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December 20, 2021

**DEPARTMENT OF ADMINISTRATION CIRCULAR NO.: 2022-008**

**To:** Department & Agency Heads  
**From:** Director, Department of Administration  
**Subject:** FY2022 Group Health Insurance  
RE: Enrollment & Change of Status (COS) Forms

*Buenas yan Hafa Adai!* The Department of Administration (DOA) thanks you for your support with the FY2022 Group Health Insurance (GHI) Open Enrollment. With the GHI underway, the insurance program must continually be assessed to mitigate discrepancies by ensuring proper enrollment records and account reconciliation. To assist DOA in this endeavor, we, in turn must solicit your cooperation in reporting enrollments and change of status information to the appropriate insurance carrier on a bi-weekly basis or as often as the occurrence takes place. The following table identifies qualifying events that would require an enrollment or change of status form to be completed and submitted:

Qualifying Event (31 days from date of event to submit completed forms)	Effective Date and Explanation
Newborn / Legal Guardian Appointment / Adoption (may require a class change)	Date of Birth or Qualifying Event Date
Change in Work Schedule to Full-Time / Part-Time	Next Available Pay Period Beginning Date
Marriage (will require a class change)	Date of Marriage
Change to Retiree Supplemental Plan (RSP) due to Medicare Enrollment A& B	Next Available Pay Period Beginning Date
Survivor of a Retiree (Surviving Spouse Enrollment)	Date of Death of Retiree
Resignation	Pay Period Ending Date
Death of Subscriber	Date of Death (indicate due to death on signature line)
Divorce (will require a class change)	Date of Divorce Decree
Long-Term Disability	Date of Disability
Military Leave without Pay	Next Available Pay Period Ending Date
Retirement	-Cancellation form effective last Pay Period Ending Date as an Active Employee -Enrollment form as Retiree effective Pay Period Beginning Date of retirement
Leave Without Pay (LWOP)	Employee must Pay for both GovGuam and Employee share; failure to pay results in termination effective date on LWOP status with non-payment

Please be reminded that the table lists qualifying events that would impact reporting and reconciliations. Failure to properly notify the appropriate insurance carrier may occur in inaccurate reporting, unnecessary billings, or non-coverage for your employee/retiree. Enrollment/Change of Status Forms should be transmitted as frequently as possible or on a bi-weekly basis to the appropriate insurance carrier at the following:

**For Medical Insurance:**

TakeCare: [MAS@takecareasia.com](mailto:MAS@takecareasia.com)

SelectCare: [groupadmin@calvos.com](mailto:groupadmin@calvos.com)

**For Self-Funded Dental Insurance:**


Select-Care: [groupadmin@calvos.com](mailto:groupadmin@calvos.com)

**All Line Departments copy Department of Administration:**

[healthinsurance@doa.quam.gov](mailto:healthinsurance@doa.quam.gov)

Should you have any questions or concerns, please contact the Employee Benefits Branch at 475-1121/1296/1179. *Si Yu'os Ma'ase.*

*Senseramente,*



BERNADINE C. GINES  
Acting Director