

OTHER ELIGIBLE INDIVIDUAL (OEI) DESIGNATION FORM

A benefit-eligible CMU employee may designate **one (1)** person over the age of 18 as an Other Eligible Individual (OEI) who will be eligible for designated benefit coverage, providing ALL of the following eligibility criteria are met:

- The employee is not legally married; AND
- The OEI currently resides in the same residence as the employee and has done so for the last 18 continuous months, and is not a tenant; AND
- At least 18 continuous months have passed since employee has had a spouse or other OEI eligible for benefit coverage; AND
- The OEI and employee are jointly responsible for each other's common welfare and shared financial obligations, and can provide at least two pieces of documentation to support this; AND
- The OEI is not a spouse under Michigan law, dependent as defined by the IRS, in-law or step-relative of the employee; AND
- In the event the employee died intestate the OEI is not eligible to inherit from the employee under the laws of intestate succession in the State of Michigan.

Children of an employee's OEI may be eligible for designated benefit coverage provided they satisfy the benefits eligibility criteria. For further details, visit the [Benefits Eligibility Criteria webpage](#).

Eligibility to continue coverage for an OEI ceases on the date the above criteria are not met. Employees must immediately notify the Benefits & Wellness office of a change in eligibility status. Employees must reimburse CMU for all costs associated with benefits provided to no longer eligible OEI's in the event CMU discovers an OEI is no longer eligible.

Examples of individuals who do **not** fall within the benefit eligibility criteria of an OEI:

- Spouse's relatives
- Minors
- Guardians
- Children and their descendants (i.e. you or your spouse's children, grandchildren)
- Parents and their descendants (i.e. you or your spouse's siblings, nieces, nephews)
- Grandparents and their descendants (i.e. you or your spouse's aunts, uncles, cousins)
- Renters, boarders, tenants, etc.
- Friends, roommates, etc.
- In-laws (parent-in-law, son-in-law or daughter-in-law, brother or sister-in-law, etc.); step relative (stepmother, stepfather, stepsibling, stepchild, etc.)

To verify OEI eligibility, one (1) joint document **OR** two (2) additional acceptable documents must be provided. See options of documentation below.

Joint documentation includes (dated within the last 6 months):

- Joint mortgage or lease
- Joint banking or credit account statement
- Joint home or auto insurance statement

- Joint property tax statement
- Joint utility bill

Additional acceptable documentation includes:

- Document with matching address of the employee (example: driver's license or state ID card, pay stub, phone bill, etc.), **AND**
- Document showing designation of OEI as a beneficiary (example: life insurance, retirement, HSA, or other investments)

Other Important Information About Other Eligible Individual (OEI) Designation

- There are tax implications of adding an OEI to your benefits. IRS regulations require the University to tax the fair market value of University-provided benefits for an OEI and his/her/their dependents. The value of the benefits for your OEI received will be counted as taxable income and will result in an increase in the amount of taxes you pay.
- There is a difference between **designating** your OEI to become eligible for benefits and **enrolling** your OEI in benefits. You may *designate* an OEI who meets all eligibility requirements at any time by completing this form. You can only *enroll* OEIs in your benefits at certain times, including annual open enrollment period, within 30 days from your date of hire or within 30 calendar days of experiencing a qualified status change event.

Completing this form does not automatically enroll your OEI in benefits. After you complete this form, you will need to take additional steps to enroll your OEI in benefits. If enrolling an OEI when initially eligible for benefits or during open enrollment, you will need to complete the online enrollment process. If enrolling an OEI due to a qualified status change event, you must complete and return the [Status Change Request Form](#) and other applicable backup documentation to the Benefits & Wellness office.

