

# Request to Continue Health Coverage through Reduction in Force Benefits

To apply for the Reduction in Force (RIF) Health Coverage Benefit,  
 complete this form and return it to your former Health Benefits Representative.

## Personal Information

Record your name and mailing address here	Telephone Number
	ID Number

1. The loss of employment was due to a reduction, in total or in part, in the funds used to support the job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I was employed for 12 or more months by an employing unit <b>or</b> I have completed a contract term of employment of 10 or 11 months and my employing unit is a local school administrative unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I am eligible for and electing to continue my health coverage through RIF benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I am eligible for and electing to continue health coverage for me and my qualified dependent(s) through RIF benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I want to change my current benefit plan from the 80/20 Standard plan to the 70/30 Basic plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. I understand that if I become eligible for health coverage on a non-contributory basis by a subsequent employer, that I will no longer be eligible for continued coverage under the RIF benefit and must notify my former employer to remove me from coverage on the State Health Plan for Teachers and State Employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### List dependents to be covered below.

## Dependent Information

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)

To the best of my knowledge and belief all of the answers I have provided on this form are true and correct. I agree to notify the State Health Plan if I become eligible for other group health plan coverage on a non-contributory basis by a subsequent employer while I am receiving the Reduction in Force health coverage benefit.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## HBR Must Complete (If this section is not completed, form will be returned.)

Approved for RIF benefits  
 Effective Date is \_\_\_\_\_

Denied for RIF benefits, specify reason below.

Return a copy of this form to the applicant,  
 keep a copy for your records and **send a copy to:**  
 NC State Health Plan  
 Attention: State Membership Services  
 PO Box 30111, Durham, NC 27702.

## Reason for Denial

1. Loss of employment was not due to a reduction, in total or in part, in the funds used to support the job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employee does not have the required months of service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other (please explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of HBR: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Reduction in Force and State Health Plan Coverage

Employees who lose their jobs as a result of a reduction in force (RIF) will continue to have coverage under the State Health Plan for up to 12 months, as long as the employee has 12 or more months of service and the employee was covered by the Plan at the time of separation from service - or completed a contract term of employment of 10 or 11 months as an employee of a local school administrative unit. Employees are not eligible for RIF health coverage if the employee is provided health coverage on a non-contributory basis by a subsequent employer. The effective date of RIF coverage is the first of the month following the separation of employment.

Employees may continue coverage for their eligible dependents during this twelve month period.

Employees who elect not to continue coverage under RIF immediately following separation from employment may not obtain RIF coverage at a later date.

After one year (12 months), the former employee and their eligible dependent(s) may continue health coverage on a fully contributory basis. Former employees who choose to continue their coverage after the initial 12-month period will be direct-billed by Blue Cross and Blue Shield of North Carolina.

Employees who do not have the required months of service to qualify for RIF benefits may continue health coverage for themselves and their qualified dependents at full cost under COBRA.

For more information on RIF and health coverage, visit the State Health Plan website at [www.shpnc.org](http://www.shpnc.org).

### **Former Employees of eBenefitsNow and Paper Agencies**

If you qualify and are electing RIF coverage and enroll in the 80/20 Standard plan or cover dependents on your plan, Blue Cross and Blue Shield of North Carolina (BCBSNC) will bill you directly for your portion of the premium. You will have the option of having your payment automatically drafted through the EasyPayBlue<sup>SM</sup> program. A draft authorization form will be included with your invoice.

### **Former Employees of BEACON Agencies**

Contact your HBR or BEST Shared Services to determine how premiums for the 80/20 Standard plan and dependent coverage will be collected.

While a RIF member, if your portion of the premium is not received within 30 days after your premium due date, claims for you and any covered dependents will be placed on hold or will be denied during the period for which the premium has not been paid. If you are enrolled in the 80/20 Standard plan and your premium is not received within 60 days, you will be moved to the 70/30 Basic plan. If you have dependent coverage and your premium is not received within 60 days, coverage for your dependents will be terminated as of the last day of the month through which premiums have been paid.

For questions regarding this process, call State Customer Service at **1-888-234-2416**, Monday through Friday from 8 a.m. to 6 p.m.