Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2024

QLE Code	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	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														
A-1	Birth	ADD	Application must be made within 30 days of change in status	Birth Certificate or Birth Letter which includes newborn data, and eligibility data for any newly-eligible persons	Employee, new baby. Spouse may be added as a result of this event, but only if baby is added.	Baby's date of birth if Application for enrollment is timely made	YES	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amount
A-2	Adoption or placement for adoption	ADD	30 days from the effective date of adoption/placement for adoption	Adoption or placement for adoption legal document, and eligibility data for any newly-eligible persons	Employee and adopted child; spouse may be added as a result of this event but only if child is added.	Effective date of adoption or placement for adoption if Application for enrollment is timely made	YES	NO (but may drop dependent if dependent is placed for adoption)	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amt if dependent care expenses increased
DEATH/SURVIVING SPOUSE														
B-1	Death of covered dependent	DROP	60 days from the date of death (OGB has the discretion to retroactively terminate coverage if correct premium is not timely paid and Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Dependent who died. If spouse dies, stepchildren must be terminated and offered COBRA coverage.	End of the month in which the death occurs	NO	DROP the deceased and any stepchildren who are not adopted by the enrollee	NO	DROP for the deceased dependent or any stepchildren only	NO	Only for step-children if parent is the dependent who died	May decrease amount	May drop or decrease amount if dependent is child; May increase amount if event or death of spouse will increase dependent care expenses
B-2	Employee Deceased	DROP	30 days from the date of death (OGB has the discretion to retroactively terminate coverage if correct premium is not timely paid and Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Employee and eligible dependents (Eligible dependents will be offered survivor coverage)	End of month in which Employee's death occurred	N/A	YES	YES	DROP	NO	YES	Automatic Cancel on date of death	Automatic Cancel on date of death

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	DIVORCE													
C-1	Divorce, Annulment and Legal Separation (legal separation and annulment are qualified events only if recognized by law of state of the separation or annulment)	ADD	Application must be made within 30 days of change in status	Copy of divorce, annulment, or legal separation order and eligibility data for any newly-eligible persons	Self; children	Date of divorce order if Application for Enrollment is timely made	YES	N/A	N/A	ADD	YES	NO	May enroll or can increase amount 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 Flex Plan
C-2	Divorce, Annulment and Legal Separation (where annulment and legal separation are recognized by law of the state of the separation or annulment)	DROP	Application must be made within 30 days of change in status (OGB has the discretion to retroactively terminate coverage to the end of the month of the change in status if correct premium is not timely paid and application is not timely made)	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 if application is timely made	N/A	YES for Ex-Spouse and Ex-Stepchildren	NO	DROP	NO	YES	May decrease election	May decrease if divorce, annulment or legal separation lowers dependent daycare expenses
GAIN OF OTHER COVERAGE														
D-1	Gain Medicaid or state CHIP (Children's Health Insurance Program) coverage	DROP	Application must 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 preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	YES	DROP	NO	NO	May decrease or deactivate deductions if gain of Medicaid; no change if gain of SCHIP	No change

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GAIN OF OTHER COVERAGE														
D-2	Dependent gains coverage under another group or individual health plan	DROP	Application must be made within 30 days from date other coverage becomes effective	Proof of other coverage, for whom, and the effective date of the coverage	Dependent who gained other coverage	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	NO	DROP	NO	NO	No change	No change
D-3	Gain new coverage through Medicare Part A or Part B	Continue with OGB coverage as secondary (employee would be retired)	Application must be made within 30 days from date other coverage becomes effective	Official documentation of active enrollment on Medicare Part A or Part B; must show effective dates	Self and dependents	OGB coverage will remain primary until the last day of the month preceeding the first full month of Part A/B	N/A	Yes	N/A	N/A	YES; if spouse gains Medicare A & B after plan member has already gained both plan can be changed to Medicare Advantage only.	NO	N/A	N/A
D-4	Gain coverage through Medicare Part A or Part B, or coverage under spouse's group health plan or other group or individual health plan, or by court order releasing the employee from covering a dependent and ordering someone else to cover dependent	DROP	Application must be made within 30 days from date new coverage became effective	Official documentation of active enrollment on new plan; must show effective dates of each named dependent	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee/Retiree being covered)	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	YES	DROP	NO; but any Health Savings Account contributions should cease once gain Medicare	NO	May decrease or deactivate amount	No change
D-5	*OGB Sponsored Medicare Advantage Plan Enrollment (Must have Medicare Part A and B)	ADD	Application must be made within 30 days from date Medicare Part B becomes effective	Official documentation of active enrollment on Medicare Part A and Part B; must show effective dates	Self and Medicare eligible spouse	First of month following the signatutre date.	N/A	YES	N/A	N/A	YES	NO	N/A	N/A

