

OSU Request for Premium Conversion

(Declination of OSU-Paid Employee Health Insurance)

Effective January 1, 2004, OSU employees who do not wish to be covered by OSU-paid health insurance because of religious reasons or because they have other employer group coverage with a spouse or former employer may decline coverage and receive one-half of the amount OSU would normally pay for an employee's health care coverage converted to pay (premium conversion). The premium conversion amount will be a negative deduction listed in the deduction/taxes section of your Payroll Advice as PREM CONV. This is taxable income.

OSU discourages employees from being uninsured because a family can become financially devastated if insurance is not available to absorb the cost of treatment for serious medical conditions. Employees who decline OSU-paid health insurance should seriously consider the following ramifications:

- If you voluntarily drop health care coverage, you must wait 12 months before you can re-enroll. The only exception to the 12-month wait is if you have a Section 125 qualifying event that would allow you to re-enroll (i.e., loss of other coverage). Employee Services must be notified within 30 days of the qualifying event.
- If you fail to maintain other group coverage, you are subject to the pre-existing condition limitation upon re-enrollment which could greatly limit benefits.
- Family members cannot be covered by the State Insurance Plan unless the OSU employee is covered by the same plan (OSU-paid health insurance coverage).
- The cost of the OSU paid health care premium is a tax-free benefit to you. If you decline coverage, the premium conversion amount is taxable income.
- If you have a change in status, which makes you ineligible for the declination, you are required to notify Employee Services within 30 days of the change. If you are ineligible for the State Insurance Plan, you will not receive OSU-paid health insurance or the premium conversion.

Please check one of the following reasons for declining OSU-paid employee health insurance:

- Because of religious reasons, I wish to decline OSU-paid employee health insurance.
- I have coverage through my spouse's employer, my former employer, or one of the State Insurance Board approved plans (COBRA, military, Indian Health, Medicare, Medicaid, SSA, VA or Wheat Association) and wish to decline OSU-paid employee health insurance.

I understand that I may be required to provide documentation of the above reason when requested and that I must notify Employee Services within 30 days of any change. If coverage cannot be verified, conversion will be cancelled and repayment required. I have read this document carefully. I understand and accept the consequences of dropping my OSU-paid health care insurance. ***I have also completed a State Insurance Plan change form notifying the Plan of my desire to waive or drop coverage.***

Employee Signature

Date Signed

Employee ID Number

Desired Effective Date of Change

OSU Human Resources USE ONLY:

Coded by: _____

Date: _____