

Employment Change – Full-time to Part-time

These qualifying mid-year event election changes are permitted when you change from full-time employment to a part-time employment status that does not provide the employer contribution to the health insurance premium, **provided the election change requested is on account of and corresponds with the event.** Your full-time, active healthcare coverage automatically terminates at the end of the month that you cease to be full-time because the State does not contribute to the premium for part-time employees. You and removed family members will receive a HIPAA Certificate of Group Health Care Coverage and an Extended Coverage Election Notice (COBRA).

- Health Insurance Coverage:**
- You may enroll in part-time active health coverage in the plan of your choice. HMO members are required to select a primary care physician.
 - You may enroll any eligible family members previously covered on your full-time active coverage.
- Health Flexible Spending Account:**
- No election change is permitted.
- Dependent Care Flexible Spending Account:**
- You may reduce or cancel your election amount to cover a change in eligible dependent care expenses. See QME sheet on “Dependent Care Cost or Coverage Change.”

Important Things To Know About Making An Election Change Request For This Event

1. **Newly eligible part-time classified employees and faculty members may request enrollment.** Wage employees and adjunct faculty are not eligible. If adding dependents, you must provide documentation that they are eligible for the state health plan.
2. **What Documentation is required?** None. Your agency will validate your change in employment status.
3. **How to submit the request.** Starting with the date you become eligible to enroll in part-time health insurance (hire date, newly-eligible date, rehire date), you have 30 calendar days to use EmployeeDirect, or complete a paper Enrollment Form and submit it to your agency's Benefits Administrator. .
4. **When approved changes take effect.** Initial part-time health insurance elections received within the 30-day window are effective the first of the month following the date you become eligible to enroll. When that date is the first of the month, elections are effective that day.
5. **You have 60 days to request a change to your DCFSA.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day. Health Insurance and FSA elections are separate elections and may be submitted together or separately within the allotted timeframes. Changes are irrevocable once the effective date of the change has occurred.
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7. **Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to frequently asked questions and helpful information about handling a life-changing event. For more details, contact your agency's Benefits Administrator.

Reminder: Active coverage automatically ends at the end of the month in which your employment status changes. You must take action to enroll in coverage as a part-time employee. If you miss this opportunity to submit your change request, your next chance will be at Open Enrollment or with another consistent Qualifying Mid-Year Event, whichever comes first. If you wish to add other eligible family members and you were previously enrolled in Family coverage, please contact your agency's Benefits Administrator.