

Office of Group Benefits Health Plan-Recognized Qualifying Life Events 2016



Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document required	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	**Effective date if DROPPING COVERAGE RESULTS IN A CHANGE IN LEVEL OF COVERAGE	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan - Health Care	Flexible Spending Plan - Dep. Care
BIRTH/ADOPTION														
*Birth	ADD	Application <u>must</u> be made within 30 days of change in status	Birth Certificate or Birth Letter which includes newborn data	Employee, new baby; spouse may be added as a result of this event. Spouse cannot be added during this event, unless baby is added	Baby's date of birth if Application for enrollment is timely made	N/A	YES	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amount
*Adoption or placement for adoption	ADD	30 days from the effective date of adoption /placement for adoption	Adoption or placement for adoption legal document	Employee Adopted child; spouse may be added as a result of this event. Spouse cannot be added unless adopted child added	Effective date of adoption or placement of adoption if Application for Enrollment is timely made	N/A	YES	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amt if dependent care expenses increased
DEATH														
Death of covered dependent	DROP	60 days from the date of death (OGB has the discretion to retroactively terminate coverage if Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Dependent who deceased. If spouse dies, then stepchildren must be terminated and offered COBRA coverage.	End of the month in which the death occurs	Date of death	NO	DROP for the deceased and for any stepchildren who are not adopted by the enrollee must be terminated from the plan	NO	DROP for the deceased dependent or any stepchildren only	NO	Only for step-children if parent died	May decrease amount	May drop or decrease amount if deceased dependent is child
Employee Deceased	DROP	30 days from the date of death (OGB has the discretion to retroactively drop if Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Employee; eligible dependents	The end of month in which Employee's death occurred	Date of Death	N/A	YES	YES	DROP	NO	YES	Automatic Cancel	Automatic Cancel
DIVORCE														
*Divorce, Annulment and Legal Separation (legal separation is a qualified event only if spouse's plan allows him/her to drop OGB employee from spouse's plan)	ADD	Application <u>must</u> be made within 30 days of change in status	Proof of loss of insurance on spouse's plan as result of divorce, annulment or legal separation; must show coverage end date for each named dependent	Self; children	Date of loss of previous coverage if Application for Enrollment is timely made	N/A	YES	N/A	N/A	ADD	YES	NO	May enroll or can increase amt if loss of coverage on spouse's health plan	Yes, if change affects the amount of time the child needs to be in dependent care and increases expenses OR lose coverage under spouse's Dep Daycare FSP

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Divorce, Annulment and Legal Separation	DROP	Application <u>must</u> be made within 30 days of change in status (OGB has the discretion to retroactively terminate coverage to the date of the change in status)	Copy of official divorce, annulment or legal separation decree	Ex-spouse and ex-stepchildren	End of the Month of the divorce, annulment or legal separation	Effective date of divorce, annulment or legal separation.	N/A	YES for Ex-Spouse and Ex-Stepchildren	NO	YES	NO	YES	May decrease election	May decrease if divorce, annulment or legal separation lowers dependent daycare expenses
GAIN OF OTHER COVERAGE														
Gain Medicaid or state CHIP (Children's Health Insurance Program) coverage	DROP	Application <u>must</u> be made within 60 days from date Medicaid became effective	Official state document indicating who, when Medicaid /SCHIP coverage began	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee being covered)	The end of the month in which other coverage became effective	Date Medicaid/CHIP coverage begins if Application for disenrollment is timely made	N/A	YES	YES	DROP	NO	NO	May decrease amount	No change
Gain new coverage through Medicare Part A, CHAMPUS, Qualified Medical Support Court Order when the Ex-Spouse is ordered to provide the health coverage for currently covered dependents, or eligibility to enroll under a Spouse's plan during the Spouse's enrollment period	DROP	30 days from when new coverage became effective	Proof of active enrollment on new plan on official stationary; must show effective begin dates of each named dependent	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee being covered)	The end of the month in which the other coverage became effective	Date new coverage begins if Application for disenrollment is timely made	N/A	YES	YES	DROP	NO	NO	May decrease amount	No change
LEGAL GUARDIANSHIP, CUSTODY OR ORDER														
Qualified Medical Child Support Order (QMSCO)	ADD	Change must be made immediately when HR receives order from court	Copy of QMSCO	Child dependent(s) covered by Order (and employee if not currently enrolled)	1st of month following receipt of application or as otherwise specified in the Order	N/A	Yes for only the dependent(s) required by Order (and employee if not currently enrolled)	N/A	NO	only changes consistent with Order	YES	NO	May enroll or can increase amount	No change allowed
Court-Ordered Legal Guardianship or Court-Ordered Custody	ADD	30 days from the date of the court-ordered legal guardianship or the effective date specified in the court order	Certified copy of the signed court order granting custody or guardianship	Newly Acquired Dependent(s)	The date of the court-ordered legal guardianship or custody or the effective date specified in the court order, if Application for enrollment is timely made	N/A	YES for newly acquired dependent only	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amt if dependent care expenses increased
LOSS OF OTHER COVERAGE														

