



Enroll in Insurance Benefits

Newly Insurance Eligible

Notice of Collection of Private Data

Minnesota Management and Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, your obligation to provide the data, and the result of providing or not providing the requested data.

What data will we use?

We will use the data you provide us at this time, as well as data previously provided us, about yourself, your spouse, or dependent(s). If you provide any data about that is not necessary, we will not use it for any purpose.

Why we ask you for this data?

We ask for this data so that we can successfully administer state employee insurance benefits. This data is used to process your request to add, change, or drop coverage for yourself and your spouse or dependents. The requested data also helps us to determine eligibility, to identify, and to contact you and your spouse and dependents. The data is used to administer programs, develop new programs, to determine if programs are properly managed and meet member needs, and to comply with federal and state laws and rules.

Do you have to answer the questions we ask?

You are not required to provide any of the data, but certain data must be collected, or we may be unable to administer the programs or provide you your benefits.

What will happen if you do not answer the questions we ask?

If you do not provide the requested data, you or your spouse and dependent may not be approved to participate in a program or may lose coverage under the program or the participation may be delayed.

Who else may see this data about you and your spouse and dependents?

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors, and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, rule, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?

We can use or release this data only as stated in this notice or allowed under law unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

Getting Started

Congratulations on your new position with the State of Minnesota. Your employee insurance benefits are an important part of your total compensation. These instructions are intended to help you successfully enroll in insurance benefits and guide you through the election process.

Gather the information needed to complete your enrollment:

- ☐ **These enrollment instructions.**
- ☐ **Your Personal Enrollment Form.** The benefits you are offered, and the cost of the benefits are listed on this form.
- ☐ **Your Employee Benefits booklet.** It is available on our website at mn.gov/mmb/segip/.
- ☐ **The legal name(s), social security numbers (SSN), date of birth and verification documents for all enrollees.** Definitions of eligible dependents and acceptable verification documents are included in these instructions.

Know your Deadline:

- Your completed **Personal Enrollment Form** must **be in our office by 11:59 p.m. of the date shown on this form or 30 days from the print date** on the bottom of the form, whichever is later.
- **If you take NO action by your deadline:** You will be automatically enrolled in the benefits defined below without the opportunity to choose your preferred carrier. You will not be able to enroll any dependent(s) in coverages until the next Open Enrollment or until you experience a qualifying life event.

Employer Contribution Amount	Automatic Benefits Enrollment
Full	Single medical insurance Basic life insurance
Partial	Basic life insurance
No contribution	None

- **Effective date:** Most coverages are effective on the date of your job status change. Coverage requiring evidence of insurability is effective immediately after underwriting approval. Review your upcoming paycheck(s) to verify premium deductions. You may see back-charges based on the effective date of your insurance.

Enrollment method:

- If you are electing medical coverage, continue through the Steps for a successful enrollment.
- If you receive the full employer contribution and want to waive medical coverage, submit your Personal Enrollment Form along with the waiver form.

Check with your agency's HR department or SEGIP if you do not know the employer contribution level you will receive.

