coverage to be terminated (i.e., medical, dental, etc.). If individual lines of coverage are not noted, all lines of coverage for the member or dependent will be terminated.

Termination notices must be communicated to the carriers in a timely manner, therefore, GBS has established a 3:00 p.m. deadline for receipt of termination requests. Any transactions received beyond 3:00 p.m. will be considered received the next business day with premium adjustments calculated accordingly.

Extension Privileges Following Termination:

If GBS is performing COBRA/Maryland State Extension Administrative Services, letters will automatically be issued to eligible employees and dependents following termination.

Employers who have not contracted with GBS for these services are responsible for notifying qualified participants of their extension privileges. Employers must also comply with timely notice of termination to GBS as outlined above, as retroactive terminations are not permitted.

If an employee or dependent elects continuation under the group plan, please submit a new enrollment application identifying the member as a COBRA/Maryland State Extension participant. GBS will process the enrollment and display the member and premium charges on subsequent invoicing to your account. It is also the employer's responsibility to monitor extension privilege expiration periods and notify GBS of the member termination promptly to avoid premium and claim liability.