

## Qualifying Life Events

The IRS regulations for mid-year health insurance changes (Benefit changes outside of the annual open enrollment period each July) restrict any changes to your plan or coverage unless you have a qualified "change in status."

Any changes you make must be consistent with a change in status and made **within 31 days** of the date the event (marriage, birth, etc.) occurs.

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child
- Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits
- Change in a child's dependent status, an overage dependent coverage ceases at the end of the month of the date of their 26th birthday.
- Change in place of residence or worksite, including a change that affects the accessibility of network providers
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child
- An event that is a special enrollment event under HIPAA (the Health Insurance Portability and Accountability Act), including the gaining of a new dependent or spouse or loss of coverage under another health insurance policy or plans if the coverage is terminated because of:
  - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation,
  - Termination of employer contributions toward the other coverage, OR
  - If the additional coverage was COBRA Continuation Coverage, exhaustion of the coverage

For the qualifying events of adding a spouse or dependent to your health, dental, or vision insurance plans, you must also submit required dependent documentation within 31 days of the qualifying event. Social Security Numbers (SSN) and Date of Birth are required for all dependents at the time of adding your dependents.

**Adding a Spouse**

You must submit a copy of your marriage certificate for health, dental, and vision coverage.

If you are covering your spouse on your benefits, you must also submit the following:

- Social Security number and birth date are also required for all coverage.

**Adding a Dependent Child**

You must also submit the following documentation depending on the reason you are adding a child to your plan:

- When adding a newborn, submit a copy of their birth record/certificate.
- When adding a child because they lost other coverage, submit a copy of their birth record/certificate or court-approved papers, and documentation showing loss of previous coverage (a letter from their previous company stating their last benefit effective date).
- If you're adopting, submit a copy of your court-approved adoption papers or copy of your placement letter from the court/adoption agency.
- For adding legal custody or guardianship, submit a copy of your court-approved papers.
- Social Security number and birth date are also required for all coverage.