

## Qualifying Life Events (Formerly FSC) Information

Enrollment Event	Event Date to Enter	Date Change Becomes Effective	Days to Enroll	Required Documentation	Allowed Changes for Medical & Flex (Dental, Vision, Hospital, Accident)	Medical Flexible Spending Account	Dependent Flexible Spending Account
<b>ADOPTION</b>	* Date of Adoption	* Date of Event	* 30 days from event date	* Adoption agreement * Marriage certificate if adding spouse for the first time * If opting out of the State Health Plan, proof of other Group Creditable Coverage	<ul style="list-style-type: none"> <li>· Add employee/spouse/newly eligible dependents</li> <li>· Drop employee/spouse/dependents covered under spouse's plan</li> <li>· Can change plan option</li> </ul>	<ul style="list-style-type: none"> <li>· Increase/start contributions</li> <li>· Decrease/stop contributions if gain coverage under spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>· Increase/start contributions</li> <li>· Decrease/stop contributions if gain of coverage under spouse's plan</li> </ul>
<b>BIRTH OF CHILD</b>	* Date of Birth	* Date of Event	* 30 days from event date	* Birth certificate * Marriage certificate if adding spouse for the first time * If opting out of the State Health Plan, proof of other Group Creditable Coverage	<ul style="list-style-type: none"> <li>· Add employee/spouse/newly eligible dependents</li> <li>· Drop employee/spouse/dependents covered under spouse's plan</li> <li>· Can change plan option</li> </ul>	<ul style="list-style-type: none"> <li>· Increase/start contributions</li> <li>· Decrease/stop contributions if gain coverage under spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>· Increase/start contributions</li> <li>· Decrease/stop contributions if gain of coverage under spouse's plan</li> </ul>
<b>DEATH OF SPOUSE OR DEPENDENT</b>	* Date of Death	* Date of Event	· 30 days from event date · Extend enrollment period if needed	* Death certificate * Birth certificate(s) for any newly added dependents	<ul style="list-style-type: none"> <li>· Add employee/spouse/dependents who lost coverage under deceased member's plan</li> <li>· Drop deceased member</li> <li>· Drop stepchildren if deceased member is their legal guardian or parent</li> </ul>	<ul style="list-style-type: none"> <li>· Increase/start contributions if lost coverage under deceased member's plan</li> <li>· Decrease/stop contributions</li> </ul>	<ul style="list-style-type: none"> <li>· Increase/start contributions if lost coverage for eligible dependents under deceased spouse's plan</li> <li>· Decrease/stop contributions if coverage was for the deceased dependent</li> </ul>
<b>DEPENDENT GAINS ELIGIBILITY UNDER ANOTHER PLAN</b>	* Date of Eligibility	* 1st of next month following the event date	* 30 days from event date	* Documentation from dependent's insurer with coverage dates	<ul style="list-style-type: none"> <li>· Drop affected dependent</li> <li>· Can change plan option</li> </ul>	* Decrease/stop contributions	* Decrease/stop contributions
<b>DEPENDENT CARE FSA CHANGE</b>	* Date of Change	* 1st of next month following the event date	* 30 days from event date	* Notice from dependent care provider	* n/a	* n/a	<ul style="list-style-type: none"> <li>· Increase/start contributions</li> <li>· Decrease/stop contributions</li> </ul>

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<b>DIVORCE</b>	* Date of Divorce Decree	* 1st of next month following the event date	* 30 days from event date	*Divorce decree *Birth certificate(s) for any newly added dependents	· Add employee/dependents who lost coverage under ex-spouse's plan · Drop ex-spouse and stepchildren · Drop dependents covered under ex-spouse's plan · Can change plan option	· Increase/start contributions if lost coverage under ex-spouse's plan · Decrease/stop contributions	· Increase/start contributions if lost coverage for eligible dependents under ex-spouse's plan · Decrease/stop contributions if gain coverage for eligible dependents under ex-spouse's plan
<b>NEWLY ELIGIBLE DEPENDENT OR EMPLOYEE</b>	* Date of Change	* 1st of next month following the event date	* 30 days from event date	* Documentation with coverage end dates * Cobra offer paperwork with coverage dates * Birth certificate(s) if newly added dependents * Marriage certificate if adding spouse for the first time	· Add employee/spouse/dependents who lost coverage under other plan · Can change plan option	* Increase/start contributions if lost coverage under other plan	· Increase/start contributions if lost coverage under other plan · Decrease/stop contributions if lost coverage under other plan or spouse is no longer working, looking for work, or attending school
<b>HSA EMPLOYEE DEDUCTION CHANGE</b>	* Date of Change	* 1st of next month following the event date	* As requested	* n/a	* n/a	* n/a	* n/a
<b>LEGAL GUARDIANSHIP</b>	* Date of Legal Guardianship	* Date of Event	* 30 days from event date	* Court documents * Birth certificate(s) for any newly added dependents * Marriage certificate for newly added spouse * If opting out of the State Health Plan, proof of other Group Creditable Coverage	· Add employee/spouse/dependents · Drop employee/spouse/dependents covered under spouse's plan · Can change plan option	· Increase/start contributions · Decrease/stop contributions if gain coverage under spouse's plan	· Increase/start contributions · Decrease/stop contributions if gain of coverage under spouse's plan
<b>LEGAL SEPARATION</b>	* Date of Legal Separation Decree	* 1st of next month following the event date	* 30 days from event date	* Court document which shows employee can remove spouse from coverage * Notarized agreement, signed by both parties, that allows for removal of spouse * Birth certificate(s) for any newly added dependents	· Add employee/dependents who lost coverage under spouse's plan · Drop spouse and stepchildren · Drop dependents covered under spouse's plan · Can change plan option	· Increase/start contributions if lost coverage under spouse's plan · Decrease/stop contributions	· Increase/start contributions if lost coverage for eligible dependents under spouse's plan · Decrease/stop contributions if gain coverage for eligible dependents under spouse's plan
<b>LIFE INSURANCE ADD/DROP/OR BENEFICIARIES</b>	* Date of Change	* Date of Event	* As requested	* n/a	* n/a	* n/a	* n/a
<b>MARRIAGE</b>	* Date of Marriage	* 1st of next month following the event date	* 30 days from event date	* Marriage certificate * Birth certificate(s) for any newly added dependents * If opting out of the State Health Plan, proof of other Group Creditable Coverage	· Add employee/spouse/dependents · Drop employee/dependents covered under spouse's plan · Can change plan option	· Increase/start contributions · Decrease/stop contributions if gain coverage under spouse's plan	· Increase/start contributions if there are newly eligible dependents · Decrease/stop contributions if gain of coverage under spouse's plan or spouse is no longer working, looking for work, or attending school

