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| --- | --- | --- | --- | --- |
| **Employee Information** | | | | |
| Last Name  Enter Last Name | First Name  Enter First Name | | Middle Initial  Middle Initial | Employee ID No.  Enter Employee ID No. |
| Email Address  Enter Email Address | | Daytime Phone Number  Enter Phone Number | | |

The Designated Eligible Individual (DEI) program expands the eligibility criteria for enrollment in Western Michigan University’s health insurance and tuition remission benefit programs. The University reserves the right to change the eligibility criteria of the DEI program, or to suspend or terminate the program, including any benefit coverage being provided, should a court of competent jurisdiction rule the program to be in violation of the law or of the Michigan constitution. Additionally, the University may change, suspend, or terminate the program in the event one chamber of Michigan legislature has voted to cut or withhold funding from the University because of the program, and the second chamber has scheduled a vote for this purpose.

The DEI program does not affect the rights of, or criteria applicable to, any employee who qualifies for enrollment in the University’s benefit programs under any other applicable University policy.

**Requirements**

Under the DEI program, an employee who does not already enroll a spouse in the health insurance program or tuition remission program may enroll one adult individual for coverage under the respective benefit programs provided all of the following eligibility criteria are met:

* The employee is eligible for the benefit program for which coverage of a DEI is sought.
* The adult DEI, at the time of proposed enrollment, resides in the same residence as the employee and has done so for the previous 18 consecutive months, other than as a tenant.
* The adult DEI is not a “dependent” of the employee as defined by the Internal Revenue Service (IRS).

A child of an adult DEI is also eligible for benefit coverage if the child resides with the employee and meets IRS dependent criteria with respect to the adult DEI as well as other eligibility criteria of the particular benefit program.

Eligibility for coverage of an adult DEI, and of an adult DEI’s dependent, ceases on the date that the above criteria are not met.

The following individuals are ineligible for designation as a DEI:

* Children of an employee and their descendants (children, grandchildren)
* Parents of an employee
* Parents’ other descendants (siblings, nieces, nephews)
* Grandparents and their descendants (aunts, uncles, cousins)
* Spouse’s relatives
* Renters, boarders, tenants

**Enrollment of a DEI for health insurance must be completed within 31 days of the date of hire, within 31 days after all of the above eligibility criteria are met, or during an open enrollment period. The employee must complete and submit along with this DEI enrollment form the health insurance enrollment form and/or the tuition remission application, as applicable, for benefit program enrollment. Additionally, for both benefit programs, the employee must also submit copies of the DEI’s federal income tax returns to substantiate the above residency requirement.**

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| I choose to designate the following individual as a Designated Eligible Individual (DEI) for coverage under the University’s health insurance program and/or tuition remission program: | | | | | |
| Last Name  Enter Last Name | | First Name  Enter First Name | Middle Initial  Middle Initial | | Effective Date  Select a date |
| This is to certify that the person named above meets all of the eligibility criteria for the DEI program. I understand that I am responsible for paying any income taxes associated with enrolling a DEI. | | | | | |
| Employee Signature: |  | | | Date: | |