

**Qualifying Event Checklist
&
Permissible Supporting Documentation Requirements**

Making changes to health plan coverage is allowed outside of open enrollment, **ONLY** under very limited circumstances. Since health plan coverage is provided through a Section 125 pre-tax premium arrangement as allowed under Treasury Regulation, section 1.125, **the Internal Revenue Service (IRS) has the authority to penalize the participants of a Section 125 plan and the employer/sponsor if a plan violation occurs.**

Since we do not want to penalize all members of the plan or the City, the following is a checklist of the **ONLY** acceptable changes (they are called “qualifying events”) and accompanying documents that must be presented as supporting evidence to make any change(s) outside of open enrollment. The plan also complies with HIPAA Special Enrollment Rights (SER) rules and the revised Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

If you have a “qualifying event” **ONLY** the documents listed will be accepted as proof of the event. In all cases, you have 31 days from the date of the event to make the change, otherwise you must wait until open enrollment. The only exceptions are the birth of a new baby, where the law allows 61 days to add the child and loss of Medicaid or CHIP Coverage where a member has 60 days from the event to join the City’s plan. A request outside of these limits is not permitted. You can always make changes during open enrollment.

Instructions

1. All documents must be in English. A certified translation must be provided if a document is written in any other language.
2. Marriage Certificates must be registered. Certificates issued by a church only will not be accepted.
3. If a Marriage Certificate is not recent, we reserve the right to request additional documentation in order to validate that the marriage is still current (within 3 months of the requested date of change). Additional acceptable documents are listed below.
4. Birth Certificates must be the long form version; both parents must be named on the document, if both are covered by the plan.
5. Provide a copy of the document; you keep the original.
6. Documents other than those listed are not acceptable.

| ✓ | Change In Legal Marital Status | Date of Change | Documentation Required (Copies Only) |
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| | Marriage | | Registered Marriage Certificate – If not recent, then add one of the following: <ul style="list-style-type: none"> • Copy of Electric bill – addressed jointly • Auto Insurance Certificate – Joint coverage • Top of Bank Statement – addressed jointly • Property tax bill – addressed jointly • Face page of Joint Tax Return (redact figures) |
| | Divorce/Annulment <i>Note: If notice is provided late, coverage will be terminated the 1st of the month following such notice. Exception allowed under PPACA.</i> | | Divorce Decree/Court Order verifying Annulment |
| | Legal Separation <i>This is not the same as living at separate residences. Court ordered legal separation</i> | | Court Order verifying legal separation. |

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| | <i>carries the same weight as a divorce and there is no requirement that the City continue benefits coverage for the spouse of our employee.</i> | | |
| | Death of a Spouse | | Certified Copy of Death Certificate |
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| ✓ | Change in the Number of Dependents | Date of Change | Documentation Required (Copies Only) |
| | Birth | | Long Form Birth Certificate Preferred – Both parents named if both covered; otherwise Certificate naming City employee/parent is acceptable. |
| | Adoption/Placement for Adoption | | Court Order for Adoption/Placement for Adoption |
| | Death | | Certified Copy of Death Certificate |
| | Legal Guardianship, Qualified Medical Child Support Order (QMCSO) | | Court Order that specifies Insurance Coverage Requirement (not just custody) Note: Any Court Order that requires coverage for a child of the spouse of a City employee must specifically order that the employee (who is not the natural parent) provide coverage. If the QMCSO is silent, the City is not legally obligated to cover the child. |
| | Loss of Eligible Status <ul style="list-style-type: none"> • Child Ages out (turns 26) • Request to remove dependent child or spouse <i>Note: Follow directions above regarding spouse if marital status changes. Requests to remove a child and/or spouse will be approved ONLY if it can be established that other coverage was recently obtained. The request to remove must be made within 31 days of the effective date of the other coverage.</i> | | No document required – COBRA offered. Proof of change in status including date of change (i.e. dependent obtains other coverage through a new job, etc.) |
| ✓ | Other Change in Employment Status | | |
| | Employee, spouse, dependent <ul style="list-style-type: none"> • Termination or start of employment • Strike, lockout • Beginning or end of unpaid leave of absence (including FMLA) • Change of employment status which results in eligibility or ineligibility for coverage | | Proof of the change; a letter from the employer that confirms the change in status and confirms the effective date of such change. For example; a spouse loses coverage due to job loss, change from full-time to part-time status (no benefit eligibility), spouse loses coverage eligibility for other reasons (unpaid leave, etc.). |
| ✓ | Loss/Gain of Other Coverage | Date of Change | Documentation Required (Copies Only) |
| | Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> | | Dated Certificate of Creditable Coverage ¹ from prior insurer or plan, a letter or screen shot of the coverage record that provides the date coverage terminated for the individual. (see attached sample) |

