







Annual Employer Provided Health Insurance Plans & Premiums Report

Common Issues:

- Not sending this in yearly.
 - It is important to send in this form every year, **even if there are no changes.**
- ONLY one packet is needed, but you may need multiple Breakdown Sheets
- Change/Deletion forms are often not sent into ASRS in conjunction with the PPR.
- The form is not signed.
- Possible consequence of not reviewing the 460 and making necessary corrections may result in a premium benefit overpayment.

Employer Health Insurance Plan/Premium Breakdown Table

Common Issues

- Use one Breakdown Table per Plan Type and Plan
- Employers should check one per form (wording needs to change)
Example:
ER ABC has one Medical PPO plan and one Dental DHMO plan and both the medical and dental rates are increasing for the new plan year.
 - ER should fill out one "Report" sheet
 - Indicate "Yes" there are changes and the changes are to "Both".
 - Send the ASRS one "Report" sheet and 2 "Breakdown" sheets
 - One "Breakdown" sheet for Medical PPO plan and
 - One "Breakdown" sheet for Dental DHMO plan.

Employer Health Insurance Plan/Premium Breakdown Table

- If there is a plan change - a new plan is being added, DO NOT enter the rate of the OLD Plan. The old rates should be left blank.
- If there is at least one plan change, then we need a breakout table for all plans.
- **When to select No Change:** When there is no change to the plans or premiums.
 - When it is missing, it will required outreach from ASRS to determine if there was no change or if a form was forgotten.

Employer Health Insurance Plan/Premium Breakdown Table

- The **Detailed Plan Name** that is listed is different than the **Detailed Plan Name** for the year before, but it is not a plan change, it is a rate change only.
- What may be happening is the person who filled out the form the prior year is using one version of the plan name and the person filling it out this year is using a different name. ASRS processing team may not realize this and will then create a new plan.

HEALTH INSURANCE PREMIUM BENEFIT AUTHORIZATION

SECTION 3 - Information for Coverage	
SECTION 6 - Effective Date Coverage to Begin	
Member	Date (MM/DD/YYYY)
SECTION 7 - To be Completed by the Employer Health Insurance Premium Benefit Specialist	
Dependent	Phone Number
Employer	
<input type="checkbox"/> By checking this box, I certify that I am the employer representative named below and the information on this form is current and correct. I also understand that typing my name in the Electronic Signature field is the legally binding equivalent to my handwritten signature.	
SECTION 8	Date
Carrier Name	Electronic Signature
Medical Premium Amount	Dental Premium Amount
\$	\$

HEALTH INSURANCE PREMIUM BENEFIT AUTHORIZATION

Common Issue

- Missing information (dependents, signature, etc.)
 - Missing dependent ssn
 - Missing the member/dependent Medicare number
 - Missing dependent DOB
- The member has completed the form **when the employer should have completed** and therefore incorrect information is entered.
- Ensure you are using the forms on **ER Web Portal**-sometimes we see older forms.

HEALTH INSURANCE PREMIUM BENEFIT AUTHORIZATION

Coverage Elected does not match member/dependent information

Examples:

- Single Coverage but there is a dependent listed on the form
- Family Coverage but there is no dependent listed on the form.

HEALTH INSURANCE PREMIUM BENEFIT AUTHORIZATION

Carrier Name and Premium do not match what information at ASRS

Examples:

- The carrier and premium are accurate on the form but ASRS did not receive the PPR for the new plan year.
- The carrier and premium are not accurate on the form.

Fail to add the 2% administrative fee for the **COBRA**.

Examples:

- The PPR includes the 2% admin fee but the HI Auth does not
- The PPR does not include the 2% admin fee, but the HI Auth form does include it.

HEALTH INSURANCE PREMIUM BENEFIT AUTHORIZATION

- ASRS receives multiple forms for the same member with each form having minor changes.
- DO NOT Use this form if the employer is paying any portion of the medical/dental premium.

REIMBURSEMENT OF MEDICAL and/or DENTAL COST

Common Issue

- Ensure SSN list is for the person who is eligible for the premium benefit.
 - Retired/LTD member who status is indicated in 2B
- Section 2B is not completed

SECTION 2 - Renewed LTD Participant Member Status Information - TO BE COMPLETED BY THE MEMBER	
<input type="checkbox"/> A. Indicate member status with the ASRS (check <input type="checkbox"/> only once)	<input type="checkbox"/> Indicate member status with the employer (check <input type="checkbox"/> only once)
<input type="checkbox"/> B. Arizona State Retirement System member: <input type="checkbox"/> Retired (if employed 17 days or more in or after August 1, 2012, you may not be eligible for reimbursement. Please see instructions.)	<input type="checkbox"/> Return to work status on active employee group plan
<input type="checkbox"/> Long Term Disability Plan participant	<input type="checkbox"/> Long Term Disability participant on active employee group plan
<input type="checkbox"/> Medicare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dependent on active employee group plan

- The form should be for January-June or July-December. Including 2 time frames on the form will cause it to be rejected. Or an ESM will be sent for clarification.


