

QUALIFYING EVENTS AND STATUS CHANGES

Type of Qualifying Event	Change(s) permitted	Deadline for Receipt of Required Paperwork	Documentation Required <small>(faxes and attachments can be accepted, followed by submission of originals)</small>	Effective Date of Change
Birth or Adoption	<p>→ Add new dependent and/or other dependents to existing coverage, new enrollments, and changes to FSA</p> <p>→ Drop self or dependent coverage if enrolling in other group coverage</p>	60 days after date of birth or adoption	Health, dental, or FSA enrollment form; Status Change form; copy of proof of birth letter, birth certificate or copy of adoption agreement; or proof of other group coverage	Date of birth or adoption
Marriage of employee	<p>→ Add coverage for spouse or dependent child for health, dental, and FSA</p> <p>→ Drop coverage for self and/or dependent if enrolling in other group coverage</p>	60 days after date of marriage	Health, dental, or FSA enrollment form; Status Change form; copy of marriage certificate; or proof of other group coverage	First of the month following receipt of the paperwork or following the event, whichever is later
Marriage of Dependent Child	<p>→ Drop coverage for dependent child if the child enrolls in other group coverage</p>	60 days after date of marriage	Health or dental enrollment form; Status Change form; copy of marriage certificate; proof of other group coverage	First of the month following receipt of the paperwork or following the event, whichever is later
Divorce	<p>→ Add coverage for self and/or dependent child(ren) if there is a loss of group coverage</p> <p>→ Drop former spouse from coverage and drop dependent child(ren) if child(ren) enroll in other group coverage</p>	60 days after date of divorce	Health, dental, or FSA enrollment form; Status Change form; copy of the final divorce decree; or proof of other group coverage	End of the month in which divorce is final
Death	<p>→ Add coverage for self and/or dependent child(ren) if there is a loss of group coverage</p> <p>→ Drop deceased dependent from coverage</p>	60 days after date of death	Health, dental, or FSA enrollment form; Status Change form; copy of death certificate or documentation of date of death	End of the month in which dependent dies
Change in Spouse's employment or eligibility for benefits	<p>→ Add coverage for self and/or spouse and dependent child(ren) if there is a loss of group coverage</p> <p>→ Drop coverage for self and/or spouse and dependent child(ren) if enrolling in other group coverage</p>	60 days after date of spouse's change in employment or benefit eligibility	Health, dental, or FSA enrollment form; Status Change form; copy of document from the employer or insurance carrier stating that a change in eligibility or employment has occurred	First of the month following receipt of the paperwork or following the event, whichever is later

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Change in Dependent Child's employment or eligibility for benefits	→ Add coverage for dependent child if there is a loss of group coverage → Drop coverage for dependent child ONLY if the child enrolls in other group coverage	60 days after date of dependent child's change in employment or benefit eligibility	Health, dental, or FSA enrollment form; Status Change form; copy of document from the employer or insurance carrier stating that a change in eligibility or employment has occurred	First of the month following receipt of the paperwork or following the event, whichever is later
Spouse's annual Open Enrollment	→ Add coverage for self and/or spouse and dependent child(ren) if there is a loss of group coverage → Drop coverage for self and/or spouse and dependent child(ren) if enrolling in other group coverage	60 days after date of spouse's Open Enrollment	Health or dental enrollment form; Status Change form; copy of proof of Open Enrollment date	Effective the date Open Enrollment elections take effect or first of the month following receipt of the paperwork, whichever is later
Dependent Child's annual Open Enrollment	→ Add coverage for dependent child if there is a loss of group coverage → Drop coverage for dependent child ONLY if the child enrolls in other group coverage	60 days after date of dependent child's Open Enrollment	Health or dental enrollment form; Status Change form; copy of proof of Open Enrollment date	Effective the date Open Enrollment elections take effect or first of the month following receipt of the paperwork, whichever is later
Significant Change in Spouse's employer provided coverage	→ Add coverage for self and/or spouse and dependent child(ren) if there is a loss of group coverage → Drop coverage for self and/or spouse and dependent child(ren) if enrolling in other group coverage	60 days after date of spouse's significant change in benefits or cost	Health or dental enrollment form; Status Change form; copy of document from the employer or insurance carrier describing the significant change in cost or coverage and the effective date	First of the month following receipt of the paperwork or following the event, whichever is later
Significant Change in Dependent Child's employer provided coverage	→ Add coverage for dependent child if there is a loss of group coverage → Drop coverage for dependent child ONLY if the child enrolls in other group coverage	60 days after date of dependent child's significant change in benefits or cost	Health or dental enrollment form; Status Change form; copy of document from the employer or insurance carrier describing the significant change in cost or coverage and the effective date	First of the month following receipt of the paperwork or following the event, whichever is later
Child ceases to satisfy eligibility requirements due to reaching age 26	→ Must drop coverage for dependent child (unless child is disabled) → Option to continue coverage through COBRA will be offered	→ 60 days after end of the month in which child reaches age 26 → Child will have 60 days to elect COBRA coverage, if desired	Health or dental enrollment form; Status Change form;	Effective the end of the month in which child reaches age 26

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Family Medical Leave	<p>→ Health, dental and Healthcare FSA coverage may continue during the leave as long as contributions continue through payroll deductions or by personal check</p> <p>→ You may discontinue or waive coverage while on leave</p>	<p>→ <u>If you wish to continue coverage</u>, submit payment within 31 days after payroll deductions cease;</p> <p>→ <u>If you wish to discontinue or waive coverage</u>, submit request within 60 days after FMLA begins or after payroll deductions cease</p>	Must submit health, dental, FSA, and Status Change forms only if you wish to discontinue benefits while on leave	Effective the date FMLA begins or first of the month in which there are no payroll deductions or premium payments
Employee or dependent changes place of residence	<p>→ Change coverage to a plan such as PPO if new location is in an area with no in-network benefits</p> <p>→ Drop coverage for self and/or spouse and dependent child(ren) if there is no alternative plan available</p>	60 days after date of move to new residence	Health or dental enrollment form; Status Change form; copy of proof of new residence address	First of the month following receipt of the paperwork or following the event, whichever is later
Issuance of a judgement, decree or order (including QMCSO)	→ Must add coverage as required by judgement, decree or order		Judgement, decree or order (including Qualified Medical Child Support Order) received from court or jurisdiction	First of the month following receipt of the judgement, decree or order
Employee or dependent's entitlement to Medicare, Medicaid or CHIP	→ Drop coverage for employee and/or dependents if enrolling in coverage with entitlement program	60 days after date of eligibility for Medicare, Medicaid or CHIP	Health or dental enrollment form; Status Change form; copy of document confirming eligibility for Medicare, Medicaid or CHIP and the effective date	First of the month following receipt of the paperwork or following the event, whichever is later
Employee or dependent's loss of entitlement to Medicare, Medicaid or CHIP	→ Add coverage for self and/or spouse and dependent child(ren) if there is a loss of coverage through entitlement program	60 days after ending date of eligibility for Medicare, Medicaid or CHIP	Health or dental enrollment form; Status Change form; copy of document confirming ending date of eligibility for Medicare, Medicaid or CHIP	First of the month following receipt of the paperwork or following the event, whichever is later
Employee or dependent's end of COBRA eligibility	→ Add coverage for self and/or spouse and dependent child(ren) if COBRA eligibility has expired	60 days after date COBRA coverage and eligibility ends	Health or dental enrollment form; Status Change form; copy of proof COBRA coverage and eligibility has ended	First of the month following receipt of the paperwork or following the event, whichever is later