



Required Documentation and Dependent Eligibility Outside of Open Enrollment

Below is a list of the most commonly requested documentation for qualifying life event changes (qualified status changes).

Important tip: To order lost or missing dependent documentation, visit <http://www.cdc.gov/nchs/w2w.htm>.

If you are:	Submit your election and the following documentation:
Adding a dependent	<ul style="list-style-type: none"> • <i>Spouse</i>: Official state marriage certificate (certified by appropriate state or county official) • <i>Biological child</i>: State birth certificate* • <i>Adopted child</i>: Copy of adoption or placement for adoption papers • <i>Stepchild</i>: State birth certificate*, marriage certificate and divorce decree or custody papers • <i>Disabled child</i>: Medical plan verification of disability prior to age 26 • <i>Legal custody</i>: Copy of court order granting legal custody • <i>Gaining/losing coverage elsewhere</i>: Proof of new/cancelled coverage, dependent documentation <p>* Must show plan member or spouse/domestic partner as parent</p>
Deleting a dependent	<ul style="list-style-type: none"> • <i>Spouse</i>: Death certificate or official divorce decree • <i>Domestic partner</i>: Death certificate or statement of dissolution of domestic partnership affidavit • <i>Biological, adopted, disabled or stepchild</i>: death certificate • <i>Legal custody</i>: Copy of signed court order no longer requiring insurance coverage, or copy of signed court order indicating change in legal guardianship • <i>Gaining/losing coverage elsewhere</i>: Proof of new/cancelled coverage
Gaining/losing coverage elsewhere	Proof of new or cancelled coverage, plus any applicable dependent documentation (see above)

You may enroll eligible dependents in your medical, prescription drug, dental and/or vision plans. If a dependent is no longer eligible (for example, your ex-spouse), remove him or her from your coverage since you must pay 100% of the claims expenses for any ineligible dependent who remains on the plan.

Can I enroll or maintain coverage for my...?

Spouse	If we are legally married? If we are in a domestic partnership? If we are divorced or the domestic partnership has dissolved?	Yes No No
Children	Who are my biological, legally adopted, stepchildren, or children under my legal custody <i>and</i> who are: <ul style="list-style-type: none"> • Under age 26? • Age 26 and over? (unless incapable of self support) 	Yes No
Relatives	Such as siblings, parents, grandparents, grandchildren, nieces and nephews?	No
Domestic partners	Domestic partnerships prior to June 28, 2016 are grandfathered under the plan.	Yes

Continued...



Qualifying Life Events (Status Changes)

Changing Your Health Insurance

You may elect new benefits each year only during annual Open Enrollment. Keep in mind that your choices are in effect for the entire calendar year and can only be changed during the year if you have a qualifying life event (*qualified status change*). Qualified status changes include:

Legal marital status. Events that change your legal marital status such as marriage, the death of a spouse, divorce and annulment.

Domestic partnership. Dissolving a domestic partnership.

Number of dependents. Events that change the number of your dependents such as birth, death, adoption and placement for adoption of a child.

Employment status. The following events that change your, your spouse's or dependent's employment status:

- A termination or commencement of employment;
- A strike or lockout;
- A commencement of or return from an unpaid leave of absence; or
- A change in a worksite.

This category also includes a change in your employment status or the employment status of a dependent, in which you or your dependent become (or cease to be) eligible for coverage under a plan.

Dependent's eligibility for coverage. Events that cause your dependent to satisfy or cease to satisfy eligibility requirements for coverage such as attainment of a certain age, change in dependent status or change in employment.

Special rule for court-ordered health coverage of child. A judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody (including a qualified medical child support order) that requires you to provide coverage for your child. You may also cancel coverage for the child if the order requires your spouse, former spouse or another individual to provide coverage for the child.

Special rule for Medicare or Medicaid entitlement. You may be able to make a prospective election change to cancel or reduce coverage under the Plan if you, your spouse or dependent who is enrolled in the Plan becomes entitled to Medicare or Medicaid coverage or if you lose premium assistance from your state under the Children's Health Insurance Program. Conversely, if you, your spouse, or dependent loses eligibility for Medicare or Medicaid coverage or become eligible for premium assistance from your state under the Children's Health Insurance Program, you may make a prospective election to commence or increase coverage under the Plan.

Dependent care – cost changes. You may change your election for your dependent care flexible spending account in the event of a cost change, but only if your dependent care provider is *not your relative*, as defined in the Internal Revenue Code.

Continued...



Dependent care – coverage changes. You may change your election for your dependent care flexible spending account when your dependent care provider is replaced by another.

The occurrence of a special enrollment period under HIPAA. For example, you may change your election if you lose coverage under another plan.

Other special circumstances. Other special circumstances that may permit you to change your elections include cost and coverage changes to a health plan, such as a significant change in your health coverage or your spouse's coverage. You may also elect changes to correspond with your spouse's open enrollment period.

Please note:

- Changes in benefit elections must correspond with the qualified status change that affects eligibility for coverage under the Plan.
- Depending upon your qualified status change, you may revoke or decrease your elections for medical, dental, vision, prescription drugs, additional term life and AD&D insurance, dependent life insurance and the dependent care flexible spending account. However, you may only increase your pay reduction election to the health care flexible spending account.
- A qualified status change does not permit you to revoke the mandatory basic benefits.

For more information about qualifying life events (status changes), see page 7 of the [Group Insurance Summary Description](#).

Revised Spring 2022