

Qualifying Life Event Guide

You should always elect benefits during Open Enrollment to ensure you get the coverage you need. However, once you make your elections, you are unable to change your elections until the next Open Enrollment period.

Outside of Open Enrollment, you cannot make mid-year benefit changes unless you experience a qualified life event. Those life events allow you to change your benefits elections in the middle of the plan year if certain requirements are met. Some common examples can be found below:

- Change in status (e.g., marital status, number of dependents and employment status)
 - Marriage, divorce, legal separation
 - Birth or adoption
 - Death in the family
- Change in coverage under other employer’s plan
- Spouse loss of other coverage
- Medicare or Medicaid entitlement

Changes must be submitted to HR within 30 days of the qualifying life event or 60 days if the qualifying life event is due to marriage, birth/adoption, or if you or your eligible dependent loses coverage under Medicaid or a state Children’s Health Insurance Program or becomes eligible for state-provided premium assistance.

If you believe you’ve experienced a qualifying life event, contact your HR office. Your HR will help you determine if you’ve experienced a qualifying life event or if your plan allows for a mid-year enrollment change.



Review the reference chart on the following page for qualifying life events and documentation that may be required to evidence the change. **You SHOULD NOT wait to start the application process until you have the necessary documentation. If you miss the submission deadlines below, your application will be denied.**

Change in Legal Marital Status	Required Documentation	Changes Submitted Within
Marriage	Marriage certificate	60 days
Divorce/annulment	Divorce decree/court ruling for annulment	30 days
Legal separation	Court order verifying legal separation	30 days
Death of spouse	Death certificate	30 days
Change in Number of Dependents	Required Documentation	Changes Submitted Within
Birth	Birth certificate	60 days
Death	Death certificate	30 days
Adoption/placement for adoption	Court order for adoption/placement for adoption	60 days

Qualifying Life Event Reference Chart (continued)

Gain or Loss Eligibility for Other Group Coverage	Required Documentation	Changes Submitted Within
Group health plan	Documentation from plan or issuer regarding change in eligibility (with effective date)	30 days
Change in Employment Status of Employee or Spouse	Required Documentation	Changes Submitted Within
Loss of employment	Termination documents or unemployment application	30 days
Start of employment	Employer documentation of employment start date	30 days
Change in worksite	Employer documentation showing change and impact on eligibility	30 days
Leave of absence	Employer documentation stating employee has commenced or returned from leave	30 days
Entitlement to Medicare of Medicaid	Required Documentation	Changes Submitted Within
Employee, spouse or dependent becomes covered under Medicare or Medicaid, or loses eligibility for his or her Medicare or Medicaid coverage (including coverage under a state Children's Health Insurance Program or CHIP)	Government verification that coverage was gained or lost	60 days
Changes in Coverage	Required Documentation	Changes Submitted Within
Change in coverage under other employer plan	Documentation from employer showing change in coverage	30 days
Spousal Election Lock: enables employees & spouses with different open enrollments to coordinate coverage under one plan	Documentation from spouse's employer showing plan's effective date and employee's enrollment or termination of coverage	30 days
Loss of health coverage sponsored by governmental or educational institution	Government verification of loss of eligibility	30 days
Other	Required Documentation	Changes Submitted Within
Change of custody, judgment, court order or decree requiring health coverage	Court documentation, including qualified medical child support order (QMCSO)	30 days
COBRA qualifying event	N/A	30 days
Eligibility for premium assistance subsidy through a Medicaid plan or CHIP	Government verification of eligibility for subsidy (with effective date)	60 days
Reduction in hours of service to less than 30 hours without loss of eligibility	N/A	30 days