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COURT-ORDERED LEGAL GUARDIANSHIP OR COURT-ORDERED CUSTODY; QMCSO														
E-1	Qualified Medical Child Support Order (QMCSO)	ADD	30 days from date of the QMCSO or as otherwise specified by law	Copy of QMCSO and eligibility data for newly-eligible persons	Eligible Child dependent(s) covered by Order (and eligible employee if not currently enrolled)	1st of month following OGB receipt of application or as otherwise specified in the Order	Yes, only for 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
E-2	Court-Ordered Legal Guardianship or Court-Ordered Custody	ADD	Application must be made within 30 days from the date of the court-ordered legal guardianship or court-ordered custody	Certified copy of the signed court order granting custody or guardianship, and eligibility data for any newly-eligible persons	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	YES for newly-acquired dependent only	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amount if dependent care expenses increased
E-3	Qualified Medical Child Support Order (QMCSO)	DROP	30 days from date of the Order releasing you from covering child or as otherwise specified by law.	Copy of QMCSO	Dependent child covered by Order, or Self and dependent child who was added as a result of the Order	End of month following OGB receipt of application, if application is timely made	NO	YES	YES	DROP	YES	YES, for child	May decrease or disenroll	No change allowed
E-4	Court-Ordered Legal Guardianship or Court-Ordered Custody	DROP	Application must be made within 30 days from date of the Order removing custody or guardianship	Copy of Order	Dependent child for whom custody or guardianship was lost	End of month following OGB receipt of timely application	NO	YES	NO	DROP	YES	YES, for child	May decrease amount or disenroll	May decrease amount if dependent care expenses decreased, or disenroll

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LOSS OF OTHER COVERAGE														
F-1	Lose coverage on spouse's employer-provided health insurance for any of the following reasons: 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 to no fault of the spouse, 5) Spouse terminates coverage on his/her plan during annual enrollment	ADD	Application must be made within 30 days from the date the health insurance ended	Documents from prior plan confirming coverage date and for whom, termination and eligibility data for any newly-eligible persons	Self and other dependent(s) who lost coverage	Date immediately following loss of previous coverage if Application for enrollment is timely made	YES to Add self and eligible dependents who lost coverage	N/A	N/A	ADD	YES	NO	May enroll or can increase amount	No change
F-2	*Eligible Dependent loses current coverage under another employment-based group health plan or individual health plan	ADD	Application must be made within 30 days from the date the health insurance ended (except when other coverage is Medicaid, then member has 60 days to apply)	Documents from prior plan confirming coverage termination and eligibility data for any newly-eligible persons	Self and other dependent(s) who lost coverage	Date immediately following loss of previous coverage if Application for enrollment is timely made	YES to Add eligible dependents who lost coverage or self and eligible dependent who lost coverage	N/A	N/A	ADD	YES	NO	May enroll or can increase amount	No change
F-3	Lose Medicaid or state CHIP (Children's Health Insurance Program) coverage because no longer eligible	ADD	Application must be made within 60 days from the date the Medicaid/CHIP health coverage ended	Official state document indicating for whom and when Medicaid/ CHIP coverage ended and eligibility data for any newly-eligible persons	Self and dependent(s) who lost coverage	Date immediately following end of Medicaid/CHIP coverage if Application is timely made	YES to add eligible dependents who lost coverage or self and eligible dependent who lost coverage	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount if loss of Medicaid; no change if loss of CHIP coverage	No change
F-4	Lose another group or individual health plan sponsored by government or educational institution, including Indian Tribal government and foreign government, or other individual coverage	ADD	Application must be made within 30 days from the date the health insurance ended	Proof of loss of insurance on other plan, for whome and date of loss of coverage, and eligibility data for any newly-eligible persons	Self and dependent(s) who lost coverage	Date immediately following loss of previous coverage if application is timely made	YES	N/A	N/A	ADD	YES	N/A	No change	No change

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LOSS OF OTHER COVERAGE														
F-5	Member moves residence and becomes ineligible under current OGB plan	Transfer to another OGB Plan including Medicare Advantage plans	Application must be made within 30 days from date coverage ended under prior plan because of change in residence	Documentation proving date of change in residence (examples include voter registration card, homestead exemption, copy of water or electric bill, notarized attestation, etc)	Self; self and current covered dependents	First of the month following change in residence if Application is timely made	N/A (can only add persons who were previously covered)	NO	NO	CHANGE	YES	NO	No change	No change
MARRIAGE														
G-1	*Marriage	ADD	Application must be made within 30 days of date of marriage	Copy of certified marriage certificate and eligibility data for any newly-eligible persons	Self and new spouse and/or new stepchildren; employee may add child only if child was immediately previously covered under new spouse's insurance.	Date of the marriage if Application is timely made	YES (New Spouse and/or New Step-Children)	N/A	NO	ADD	YES	NO	May enroll or increase amount	May enroll or increase amount
G-2	Marriage	DROP	Application must be made within 30 days from the marriage	Copy of certified marriage certificate and proof of active enrollment on spouse's health plan	Self and current covered dependents	Coverage will be cancelled at the end of the month of marriage if timely Application for disenrollment is made	N/A	YES	YES	DROP	N/A	NO	May decrease if become covered under spouse's health plan	May decrease if spouse has Dependent FSA through his/her employer

