

# University of Missouri –Request for Review of Medical Eligibility

Please read prior to completing this form:

Employees who work on average 30 hours or more during a measurement period are eligible for medical coverage only under University of Missouri policy. The measurement period evaluates hours worked at all jobs across the University of Missouri System. The measurement period used by the University to determine medical eligibility is October 3 through October 2 of each year. New hires may be evaluated after the first 11 months.

This form is used to request a review of Medical Eligibility determination and may be completed by an employee, employee’s supervisor or employee’s co-workers. Review outcomes will only be communicated to the employee that is the subject of the review. If an employee is determined, after review, to be eligible for medical coverage and chooses to enroll, the employee will be responsible for the employee’s share of the medical premium cost and will be notified of the amount of premium that is due. Please return form to: University of Missouri System Office of Human Resources, 1005 Carrie Francke Drive, Suite 108, Columbia, MO 65211

Employee Last Name		Employee First Name		MI	Employee ID (not SSN)	
Name of person completing form (if other than employee)				<input type="checkbox"/> Employee <input type="checkbox"/> Employee’s Supervisor <input type="checkbox"/> Other Employee		
Street				Hire Date	Date of Birth	
City	State	Zip	Home Phone		Work Phone	

The measurement period evaluates hours worked at all jobs across the University of Missouri System. Provide information on all jobs worked during the measurement period to the best of your knowledge. Provide as much detail as possible to help in determining an employee’s hours worked between October 3 through October 2 or if a new hire, after 11 months of employment.

Job Title		Campus <input type="checkbox"/> MU <input type="checkbox"/> MUHC <input type="checkbox"/> UMKC <input type="checkbox"/> UMSL <input type="checkbox"/> Missouri S&T <input type="checkbox"/> UMSYS			Department	
Hours worked in this position are:						
<input type="checkbox"/> Same each week which are: _____ <input type="checkbox"/> Vary week to week						
Supervisor						
Supervisor Phone Number				Supervisor Email		
Job Title		Campus <input type="checkbox"/> MU <input type="checkbox"/> MUHC <input type="checkbox"/> UMKC <input type="checkbox"/> UMSL <input type="checkbox"/> Missouri S&T <input type="checkbox"/> UMSYS			Department	
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Hours worked in this position are:						
<input type="checkbox"/> Same each week which are: _____ <input type="checkbox"/> Vary week to week						
Supervisor						
Supervisor Phone Number				Supervisor Email		

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Supervisor		
Supervisor Phone Number		Supervisor Email

If you need additional space to list jobs, please use an additional form.