¹ Effective December 31, 2014 plans are no longer required under Federal Law to produce these Certificates, therefore, the insurer or employer can provide another document or letter which provides coverage termination date/information about the affected party; some may be willing to provide the Certificate, if requested.

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| <p>Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/></p> <p>Medicare (Part A or B) <input type="checkbox"/></p> <p>Loss of Medicaid coverage means a member no longer qualifies under the program or drops coverage mid-year.</p> <p>Enrollment in Medicaid.</p> <p>Loss of eligibility for State CHIP Coverage.</p> <p>Enrollment in CHIP.</p> <p>Loss of Medicare means a member no longer qualifies for Part A or B.</p> | | <p>If loss of COBRA coverage, proof that <u>the maximum coverage period</u> is exhausted. If coverage stops on a voluntary basis within the COBRA period, the coverage loss does not qualify.</p> <p>Where Certificates of Creditable Coverage are not provided (Medicaid, Husky, Medicare) a letter from the agency providing status and termination date is acceptable.</p> <p>Medicaid (HUSKY A) – A letter from Medicaid (Title 19) that explains the ineligibility or that coverage was dropped mid-year. The drop date cannot be retroactive. A member has 60 days to enroll in the City plan.</p> <p>Member has 31 days to drop City coverage.</p> <p>Children’s Health Insurance Program (CHIP or HUSKY B) – (Title 21) If coverage is lost, a member, dependent or spouse has 60 days to enroll in the City’s plan.</p> <p>If CHIP coverage is gained while covered by the City’s health plan, the City plan cannot be dropped until the next open enrollment.</p> <p>Note: Medicaid and CHIP are different programs and ineligibility for one does not automatically mean ineligibility under the other.</p> <p>Medicare - A member may no longer qualify for Medicare, for example, if a Medicare Disability ceases. A letter from Medicare that explains the ineligibility.</p> | |
| ✓ | Other Open Enrollment | Date of Change | Documentation Required (Copies Only) |
| ✓ | Coverage reduction and/or cost increase, benefit option changes, “other open enrollment period” does not coincide with the City’s. | | Proof of Coverage reduction or cost increase (notice from employer or carrier outlining changes.) For example, a change from a traditional plan design to a High Deductible Health Plan. Previous premium cost and new increased cost (notice from employer or carrier – old v. new rates, etc.), copy of open enrollment notice. |
| ✓ | Consistency Rule | | |
| | In all cases, any election change as a result of any change in status must be on account of and correspond with a change in status that affects eligibility for coverage under the plan. For example, if the change in status is the employee's divorce, annulment or legal separation from a spouse, the death of a spouse or dependent child, or a dependent ceasing to satisfy the eligibility requirements for coverage, an employee's election to cancel health coverage will apply only to the spouse involved in the divorce, annulment or legal separation, the deceased spouse or dependent child, or the dependent that ceased to satisfy the eligibility requirements. A change for one person under the plan does not “open” enrollment and allow changes for other members of the plan. | | |