



Employee Service Center
U. S. Steel Tower, Floor 56
600 Grant Street
Pittsburgh, PA 15219

HIPAA Special Enrollment Rights

If you decline enrollment under the Plan for yourself and/or your dependents (including your spouse or domestic partner) because you have other coverage, you may in the future be able to enroll yourself **and** your dependents in the Plan if the other coverage ends. However, you must call the UPMC Employee Service Center to enroll within 30 days after your other coverage ends. As long as you call within the 30-day period, coverage takes effect the first day of the month following the change in status. If you call between 31 and 60 days, coverage takes effect on the first day of the month after your notification. If you do not call within the 60-day period, you must wait until the next annual enrollment to elect coverage.

In addition, if you have a new dependent as a result of marriage, meeting domestic partner eligibility, birth, adoption, or placement for adoption, you may be able to enroll yourself **and** your dependents (including your spouse/domestic partner). To report the status change, log on to My HUB at <http://infonyet.upmc.com> and select *View Benefits* Information. You must report the status change within 30 days after the marriage, first meeting domestic partner eligibility, birth, adoption, or placement for adoption. As long as you report the status change within the 30-day period, coverage takes effect the first day of the month following the change in status. Remember, you must supply a copy of your marriage certificate or domestic partner documentation within 30 days of enrolling your spouse or domestic partner or they will be retroactively removed from coverage. If you are already enrolled and requesting coverage for a new dependent due to birth, adoption or placement for adoption – coverage for the new dependent is effective as of the date of birth or date received or placed for adoption. If you report the status change between 31 and 60 days after the date of birth or date received or place for adoption, coverage takes effect on the first day of the month after your notification. If you do not report the status change within the 60-day period, you must wait until the next annual enrollment to elect coverage.