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*Lose current coverage on spouse employer's insurance coverage due to: 1) Spouse deceased 2) Employment of Spouse terminated 3) COBRA coverage under Spouse's plan terminated or expired 4) Spouse loses Employer's Insurance due no fault of the spouse 5) Spouse's terminates coverage on his/her plan during open enrollment	ADD	Application <u>must</u> be made within 30 days from the date the health insurance ended	Documents from prior plan confirming coverage termination	Self and other dependent(s) who lost coverage	Date of loss of previous coverage if Application for enrollment is timely made	N/A	YES to Add self and/or eligible dependents	N/A	N/A	ADD	YES	NO	May enroll or can increase amount	May increase if event increases dependent care expenses
*Lose Medicaid or state CHIP (Children's Health Insurance Program) coverage because no longer eligible	ADD	Application <u>must</u> be made within 60 days from the date the health insurance ended	Official state document indicating who, when Medicaid/ CHIP coverage ended	Self and dependent(s) who lost coverage	Date Medicaid/CHIP coverage ends	N/A	YES	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount	No change
*Loss of another group health plan sponsored by government or educational institution, including Indian Tribal government and foreign government	ADD	Application <u>must</u> be made within 30 days from the date the health insurance ended	Proof of loss of insurance on other plan	Self and dependent(s) who lost coverage	Date of loss of previous coverage	N/A	YES	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount	No change
MARRIAGE														
*Marriage	ADD	Application <u>must</u> be made within 30 days of change in status	Copy of certified marriage certificate	New spouse and/or new stepchildren	Date of the marriage	N/A	YES (New Spouse and/or New Step-Children)	N/A	NO	ADD	YES	NO	May enroll or increase amount	May enroll or increase amount
Marriage- Gain of coverage on new spouse's plan	DROP	Application <u>must</u> be made within 30 days from effective date of new coverage on spouse's plan due to marriage event	Proof of active enrollment on spouse's plan on company letterhead; must show coverage effective dates of each named dependent	Self; current covered dependents	Coverage will be cancelled at the end of the month for which Application for disenrollment is made	Date new coverage begins if Application for disenrollment is timely made	N/A	YES	YES	DROP	N/A	NO	May decrease if family members become covered under spouse's health plan	May decrease if spouse has Dependent FSA through his/her employer
MILITARY LEAVE														

