

INSTRUCTIONS AND EXPLANATION OF CODES FOR NOTICE OF MEMBERSHIP CHANGES (NOMC)

KEY WORD

LE-VOL	LEFT EMPLOYMENT-VOLUNTARY – When an enrollee is terminating employment voluntarily.
LE-INVOL	LEFT EMPLOYMENT-INVOLUNTARY – When an enrollee experiences an involuntary loss of employment.
VOL CANCEL	When an enrollee requests voluntary cancellation of coverage while still employed and eligible to remain covered. The NOMC must be received by HealthTrust prior to the requested cancel date. Request to voluntarily cancel Dental coverage without a qualifying event may be done only at the Group’s open enrollment date. Do not use this key word for termination of employment – use either LE-VOL or LE-INVOL.
LOA	Leave of Absence - An officially excused period of time off from work or duty resulting in a loss of health coverage.
REDUCTION IN HOURS, VOLUNTARY	When an employee is allowed to voluntarily reduce their working hours and is no longer eligible for benefits.
REDUCTION IN HOURS, INVOLUNTARY	An involuntary reduction in hours of employment resulting in a loss of health coverage, including a reduction to zero hours, such as a layoff, furlough to other suspension of employment.
RETIRED-CANCEL COVERAGE	When an enrollee is retiring and is not electing retiree coverage, and therefore, coverage is cancelled.
RETIRED DUE TO DISABILITY-CONTINUE	When an enrollee is retiring due to a disability and is continuing the same coverage. If HealthTrust administers retiree billing services for the Group, the retiree’s billing allocation must also be provided to HealthTrust (see section on NOMC front). If the retiree is requesting a coverage change, a <i>Medical and/or Dental Application and Change Form</i> must be completed. (NOTE: for NHRS retirees, a <i>Retirement Annuity Deduction Authorization for Medical and Dental Benefits</i> for is also required.)
TRANSFER	Any transfer from section to section. If coverage is changing, a <i>Medical and/or Dental Application and Change Form</i> must be completed. If submitting a <i>Medical and/or Dental Application and Change Form</i> , do not also submit a NOMC.
DECEASED	This is applicable for the death of an enrollee. A <i>Medical and/or Dental Application and Change Form</i> must be completed for a deceased dependent. (NOTE: for NHRS retirees, a <i>Retirement Annuity Deduction Authorization for Medical and Dental Benefits</i> form is also required.)
CANCEL-ACTIVE MILITARY DUTY	When an enrollee is cancelling due to leaving for active military duty.
ADD COBRA	When an enrollee and covered dependent(s) have elected to continue coverage and have made their initial payment. For use by Groups who administer their own COBRA billing and collection.
CANCEL COBRA	For cancellation of COBRA coverage. Please specify “voluntary” or “non-payment.” For use by Groups who administer their own COBRA billing and collection.
REINSTATE COBRA	When an enrollee whose COBRA coverage has been cancelled (by not making payment by the due date) requests to reinstate COBRA coverage after making payment (within the 30-day grace period). For use by Groups who administer their own COBRA billing and collection.

MEMBERSHIP TYPES

1 - Single (Employee only)

2 - 2-Person (Employee and spouse or employee and one dependent child)

3 - Family (Employee, spouse, child(ren))