MCSIG MEDICAL PLAN ELIGIBILITY

WHEN BENEFITS BEGIN

- 1. You are eligible under the Plan if you are an Employee as defined in the Definitions Section. You must enroll within 31 days from the date you are eligible for benefits as determined by your School District.
- Your lawful Spouse, Domestic Partner and Dependent Children as defined in the Definitions Section of the plan handbook, are eligible for coverage at the same time as you if an Enrollment Form has been submitted by you within 31 days.
- 3. If your coverage effective date is the first of the month following date of hire and if you are responsible for any portion of the premium for your dependent coverage, you may be required to pay for the portion of premium you are responsible for prior to receiving your first pay unless your district/bargaining unit agreement provides for distribution of your portion of the premium over subsequent months or allows for delayed enrollment of your dependents tir coverage to the gring our the direction of the month

rtified copy of the Marriage License or Certificate is required).

overed for the first thirty-one days of life for illness and injury, provided that the Spouse/Partner (the mother) is covered at the time of the birth. Coverage after 31 the Employee submitting a Change Form within 90 days following the child's birth. realdbecheften standards the Childe had been some to the child some to some the child some the chil

I obligation for full or partial financial responsibility for The written document referred to above includes, but is t, a medical authorization form, or relinquishment

m for themselves, their spouse, partner, or child ge will begin on the first day of the month following the to a qualifying event under the plan.