

## PERACare Enrollment Eligibility Chart

The chart below summarizes the different times that a benefit recipient is eligible to enroll in PERACare, or add or change coverage. Your request must be received within 30 days of the Enrollment Eligibility Events listed below.

ENROLLMENT ELIGIBILITY EVENTS	PROOF REQUIRED	WHO CAN BE ENROLLED OR ADDED	CHANGE(S) YOU CAN MAKE
<b>When you are first eligible to enroll</b> <ul style="list-style-type: none"> <li>• Within 30 days of the date of your first PERA benefit payment (as a retiree, cobeneficiary, or survivor benefit recipient)</li> </ul>	None for the benefit recipient*	Yourself, your spouse, and children*; your guardian (if benefit recipient is a child)	Enroll
<b>Life events when you can enroll or change</b> <ul style="list-style-type: none"> <li>• Marriage</li> </ul>	Copy of marriage certificate	Your new spouse	Add coverage for spouse
<ul style="list-style-type: none"> <li>• Birth or adoption of child(ren)</li> </ul>	Copy of birth certificate or adoption papers*	Your new child(ren)*	Add coverage for children
<ul style="list-style-type: none"> <li>• During PERA's annual open enrollment period</li> </ul>	None for the benefit recipient*	Yourself, your spouse, and children*	Enroll, add coverage for spouse or children, or change health care plans
<ul style="list-style-type: none"> <li>• Moving out of your HMO's service area</li> </ul>	Address change notice to PERA	Yourself, your spouse, and children* (if they were covered under PERA's plan prior to move)	Change from HMO to another plan
<ul style="list-style-type: none"> <li>• Turning age 65 (you or your spouse)</li> </ul>	CPHC** and a copy of Medicare card(s)	Yourself, your spouse, and children*	Enroll, add coverage for spouse or children, or change health care plans
<ul style="list-style-type: none"> <li>• Loss of other employer/group coverage, either your own or your spouse's</li> </ul>	CPHC** and a copy of employer certification***	Yourself, your spouse, and children* (if they were covered in the employer's plan)	Enroll yourself and your spouse and children (if they were covered in the employer's plan)
<ul style="list-style-type: none"> <li>• Loss of individual coverage</li> </ul>	CPHC** and a copy of insurer's cancellation or market exit letter***	Yourself, your spouse, and children* (if they were covered in the plan)	Enroll yourself and your spouse and children (if they were covered in the plan)
<ul style="list-style-type: none"> <li>• Completion of COBRA coverage period (18, 29, or 36 months)</li> </ul>	CPHC** and a copy of employer certification or COBRA letter***	Yourself, your spouse, and children* (if they were covered in the employer's plan)	Enroll yourself and your spouse and children (if they were covered in the employer's plan)
<ul style="list-style-type: none"> <li>• Divorce</li> </ul>	CPHC**	Yourself (if you were covered by your former spouse's plan)	Enroll

\* If children are being enrolled, proof of dependent status may be required.

\*\* CPHC—PERA's *Certification of Previous Health Care Coverage* form.

\*\*\* Loss of coverage must be a non-voluntary event. If you remain eligible for coverage but choose not to pay premiums or select a new plan, you are not eligible to enroll in PERACare.