

## **Qualifying Status Change Events (Health Insurance)**

EVENT	INSURANCE CHANGES ALLOWED IF PREMIUMS ARE PRE-TAXED	DOCUMENTATION NEEDED
1. Marriage of employee	Individual to family, family to individual, or termination.	Copy of Marriage Certificate
2. Divorce of employee	Family to individual	Copy of divorce decree
3. Death of spouse or dependent child	Family to individual if no other covered dependent	Copy of death certificate
4. Termination of a dependent child's eligibility	Family to individual if no other covered dependent	Copy of birth certificate if due to age; copy of marriage certificate if due to marriage; letter from school if due to change of full-time status
5. Birth of child	Individual to family if child is only dependent covered	Copy of birth certificate
6. Eligibility of dependent child due to full-time student status after age 19	Individual to family <u>only</u> if child's coverage terminated at age 19 and no other dependents covered	Letter from school regarding full-time status
7. Adoption of child	Individual to employee/child if adopted child is only dependent covered	Copy of birth certificate
8. Legal guardianship of child	Individual to employee/child if such child is only dependent covered	Copy of guardianship papers
9. Termination of spouse's employment	Individual to family	Letter from spouse's employment
11. Full-time to part-time by employee	termination of coverage	Letter from employee's agency
12. Commencement of leave without pay by employee	Termination of coverage	Copy of written authorization of leave
13. Return to work from LWOP by employee	Reenroll for coverage carried prior to going on LWOP	Letter from employee's agency
14. Layoff of employee	Termination of coverage	Letter from employee's agency
15. Return to work from layoff by employee	Reenroll for coverage carried prior to layoff	Letter from employee's agency
16. Significant change in employee's or spouse's health coverage due to spouse's employment	Individual to family <u>only</u> if spouse's coverage is terminated by employer due to (1) change in employment status or (2) termination of group plan. Family to individual or termination	Letter from spouse's employer
17. Retirement of employee	Family to Individual or termination of coverage	Letter from employee agency