

How to Enter a Loss of Coverage Date for an Employee on the Employer Roster

When an Employee loses coverage (through a spouse, other job, etc.) and needs to enroll in their Employer Sponsored Health Insurance with the NYSoH, you may be able to give that Employee a new offer in just a few simple steps.

An Employer or Broker can use the **Loss of Coverage Date** on the Employer Roster for any employee that is:

- Currently not enrolled in Employer Sponsored coverage with NYSoH
- Has lost Minimal Essential Healthcare Coverage
- Has an existing offer from their Employer (this functionality will not work for an employee in “Not Yet Offered” status)

****An Employee does not have to decline coverage to utilize this field****

The Employee’s NYSoH Employer Sponsored Coverage will begin the day after the Loss of Coverage Date entered.

Current direction on the Roster page:

Manage Enrollments

1. After you have completed your enrollment offer, a participation code will be sent to all employees on your roster. Your employees will then have the ability to enroll themselves online, or can have customer service assist them. If you want to enroll one or all of your employees directly, you can use the **Enroll button** next to their name on the roster. You will then have to complete the enrollment process for each employee you are assisting.
2. If your employee later wants access to the account you have created for them, use the **Invite button**. This will send an invitation code to the email address provided when you setup their account.
3. To delete an employee from your insurance offer, you can select the **Delete button** next to the employees name.
4. In order to enroll an employee who is on the roster during open enrollment due to qualified event 'Loss of Health Coverage' during the plan year, select the **EDIT button** to the left of the employee's name, and enter the loss of coverage date. This will open a special enrollment period and the employee will be able to enroll in a plan with coverage to start the day after their loss of health coverage.



1. To enter the Employee's Loss of Coverage Date, click on the 'Loss of Coverage Date' calendar icon. The User must choose the last day of the previous coverage. (i.e. Coverage ends on 6/18/15, choose 6/18/15 from the calendar to begin the NYSoH Employee policy effective 6/19/15)

Employee Details

First Name * Christa Last Name * Johnson

Phone Number * (518) 555 - 1212 Ext x Email Address @ith

Social Security Number * ... ** 038 Employee Code * EMP06 Hire Date * 10/15/2008

Loss of Coverage Date 

Avg. Hrs/Week * 50

Mailing Address

Address Line 1 * 67 Justice Lane Address Line 2

City * Cherry Valley Zip Code * 13320 County * OTSEGO

State * NY

Save Changes

The calendar contains the previous 30 days from today's date. **Currently, you cannot choose a date in the future.** The NYSoH coverage will begin the day *after* the Loss of Coverage.

Employee Details

First Name * Christa Last Name * Johnson

Phone Number * (518) 555 - 1212 Ext x Email Address @ith

Social Security Number * ... ** 1038 Employee Code * EMP06 Hire Date * 10/15/2008

Loss of Coverage Date 

June 2015

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |

Address Line 2

Zip Code * 13320 County * OTSEGO

State * NY

Save Changes

2. Click on "Save Changes" when complete.

Employee Details

First Name * Last Name *

Phone Number * Ext Email Address

Social Security Number * Employee Code * Hire Date *

Loss of Coverage Date

Avg. Hrs/Week *

Mailing Address

Address Line 1 * Address Line 2

City * Zip Code * County *

State *



User will see a message at the top of the Roster that the Employee was successfully saved.

 The Employee is successfully saved.

Filter Roster

Show All

1 to 6 of 6 Entries [< Previous](#) [Next >](#)

3. Once the Employee is successfully saves, click the **Create Enrollment** button at the bottom of the Roster page to put the Employee into a new Class/Offer.

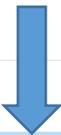
| | | | | | | |
|--|-------|--------------|-------------------------------|--|-------------|--|
|  Edit | EMP08 | Dylan McKay | <input type="text" value=""/> | 890 Broadway, Rensselaer, NY 12144 | soSfeWH11As | <input type="button" value="Delete"/> <input type="button" value="Invite"/> |
|  Edit | EMP09 | Brenda Marsh | <input type="text" value=""/> | 485 10th Ave, Apt 2, Albany, NY 12203 | FnWS05shZGg | <input type="button" value="Delete"/> <input type="button" value="Invite"/> |



To view/verify the employee's new Effective Date, click on the **My Enrollments** tab at the top of the screen. Then, click the **View Enrollments** icon under *View* for the Employee Class. This will display the Enrollment Periods and Effective Date for all Employee's in the class.

Employer Enrollments [Manage Classes](#)

| View | Enrollment ID | Class | Coverage Tier | Status | Actions |
|---|---------------|--------------------------|--|-----------|--------------------------------------|
|   | 51301 | Employees not classified | *Employee *Employee + Spouse *Employee + Child/ren *Employee + Family | COMPLETED | |
|   | 51302 | Part time staff | *Employee *Employee + Spouse *Employee + Child/ren *Employee + Family | COMPLETED | Edit Enrollment > |



Employee Enrollments

| Name [First Last] | Class | Enrollment Period | Effective Date | Status |
|-------------------|--------------------------|-------------------------|----------------|-------------|
| Christa Johnson | Employees not classified | 05-15-2015 - 07-18-2015 | 06-19-2015 | NOTIFIED |
| Lisa Cramer | Employees not classified | 05-15-2015 - 05-31-2015 | 05-01-2015 | Declined |
| Jessica Mullen | Employees not classified | 05-15-2015 - 05-31-2015 | 05-01-2015 | In Progress |
| Ash George | Employees not classified | 05-15-2015 - 05-31-2015 | 05-01-2015 | NOTIFIED |
| Hilary Freeburn | Employees not classified | 05-15-2015 - 05-31-2015 | 05-01-2015 | NOTIFIED |

**Since this employee's insurance takes effect on 6/19/15, this employee's monthly premium will be prorated from 6/19/15-6/30/15 for the month of June.

(Continued) If the Loss of Coverage is reported between the 1st and 15th of the month, the Employer should see the new coverage on a mid-month rebill. Otherwise, it will appear on the next month's invoice.**