NOTE: *If an OEI is eligible, they must enroll in Medicare Part B coverage. OEI's are not entitled to a Medicare special enrollment period and will pay penalties for Part B for delayed enrollment. CMU's medical/prescription coverage will be secondary to the Medicare coverage.*

- Under current IRS regulations, expenses of OEIs and children of OEIs can be submitted for FSA and/or HSA reimbursement only if they qualify as eligible dependents that you can claim on your federal income tax return.
- Eligibility to continue coverage for an OEI and his/her/their children ends on the date the criteria as described on page 1 of this form is no longer met. Employees must immediately notify the Benefits & Wellness office of a change in eligibility status and complete a [Declaration of Termination of OEI Status](#) form. Failure to provide timely notice to the University jeopardizes continuation of health care coverage for an OEI and his/her/their children. While continuation of health care coverage is not currently covered under federal COBRA laws, the University will provide such coverage under the same terms that would apply to an employee's spouse and children.
- The University has discretion to modify, amend, or terminate the benefits provided to OEIs and their dependents at any time.

OTHER ELIGIBLE INDIVIDUAL (OEI) DESIGNATION FORM

Employee Information

Employee Name: _____

Employee Campus ID: _____ Email Address: _____

Other Eligible Individual (OEI) Information

Name (First, Last): _____

Gender: Male Female Social Security #: _____ Date of Birth: _____

Date of OEI Eligibility: _____
(e.g. date at which OEI has lived with employee for 18 continuous months)

Certification & Signature

Please initial each of the below statements and sign and date the form below.

_____ I agree that I will reimburse CMU for costs associated with providing benefits to people who are ineligible or become ineligible to receive benefits.

_____ I have fully read and understand the eligibility criteria and other important information about OEI designation listed on this form.

_____ I understand that any information falsified on this form or supporting documentation may result in discipline up to and including termination from employment.

_____ I understand that OEI benefits are taxable and I will be responsible for paying the taxes associated with any benefits in which I choose to enroll my OEI.

_____ I understand that I can only enroll my OEI during the University's open enrollment period (unless I am a new hire or experience a qualifying status change event).

_____ I am submitting _____ and _____ as documentation verifying OEI eligibility.

Employee Signature

Date

Please return page 3 of this form to: Central Michigan University Benefits & Wellness Office
108 Rowe Hall
Mt. Pleasant, MI 48859
Email: benefits@cmich.edu
Fax: (989) 774-1058

Questions about OEI designation and enrollment, contact the Benefits & Wellness office at (989) 774-3661 or benefits@cmich.edu.

Working Spouse/OEI Medical Coverage Affidavit

To be eligible for CMU’s self-funded health and dental plan, a spouse or Other Eligible Individual (OEI) must first be enrolled in their employer’s plan. They are required to take at least single coverage for themselves. Dependents are not required to be covered by the other plan.

An exception can be made if the spouse or OEI are charged 100% of the cost of coverage, which means their employer does not pay anything towards the premium cost.

Please review and check the appropriate spouse/OEI coverage situation below. Depending on your indication, your spouse may or may not be eligible for Central Michigan University’s self-funded health and dental coverage.

PLEASE CHECK YOUR SPOUSE/OEI CURRENT COVERAGE SITUATION

My spouse/OEI is not employed, self-employed or on a pension or Medicare (retired).
My spouse/OEI does not have access to other medical coverage through their employer or would be required to pay 100% of the premium.
Employer Name _____ Employer Phone _____
My spouse/OEI is enrolled in coverage through their employer.
Employer Name _____ Employer Phone _____
My spouse/OEI has access to other medical/dental coverage through their employer and has not elected that coverage.
My spouse/OEI has access to other coverage through their employer but cannot enroll until _____. I know I am responsible to ensure my spouse/OEI enrolls in health and/or dental coverage through their employer during their next enrollment period.
Employer Name _____ Employer Phone _____

I acknowledge that all information submitted on this Medical Coverage Affidavit is accurate to the best of my knowledge. I understand that any misrepresentation of information on this Affidavit and/or failure to provide applicable eligibility documentation may result in loss of dependent coverage and/or other disciplinary action.

Employee Name:	
Employee Personnel #:	
Employee Signature:	
Date Signed:	