Steps for a successful enrollment

1. **Review the *Your Employee Benefits* booklet.** It explains the insurance benefits you have been offered.
2. **Complete the Personal Enrollment Form:**
 - ☐ **Elect medical coverage:** The state offers its employee medical coverage through the MN Advantage Health Plan. You may choose one of the two plan administrators (BCBS or Health Partners to administer medical services.
 - Select your medical insurance carrier:
 - Choose employee only or family coverage.
 - Select a Primary Care Clinic and note the clinic number to complete your enrollment.
 - You can choose a different Primary Care Clinic for each dependent at different cost levels, but you must choose the same carrier.
 - Confirm the cost level. The cost level determines the amount of out-of-pocket costs you will pay. Understanding this may help you select a carrier.
 - **Waive medical coverage:** Complete and submit the Waiver of Medical Coverage form (available on our website) by your deadline. If you waive medical coverage now you may enroll in it during the annual Open Enrollment or upon a qualified life event. You may still enroll in other coverages at this time.
 - ☐ **Elect dental coverage:**
 - Select a dental insurance carrier.
 - Choose employee only or family coverage.
 - **Waive dental coverage:** If you waive dental coverage now you may enroll in it during the annual Open Enrollment (dental is generally offered to make changes every other year) or upon a qualified life event.
 - ☐ **Elect vision coverage:**
 - Choose employee only or family coverage.
 - **Waive vision coverage:** If you waive vision coverage now you may enroll in it during the annual Open Enrollment or upon a qualified life event.
 - ☐ **Elect Manager's Basic Life insurance:** Choose one.
 - Basic Life. Life insurance coverage equal to two (2) times your annual salary up to \$95,000.
 - Basic Life 50K Max: The value of employer paid life insurance over \$50,000 is taxable according to IRS Publication 15B. Selecting this option will cap your Basic Life at \$50,000 if your annual salary is greater than \$50,000 and you do not wish to pay income taxes on the premium amount over \$50,000.

If you are in the Managerial Plan, Choose one of these options.

- **Managers Income Protection Plan A**
 - Employer paid life insurance benefit equal to 1 ½ times your annual salary.
 - Employer paid disability coverage with an elimination period of 150 days.
 - You have the option of buying a lower elimination period of 30, 60, 90 or 120 days.

- Waive the amount in excess of \$50,000 to limit tax liability by selecting Managers 50K Plan A.
- **Managers Income Protection Plan B**
 - Employer paid life insurance benefit equal to two times your annual salary.
 - Waive the amount in excess of \$50,000 to limit tax liability by selecting Managers 50K Plan B.
 - Managers covered under this plan have the option of buying disability coverage with an elimination period of 30, 60, 90, 120 or 150 days.

Elect employee paid optional coverages:

- ☐ **Employee Additional Life.** In addition to the Manager Basic Life Insurance Plan, employees may choose to enroll in Additional Life.
- ☐ **Employee Accidental Death & Dismemberment (AD&D)**
- ☐ **Spouse Life**
- ☐ **Spouse AD&D.** Coverage amount may not exceed employee AD&D.
- ☐ **Child life**
- ☐ **Short-Term Disability**
 - You do not have to provide evidence of good health when you apply for Short-Term Disability at this time. However, if you apply for STD later you will be required to show evidence of good health and you may not be approved.
- ☐ **Long-Term Disability**
 - Long Term Disability has a two-year pre-existing condition clause.
- ☐ **Flexible Spending Accounts (FSA) or pre-tax benefits.**
 - To enroll in any of the pre-tax accounts, contact your agency Human Resource office.

Submit your benefit elections using one of the following:

- Scan and email forms to segip.mmb@state.mn.us and save the sent confirmation for your records.
- Fax forms to our secure fax at (651) 797-1313 and save a confirmation showing receipt by SEGIP for your records.
- Mail forms to:
 - Minnesota Management & Budget
 - SEGIP
 - 400 Centennial Building
 - 658 Cedar Street
 - St. Paul, MN 55155
- ☐ **Employee Self Service**
 - You can confirm your benefit elections a week after you have submitted your Personal Enrollment Form. Log into Employee Self Service. Click on *Benefits*, *Insurance* and then *Benefits Summary*. You will then see all your elected benefits along with your rates.
 - Once you have confirmed your benefit elections, prepare your dependent verification documents for newly enrolled dependents. You will receive a letter requesting documents within one week

after confirming your accepted enrollments. Contact SEGIP if you do not receive this letter.
Dependent coverage enrollment is not finalized until verification documentation has been received and approved.

Note: Medical and dental premiums are paid on a pre-tax basis. If you wish to choose a premium contribution on an after- tax basis contact a SEGIP representative.

