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RESOLUTION NO. 004- 2015 - AMENDMENT TO RESOLUTION NO. 018-2014 AND RESOLUTION NO. 001-2015 - TERMINATION OF INSURANCE COVERAGE FOR SPOUSES AND DEPENDENTS OF UNVERIFIED MEMBERS (RECERTIFICATION PLAN)

MOVED by Mr. Thayer, seconded by Ms. Suits, and unanimously adopted by voice vote by members present.

“WHEREAS, the Audit and Finance Committee at its March 24, 2015 meeting reviewed the dependent re-certification process, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the 5th Resolved of resolution 018-2014 and the 6th Resolved of Resolution No. 001-2015 be changed to: “RESOLVED, further, That coverage for any dependent of an employee or retiree for which no verification information has been submitted will be terminated on **June 1, 2015** and the member will be invoiced for that coverage since January 1, 2011 and the employee/retiree and their spouse and/or dependents will not be eligible for COBRA”;

The complete amended resolution to read as follows:

“WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium is a self-insured municipal cooperative health benefit plan operating pursuant to Article 47 of the New York State Health Insurance Law, and

WHEREAS, at GTCMHIC’s inception all employees were transferred into the Consortium without verification that their spouse and/or dependents were still valid as defined by their benefit plan, and

WHEREAS, changes occur in employees lives with marriage, divorce, child birth, adoptions that may not become known to the health insurance provider, and

WHEREAS, Consortium Board Resolution No. 005-2014 approved forms and eligibility guidelines for ensuring that spouses and/or dependents of new hires after May 1, 2014, meet consistent requirements and provide consistent documentation to confirm that their relationship with the insured complies with the Consortium’s eligibility guidelines, and

WHEREAS, The Greater Tompkins County Municipal Health Insurance Consortium has a responsibility to all employees and employers to ensure that the Plan covers only eligible spouses and/or dependents, and

WHEREAS, the Audit and Finance Committee has developed an internal process utilizing each municipalities benefit clerk to implement the recertification of spouses and/or dependents of all contracts that provides necessary information for verification of eligibility while safeguarding privacy, now therefore be it

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RESOLVED, upon recommendation of the Finance and Audit Committee, the Board of Directors hereby approves the 2014/2015 Recertification Plan including forms and guidelines for verification of spouse and/or dependent status for all contracts, active and retired, of the Consortium,

RESOLVED, further, That the municipal partners will be instructed and expected to execute the same verification process for consistency of results and will report such results to the Consortium,

RESOLVED, further, That the verification process will begin on November 1, 2014 with an amnesty period until February 28, 2015 for those participants without the additional collective bargaining step for the removal of any ineligible spouse and/or dependents without penalty and therefore eligible for COBRA,

RESOLVED, further, That for those participants and contracts with the additional collective bargaining step, the amnesty period for those contracts covered by the impact bargaining process, the amnesty period will continue until two (2) months after the collective bargaining process on dependent certification has been ratified, and

RESOLVED, further That any ineligible covered lives discovered after February 28, 2015, **or two** months after impact bargaining ratification for those affected contracts maybe subject to reimbursement of premium paid by the employer since the change in status or January 1, 2011 whichever is later and the ineligible person will not be eligible for COBRA.

RESOLVED, further, That coverage for any dependent of an employee or retiree for which no verification information has been submitted will be terminated on **June 1, 2015** and the member will be invoiced for that coverage since January 1, 2011 and the employee/retiree and their spouse and/or dependents will not be eligible for COBRA,

RESOLVED, further, That the Recertification Plan provides an appeals process from May 1 through June 30, 2015 that will be administered by the Appeals Committee.”

STATE OF NEW YORK)
) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium on March 26, 2015.



Michelle Pottorff, Administrative Clerk