

# Life Event: Dependent or Employee Gains Eligibility Under Another Plan

You will use this event if you or any of your eligible dependents (spouse, children, or stepchildren) gain coverage under another plan, which could include new employment that offers benefit coverage, an open enrollment period, or a dependent gaining coverage under a new spouse's plan or through their employer.

IMPORTANT: When you are entering the event date, please use a date prior to the new coverage begin date. For example, if new coverage begins on February 1, please enter the event date as January 31.

Health and Prescription Coverage, Dental coverage, vision coverage, accident and hospital indemnity.

1. Drop coverage for you, your spouse, or any of your eligible dependents.

### Medical Flexible Spending Account

1. Decrease or stop contributions to a Medical Flexible Spending Account (FSA) if coverage is gained under another employer's plan.

#### Dependent Care Flexible Spending Account

- 1. Increase or start contributions if dependent care is now needed due to a spouse gaining employment.
- 2. Decrease or start contributions if dependent(s) gain coverage under the spouse's plan through another employer.

When you create your Life Event, please use event titled "Dependent or Employee Gains Eligibility Under Another Plan"

# FYI

- Do you need to update your beneficiary information?
- Do you need to update your W-2 tax withholding information?
- Do you need to update your contact information, such as an address or a phone number?

BENEFIT CHANGES WILL BECOME EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING THE EVENT DATE.

## You will also need to provide the following documentation:

When you submit your life event, please use the day before the new coverage begins. For example, if the new coverage begins on February 1st, use January 31st at the event date. You will also need to provide the following documentation:

- 1. Proof of gain of other coverage, including:
  - a. An enrollment confirmation statement.
  - b. A currently dated certificate of coverage.
  - c. An email from the an HR department or a letter on letterhead that verifies coverage will begin
- 2. If increasing or decreasing contributions to a Dependent Care FSA, a letter from the daycare provider confirming enrollment or withdrawal in the daycare program.

If you are submitting more than one document, please scan all of the documents together to attach to your life event.