Dependent Eligibility for Medical and Dental Coverage State Employee Group Insurance Program (SEGIP)

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	<ul style="list-style-type: none"> Must be legally married under Minnesota law to an insurance eligible employee, and Your spouse is not eligible if they work full-time for an employer (with more than 100 people) and elects to receive either credits or cash in place of health insurance or health coverage or towards some other benefit in place of health insurance. Your spouse is also not eligible if enrolled in a high deductible medical insurance plan (as defined by the IRS) that includes a contribution to a health savings account (HSA) through their employing organization. 	<ul style="list-style-type: none"> Copy of your certified marriage certificate and Completed Spouse/Former Spouse Certification Form
Former Spouse	<ul style="list-style-type: none"> The divorce must occur while the employee is covered, and Must have been covered on the employee's plan at the time of the divorce, and May not have obtained other group coverage since the divorce, and Not eligible if they work full-time for an employer (with more than 100 people) and elects to receive either credits or cash in place of health insurance or health coverage or towards some other benefit in place of health insurance. In addition, also not eligible if enrolled in a high deductible medical insurance plan (as defined by the IRS) that includes a contribution to a health savings account (HSA) through their employing organization 	<ul style="list-style-type: none"> Copy of your divorce decree signed by a judge or court administrator and Completed Spouse/Former Spouse Certification Form
Biological Children	<ul style="list-style-type: none"> To age 26 	<ul style="list-style-type: none"> Copy of your child's certified birth certificate naming you as the child's parent

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Adopted children	<ul style="list-style-type: none"> To age 26 if adopted or To age 18 if placed with you for adoption 	<ul style="list-style-type: none"> Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption or Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent
Stepchildren	<ul style="list-style-type: none"> To age 26 You must be legally married to the child's parent 	<ul style="list-style-type: none"> Copy of the child's certified birth certificate naming your spouse as the child's parent and Copy of your certified marriage certificate
Foster Children (ward, legal guardian, legal custody)	<ul style="list-style-type: none"> To age 26 • Full and permanent legal and physical custody 	<ul style="list-style-type: none"> Completed Foster Child Certification Form AND Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship Birth up to age 18 – Copy of tax return showing child is claimed as a dependent. Age 18-26 – No tax document required.
Grandchildren	<ul style="list-style-type: none"> To age 25 Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 OR Financially dependent upon you and has resided with you continuously from birth OR- If you have legally adopted your grandchild or are the foster parent of your grandchild, follow the eligibility rules for each above 	<ul style="list-style-type: none"> Completed Grandchild Certification Form AND Copy of your grandchild's certified birth certificate, naming your (or your spouse's) child as your grandchild's parent AND Copy of your child's certified birth certificate naming you (or your spouse) as the parent AND Document dated within the last 6 months establishing this grandchild currently resides with you AND Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent If your grandchild has lived with you continuously from birth, a copy of your federal tax return from the year this grandchild was born
Child(ren) with a disability	<ul style="list-style-type: none"> Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, and Chiefly dependent upon you for principal support and maintenance, and You must provide proof of such incapacity and dependency annually as requested by your health plan administrator 	<ul style="list-style-type: none"> Copy of the child's certified birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian

Also covered: any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

Change in status or dependent eligibility: It is your responsibility to notify SEGIP of any change in a dependent's status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in

<https://mn.gov/mmb-stat/documents/segip/doc/YEB.pdf>

SEGIP Member Services Center

SEGIP Member Service Representatives are available to assist with general questions related to insurance, specific issues related to benefits, eligibility, and enrollment at 651-355-0100.

Contact Information

- **Hours:** 7:00 a.m. - 4:30 p.m., Monday through Friday
- **SEGIP website:** mn.gov/mmb/segip/
- **Email:** segip.mmb@state.mn.us
- **Telephone:** 651-355-0100
- **Fax:** 651-797-1313
- **Mailing address:**

MN Management and Budget/SEGIP
400 Centennial Building
658 Cedar Street
Saint Paul, MN 55155

Other Resources

- **Employee Self Service** information can be located at:
<https://mn.gov/mmb/accounting/sema4/self-service-information/resources/ss-faq.jsp>
- **Your Agency Human Resources department:** For assistance with the enrollment process and benefit elections.