

## CHEMUNG COUNTY INSURANCE DEPARTMENT

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### **SUBSCRIBER RESPONSIBILITY**

**It is the subscriber's (employee/retiree) obligation to report any of the following changes to the County Insurance Department. These changes must be reported in writing within 30 days of the effective date. In most cases, it will require that the subscriber complete enrollment forms for each plan and provide any required information.**

**CHANGE IN NAME/ADDRESS/PHONE NUMBER** – Chemung County active employee changes are reported to the Insurance Department through the Personnel Department on a report of personnel change form (RPC). Chemung County employees can report this type of change to their department's personnel/payroll office. County Retirees and Municipality participants must contact the Chemung County Insurance Department to report these changes.

**MEDICARE ELIGIBILITY** - Subscribers and their spouse/dependent must report Medicare Part A and B enrollment when eligible for such coverage and provide their claim number and effective date. We request a copy of the Medicare card. There are rules and reporting obligations regarding Medicare enrollment with our plans. Active employees (or spouse/dependent) who are enrolled in Medicare should discuss insurance changes and requirements prior to their retirement date.

**OTHER INSURANCE COVERAGE (including Medicaid)** - The Subscriber must provide the following information regarding other insurance coverage for any member covered under the plan. You must also provide any future changes to this information.

Name of Person Insured/Subscriber (examples: spouse, ex-spouse if child covered under their plan)

Name of Insurance Carrier for each plan (Medical/Hospital/Dental/Vision/Prescription)

Plan ID Number for each Insurance Carrier \* Effective Dates and/or Coverage End Dates

Specify if other coverage is for all family members or certain individual(s) only

**ELIGIBLE DEPENDENTS\* – You must report if your spouse and/or dependent(s) is no longer eligible.**

#### **The subscriber's:**

- SPOUSE unless divorced – *coverage ends on divorce date.*
- unmarried DEPENDENT CHILD under 19 years of age until the end of the year in which he/she attains age 19.
- unmarried DEPENDENT CHILD 19 years of age or older who is incapable of self-support by reason of mental or physical disability and who became so incapable before reaching age 19. You must complete the Excellus Handicapped Dependent Application.
- unmarried **STUDENT DEPENDENT CHILD**, enrolled as a full time student (12 or more credit hours), 19 years of age or older but less than 25 years of age, receiving more than half of their support from the subscriber. Coverage for the student dependent ends at the end of the month in which the student dependent graduates, on the day the student dependent ceases to be a full time student, or at the end of the month in which the student dependent turns 25 years of age. Dependent Certification forms are routinely required. Each certification form received must be completed and returned to the requesting source in a timely manner to avoid any interruption in coverage. **Student Dependent Child only applies to dental effective 1/1/22.**
- DEPENDENT CHILD to age 26, as defined under federal healthcare law (effective 1/1/11). This coverage applies to medical/hospital, prescription and vision coverage only. *It does not apply to dental or Medicare plans.* Coverage ends the last day of the month of their 26<sup>th</sup> birthday.

#### **A DEPENDENT CHILD\* is the subscriber's:**

- own child, stepchild or legally adopted child.
- other child who is chiefly reliant upon the subscriber for support and for whom the subscriber is the legal guardian. Please note that custody alone is not sufficient; legal guardianship must be conferred by the court. Legal documentation must be provided to determine eligibility.

**DOCUMENTATION REQUIRED\*:** In addition to any outlined requirements, the plan reserves the right to request documentation for determining eligibility for any enrolled member per insurance carrier guidelines.

- birth certificate copy listing parent(s) name is required for any covered dependent.
- marriage certificate/license copy is required for any covered spouse.
- divorce judgment is required when removing spouse – coverage must end on divorce date.
- other documents showing relationship and/or student status and/or dependency, as appropriate.