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MILITARY LEAVE AND UNPAID LEAVE														
H-1	Employee who dropped coverage while on unpaid leave returning to work with pay from unpaid leave in same capacity	Reinstate coverage	Application must be made within 30 days of return to work with pay	Signed GB-01 from Employer	Can only reinstate prior election coverage	Date returns to work with paid status if Application is timely made	ADD (may add newly-acquired dependents only)	NO	N/A	Reinstate prior coverage	NO	NO	May re-enroll either: (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before unpaid leave with no catch-up.	May re-enroll either: (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before unpaid leave with no catch-up.
H-2	Employee on unpaid leave	DROP	Application must be made within 30 days of taking unpaid leave	Signed GB-01 from Employer	Self; self and current covered dependents	End of month unpaid leave begins if Application is timely made	N/A	DROP	YES	DROP	NO	NO	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions
H-3	Employee on unpaid leave; elects to maintain coverage (may maintain for 12 months while on LWOP)	Retain coverage	Agency must immediately notify OGB of employee's LWOP status	Documentation (e.g., leave slip, letter on agency letterhead, or etc.) evidencing LWOP status	Self and covered dependents	N/A	NO	YES	NO	N/A	YES	NO, unless drop dependent	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions
H-4	Military Employee goes on USERRA leave	DROP	Application must be made within 30 days of beginning USERRA leave	Signed GB-01 from Employer and any military orders, indicating when USERRA service begins	Self; self and current covered dependents	End of month that USERRA leave begins if Application is timely made	N/A	DROP	YES	DROP	NO	NO, unless drop dependent	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions

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MILITARY LEAVE AND UNPAID LEAVE														
H-5	Military Employee returns from USERRA leave to full-time status.	Reinstate coverage	Application must be made within 30 days from re-employment or from date that Employee's active duty military health benefits end, whichever is later	Documentation of military orders and of military health coverage end date	Can reinstate coverage for self; 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, if Application is timely made	ADD (may only add newly acquired dependents)	N/A	N/A	Reinstate prior coverage; may also allow for a change in health plan	YES	NO	May re-enroll either; (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or (b) continue same deduction as before military leave with no catch-up.	May re-enroll either; (a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or (b) continue same deduction as before military leave with no catch-up.
NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-1	New Full-Time Employee	ADD	Application must be made within 30 days from date of full-time employment	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	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) if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
I-2	Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Initial Measurement Period	ADD	Application must be made within 30 days of date of eligibility	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
I-3	Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Standard Measurement Period	ADD	Application must be made within 30 days of date of eligibility	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	January 1 of following plan year if application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll

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NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-4	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 must be made within 30 days of date of change in classification	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
I-5	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 must be made within 30 days following the return to work	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	Effective first of the month following the return of work.	YES	N/A	N/A	ADD	YES	NO	May Enroll; Original election must be kept if previously enrolled.	May Enroll; Original election must be kept if previously enrolled.
I-6	Employee changes from Full-Time status to non-Full-Time (requires deliberate documented decision to reduce hours below full time) (not in stability period)	Employee must continue coverage	Application must be made within 30 days of change in status confirming change in hours from Full-Time to non-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	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
I-7	Employee determined to be Full-Time during previous Measurement Period changes to Non-Full-Time under corresponding Stability Period	Employee must continue coverage	Application must 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 day of that month	Coverage terminates at the end of the stability period on the last day of that month	N/A	N/A	N/A	N/A	N/A	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