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<b>MEDICAID ELIGIBILITY</b>	* Date of Event	* 1st of next month following the event date	* 60 days from event date	*Medicaid notice *Marriage certificate if adding spouse for the first time *Birth certificate(s) for any newly added dependents	· Add employee/spouse/affected dependents · Drop spouse/affected dependents - Note: Because Medicaid is not considered Group Creditable Coverage, the employee cannot drop coverage · Can change plan option	* No change allowed	* No change allowed
<b>MEDICARE ELIGIBILITY</b>	* Date of Eligibility	* 1st of next month following the event date	* 30 days from event date	*Medicare notice *Marriage certificate if adding spouse for the first time *Birth certificate(s) for any newly added dependents	· Add employee/spouse/dependents who lost coverage under spouse's plan · Drop employee/spouse/dependents	* No change allowed	* No change allowed
<b>OVERAGE DEPENDENT</b>	* Date Dependent turns 26 or not FT student	* 1st of next month following the event date	· 30 days from event date · Extend enrollment period if needed	*Letter of attestation that the dependent is currently a full-time student. *Letter of attestation that the overage child is a disabled dependent. *Letter of attestation with date the dependent is no longer a full-time student.	* Drop affected dependent	* Decrease/stop contributions	* Decrease/stop contributions
<b>PT NON-BENEFITED TO FT BENEFITED</b>	* Date of Event	* 1st of next month following the event date	* 30 days from event date	*Marriage certificate for newly added spouse *Birth certificate(s) for any newly added dependents *If opting out of the State Health Plan, proof of other Group Creditable Coverage	* Add employee/spouse/dependents	* Start contributions	* Start contributions
<b>SPOUSE BEGINS EMPLOYMENT (GAINS ELIGIBILITY UNDER ANOTHER PLAN)</b>	* Date of New Employment	* 1st of next month following the event date	* 30 days from event date	* Documentation from spouse's employer with coverage dates *If opting out of the State Health Plan, proof of other Group Creditable Coverage	· Drop employee/spouse/dependents covered under spouse's plan Can change plan option	* Decrease/stop contributions if gain coverage under spouse's plan	· Increase/start contributions if there are newly eligible dependents because spouse begins work Decrease/stop contributions if gain of coverage under spouse's plan
<b>SPOUSE ENDING EMPLOYMENT (LOSES ELIGIBILITY UNDER ANOTHER PLAN)</b>	* Date Employment Ends	* 1st of next month following the event date	* 30 days from event date	*Documentation from spouse's ex- employer with coverage end dates *Cobra offer paperwork	· Add employee/spouse/dependents who lost coverage under spouse's plan · Can change plan option	* Increase/start contributions if lost coverage under spouse's plan	· Increase/start contributions if lost coverage under spouse's plan · Decrease/stop contributions if lost coverage under spouse's plan or spouse is no longer working, looking for work, or attending school

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<b>SPOUSE/DEPENDENT OPEN ENROLLMENT PERIOD</b>	* Date of Enrollment Coverage Effective Date (not necessarily the enrollment period)	* Date of Event	* 30 days from event date	* Enrollment notice with enrollment coverage effective date (not necessarily the enrollment period)	<ul style="list-style-type: none"> <li>· Add employee/spouse/dependents who lost coverage under spouse's plan</li> <li>· Can change plan option</li> </ul>	* Increase/start contributions if lost coverage under spouse's plan	<ul style="list-style-type: none"> <li>· Increase/start contributions if lost coverage under spouse's plan</li> <li>· Decrease/stop contributions if lost coverage under spouse's plan or spouse is no longer working, looking for work, or attending school</li> </ul>
<b>TOBACCO STATUS CHANGE</b>	* Date of Change	* 1st of next month following the event date	* 30 days from event date	* n/a	<ul style="list-style-type: none"> <li>· Add employee/spouse</li> <li>· Drop employee/spouse</li> <li>· Only applies to tobacco</li> </ul>	* n/a	* n/a

Reviewed 10/25/2021