Office of the State Controller

Newly Eligible QLE – State Health Plan Selection Form

Instructions: You are now eligible for employer sponsored health coverage because of your change in working hours. Coverage will begin the first of the month following the effective date of the change in working hours. Please complete this form & submit to your Agency Health Benefits Representative (HBR) along with your dependent verification documentation. This must be done within 30 days of your newly eligible status. Your Agency HBR will forward this to BEST Shared Services for verification & processing. Once enrolled, your health plan selection may not be changed until the next Open Enrollment unless you experience a Qualifying Life Event "QLE" (e.g. marriage, birth of a child, or change in spouse's employment). *NOTE: For any NC Flex elections, your Agency HBR must submit an exception request to OSHR separately.*

Employee Name: _____ Personnel #: _____

# of Working Hours Changed: From _____ To _____ Effective Date of Change: _____

State Health Plan Enrollment Resources- SHP website - https://shp.nctreasurer.com/Pages/Default.aspx

State Health Plan Election: ☐ 80/20 PPO Plan

☐ 70/30 PPO Plan

Select the Type of Coverage Desired: ☐ Employee Only ☐ Employee + Children

☐ Employee + Spouse ☐ Employee + Family

Tobacco Attestation:

☐ I use tobacco. ☐ I do not use tobacco. ☐ I am a tobacco user, but agree to enroll in QuitlineNC's multiple-call program.

NOTE: If a tobacco user, you must enroll in QuitlineNC within 30 days of newly eligible status to receive the wellness premium credit. Completing the Tobacco Attestation may lower your health plan premiums by $60 if you are a non-tobacco user or use tobacco, but complete your enrollment in QuitlineNC.

Dependent Name	Relationship (Spouse or Child)	Dependent Date of Birth	Dependent Social Security Number
	Child		
	Child		
	Child		
	Child		

Employee Signature: _____ Date: _____