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Military Employee returns from USERRA leave to full-time status.	Reinstate coverage	Application <u>must</u> be made within 30 days from re-employment or from date that Employee's active duty military health benefits end, whichever is later	HR must provide documentation of military orders and of military health coverage end date	Can reinstate coverage for self and dependents who were covered prior to taking USERRA leave	Date returns to full-time active status from USERRA leave or the date that Employee's active duty military health coverage ends, whichever is later	N/A	ADD (may only add newly acquired dependents)	NO unless dependent is no longer eligible	N/A	Reinstate prior coverage; may also allow for a change in health plan	YES	NO	May re-enroll to reactivate deductions	May re-enroll to reactivate deductions
NEW HIRES AND ACA REQUIREMENTS														
New Full-Time Employee	ADD	Application <u>must</u> be made within 30 days from date of full-time employment	Signed GB-01 from Employer	Employee; employee and eligible dependent(s)	Based upon date of employment (Hire Date - 1st Day of the Month - Coverage effective on First day of the following month; Hire Date - 2nd day of the month or after - Coverage effective on the first day of the second month following employment)	N/A	YES	N/A	N/A	ADD	YES	NO	May Enroll	May Enroll
Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Initial Measurement Period	ADD	Application <u>must</u> be made within 30 days of date of eligibility	Signed GB-01 from Employer	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period	N/A	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
Non-Full-Time (variable, seasonal, part-time) Employee who experiences a Change in Classification to permanent Full-Time in any measurement or stability period (this requires a deliberate documented employer decision to make the employee a full-time employee)	ADD	Application <u>must</u> be made within 30 days of date of change in classification	Signed GB-01 from Employer	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period	N/A	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
Full-Time Employee returning full-time or part-time with less than 13 weeks (or less than 26 weeks for educational institutions) since Separation (this would include retirees who are rehired as WAEs)	ADD	Application <u>must</u> be made within 30 days following the return to work	Signed GB-01 from Employer	Employee; employee and eligible dependent(s)	First of the month following the Return to Work	N/A	YES	N/A	N/A	ADD	YES	NO	May Enroll	May Enroll

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Employee changes from Full-Time status to less than Full-Time (requires deliberate documented decision to reduce hours below full time) (not in stability period)	Employee must continue coverage	Application confirming change in hours from Full-Time to less than Full-Time	Signed GB-01 from Employer	Employee; employee and eligible dependent(s) would be dropped at the end of the plan year	Coverage terminates at the end of the plan year	Coverage terminates at the end of the plan year	N/A	N/A	N/A	N/A	NO	YES at the end of the plan year	Auto drop at the end of the plan year	Auto drop at the end of the plan year
Employee changes from Full-Time status to less than Full-Time under ACA during the Stability Period	Employee must continue coverage	Application <u>must</u> be made within 30 days of change in status	Signed GB-01 from Employer	Employee; employee and eligible dependent(s) would be dropped at the end of the stability period on the last of the day of that month	Coverage terminates at the end of the stability period on the last of the day of that month	Coverage terminates at the end of the stability period on the last of the day of that month	N/A	N/A	N/A	N/A	NO	Upon termination of coverage	Auto drop at the end of the plan year health coverage ends	Auto drop at the end of the plan year health coverage ends
Full-Time to Full-Time Transferring Employee	Moving Coverage from one OGB Participant Employer to another OGB Participant Employer (Employee may not Add or Drop, only allowed to continue existing coverage, unless no longer eligible for the plan or eligible for a new plan under the Participant Employer)	Transferring Participant Employer - Application to Remove should be received within 30 days of transfer; New Participant Employer - Application to Add <u>must</u> be received within 30 days of hire	Signed GB-01 from the hiring Participant Employer	Employee; employee and eligible dependents	Continuous coverage, no gap. Hiring Participant Employer will assume coverage based upon date of hire. If hired the 1st day of the month, hiring Participant Employer will assume responsibility for plan member immediately. If hired on the 2nd day of the month or after, the hiring Participant Employer will assume responsibility on the first of the second month following hire.	N/A	NO	NO	NO	N/A	NO unless no longer eligible for current plan or a new plan is offered by the hiring Participant Employer.	NO	May Enroll if transferring from a Non-Flex Participant Employer	May Enroll if transferring from a Non-Flex Participant Employer
OVER-AGE DEPENDENT														
Child dependent no longer meets eligibility requirements because reaches maximum age limit of 26 and is capable of self-sustaining employment	DROP	Automatic drop upon child aging out of eligibility	Confirm child's birthdate	Only child dependent who no longer satisfies eligibility requirements	End of month child reached maximum age	Date the child turns 26 years of age	N/A	YES	YES	DROP	NO	YES for child who no longer meets eligibility	May decrease amount	No Change
STATE PREMIUM SUBSIDY														
*Obtain subsidy under state's premium assistance program	ADD	Application <u>must</u> be made within 60 days from date subsidy was awarded by state	Official state document indicating effective date when state subsidy was awarded and to whom	Self and dependent(s)	Date of award of subsidy if Application for enrollment is timely made	N/A	YES	N/A	N/A	ADD	NO	N/A	May enroll or can increase amount	No change

*Denotes a HIPAA Special Enrollment Event