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NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-8	Full-time to Full-Time Transferring	Moving coverage from one OGB Participant Employer to another OGB Participant Employer (Employee may not Add or Drop coverage but may change health plans)	Transferring Participant Employer- Application to remove should be received within 30 days of transfer; New Participant Employer - Application to Add must 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's employer will assume coverage based upon date of hire. If hired the first day of the month, hiring Participant's employer will assume responsibility for plan member immediately. If hired the second day of the month, or after, the hiring Participant's employer will assume responsibility on the first of the second month following hire.	NO	NO	NO	N/A	YES	NO	May Enroll if transferring from a Non-Flex Participant Employer	May Enroll if transferring from a Non-Flex Participant Employer
I-9	Employee Terminated/separation of service (other than retirement)	DROP	30 days from the date of termination (OGB has the discretion to retroactively drop if correct premium is not timely paid and Application for disenrollment is not timely made)	GB-01 or it's electronic equivalent, signed by participant employer	Employee and all covered dependents	The end of the month in which Employee's termination is effective	N/A	YES	YES	DROP	NO	YES	Automatic Cancel on date of termination of employment	Automatic Cancel on date of termination of employment
NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-10	Annual Enrollment	ADD OR DROP	Annual Enrollment period designated by OGB	GB-01 or its electronic equivalent (LaGov) signed by participant employer. Retirees ONLY may submit a signed written request or enrollment form	Employee; employee and eligible dependents	January 1 of following plan year if Application is timely made	YES	YES	YES	ADD or DROP	YES	N/A	Changes allowed	Changes allowed

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	OVER-AGE DEPENDENT													
J-1	Natural, Adopted or Stepchild dependent reaches attainment age for that dependent and is not capable of self-sustaining employment	Continuation of Coverage	Executed physician attestation on OGB Form "Request for Continuation of Coverage for Incapacitated Dependent Child" must be submitted prior to the dependent child reaching the age of 26	OGB Form "Request for Continuation of Coverage for Incapacitated Dependent Child"	Only child dependent currently enrolled in the plan who is reaaching applicable attainment age and is incapable of self-sustaining employment by reason of physical or mental disability prior to reaching attainment age	First of the month following the child's reaching applicable attainment age if Application is timely made and accepted	N/A	N/A	N/A	N/A	NO	N/A	No change	No change
STATE PREMIUM SUBSIDY														
K-1	Obtain subsidy under state's premium assistance program	ADD	Application must 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 and eligibility data for any newly-eligible persons	Self and dependent(s)	Date of award of subsidy (or effective date of subsidy if other than date of award) if Application for enrollment is timely made	YES	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount	No change
RETIREMENT														
L-1	Retirement	Continuation of Coverage under current plan	Application must be made within 30 days from the date of retirement	Application	Continuation of Coverage only for Current Covered Dependents	First of the month following date of retirement	N/A	N/A	N/A	N/A	YES	N/A	NO	N/A
L-2	Retirement	DROP	Application must be made within 30 days from the date of retirement	Application	Self and covered dependents	End of month of retirement date	NO	YES	YES	DROP	YES, if drop dependent only	YES, for person dropped	NO	N/A

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RETIREMENT														
L-3	Retirement	ADD	Application must be made within 30 days from the date of retirement	Application	Eligible dependents	First of month following the date of retirement	YES (may not add Self)	N/A	N/A	N/A	YES	N/A	NO	N/A
L-4	Retirement with Medicare (Part A & B)- OGB Sponsored Medicare Advantage Plan Enrollments	ADD	Application must be made within 30 days from the date of retirement	Official documentation of active enrollment on Medicare Part A and Part B; must show effective dates	Self and Medicare eligible spouse	First of month following the signatutre date.	N/A	YES	N/A	N/A	YES	YES FSA COBRA -Yes, if account has a positive balance	NO	N/A
L-5	Rehired Retiree (with Active Retiree Coverage)	ADD	Application must be made within 30 days from the date of return to work.	Signed GB-01 from Employer	Self and eligible dependents	First of month following the return to work.	N/A	N/A	N/A	N/A	YES	NO	YES	YES
L-6**	Rehired Retiree (w/o Active Retiree Coverage)	ADD	Application must be made within 30 days from the date of return to work.	Signed GB-01 from Employer	Self and eligible dependents	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) if Application is timely made	YES	N/A	N/A	ADD	N/A	NO	YES	YES
L-7	Return to Retirement (with Active Retiree Coverage)	Continuation of Coverage	Application must be made within 30 days from the date of last day worked.	Signed GB-01 from Employer	Self and covered dependents	First of month following the date of last day worked for self-funded plans. 1st of month following signature date for MA plans.	YES	YES	N/A	N/A	YES	YES FSA COBRA Yes, if account has a positive balance	NO	N/A
L-8	Return to Retirement (w/o Active Retiree Coverage)	DROP	Application must be made within 30 days from the date of last day worked.	Signed GB-01 from Employer	Self and covered dependents	End of month following the last day worked.	NO	YES	YES	DROP	N/A	YES FSA COBRA Yes, if account has a positive balance	NO	N/A

Note: OGB reserves the right to supplement or amend the QLE chart at any time. Revised October 1, 2024

*Medicare Advantage Plans effective dates may be subject to CMS Guidelines.

** Premiums will be determined in accordance with La. R.S. 42:851 and applicable rules.