

## CHANGING YOUR BENEFIT ELECTIONS

During the year, you cannot make changes to your medical, dental or vision coverage or to your Health Care or Dependent Care Flexible Spending Account unless you have a Qualified Life Event. If you do not contact your Engage Benefits Specialist within **30 days** of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

\*Qualifying events have specific reporting requirements; most must be reported within **30 days; If any premiums have been missed back to coverage effective date, those will be collected.**

\* If you miss the required reporting period, you need to wait for open enrollment (or a second QLE) to make benefit changes.

\* Documented proof of your event is required.

\* Dependent verification document such as a birth certificate, marriage certificate, domestic partner affidavit, etc. are required.

\* In addition to the information provided here, other provisions and restrictions may apply.

\* Changes in coverage will take effect the first of the month following the date of the qualifying event.

If you have a Qualifying Life Event and wish to update your benefits, contact Engage at 888-780-8807.

Qualifying Life Event	Changes you can make by coverage type			
	Required Documents	Medical, Dental and Life	Life Insurance	Flexible Spending Accounts
<b>MARRIAGE DOMESTIC PARTNERSHIP</b>	<b>To Add:</b> Marriage Certificate; a signed Declaration of Domestic Partner Benefits form. <b>To Drop:</b> Notification from employer, on employer's letterhead or via electronically, or an email from the employer with HR signature block identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new Health Insurance ID card(s) for each covered person, with coverage Effective Date; or a self- service enrollment confirmation that states the employer name, effective date and person(s) covered.	Change Plans: You can add a spouse and dependents If you become eligible for your spouse's or domestic partner's plan, you can drop your coverage and drop dependents	Enroll yourself Add or drop dependents Waive coverage	Enroll in or stop participation in the Engage FSA plan
<b>DIVORCE ANNULMENT LEGAL SEPERATION</b>	<b>To Add:</b> In the event an employee and/or employee's children lose coverage under ex- spouse's plan, provide proof of loss of eligibility due to divorce along with the birth certificate.	Change Plans: You can drop a spouse and dependents lost	Enroll yourself Add or drop dependents Waive coverage	Enroll in or stop participation in the Engage FSA plan
<b>GAIN DEPENDENT DUE TO BIRTH, ADOPTION, PLACEMENT FOR ADOPTION, FOSTER CARE</b>	<b>Natural Child:</b> A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree as a parent; or a copy of the footprint certificate from the hospital indicating the hospital name, baby and parents' first and last names, and signed by the attending physician or a hospital representative; or verification of the birth document from the hospital indicating the first and last names of the baby and parent(s). At least one parent must be an Employee eligible to participate. <b>Stepchild:</b> A legible photocopy of the child's birth certificate showing the name of the Employee Spouse as a parent and a legible copy of the marriage certificate showing the names of the Employee and the Spouse or a photocopy of the top half of the front page of the Employee most recent federal tax return (Form 1040). <b>Legal Guardian, Adoption, or Foster Child(ren):</b> Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement	Change Plans: Enroll yourself if you were previously enrolled in other health coverage Add dependents to your existing health coverage	Enroll yourself Add or drop dependents Waive coverage	Enroll yourself or stop participation in the Engage FSA plan

	decrees with the presiding judge's signature. Judgements, Decrees, or Orders (NMSN) qualifying event for more information regarding acceptable custody and dependency documentation.			
<b>DEATH</b>	If you were covered on your deceased spouse's plan, notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date and the person(s) covered by the policy; COBRA Notice (loss of COBRA due to non-payment is NOT considered a QLE); or letter or certificate of creditable coverage from the insurance company showing the termination date, type of coverage, date of termination and person(s) covered. To drop a deceased spouse or dependent, we will need the death certificate.	Drop affected dependent	Enroll yourself Add or drop dependents Waive coverage	Enroll or stop participation in the Engage FSA plan
<b>GAIN OF COVERAGE DUE TO STARTING EMPLOYMENT BY SPOUSE OR DEPENDENT OPEN ENROLLMENT UNDER OTHER EMPLOYER PLAN</b>	Notification from employer, on employer's letterhead or via electronically, or an email from the employer with HR signature block identifying the coverage Effective Date and the person(s) covered by the policy; or a self-serve enrollment confirmation that states the employer's name, Effective Date, and person(s) covered.	Enroll yourself Add or drop dependents Waive coverage	Enroll yourself Add or drop dependents Waive coverage	Enroll in or stop participation in the Engage FSA plan
<b>REHIRE CHANGE FROM PART TO FULLTIME</b>		If rehired or returning from a leave of <b>fewer</b> than 30 days, prior coverages are reinstated unless another event has occurred that would permit a change (applies to all coverage types)		
<b>LOSS OF COVERAGE RELOCATION – if plan offerings change or no plan is available TERMINATION CHANGE FROM FULL-TIME TO PART- TIME START OF FMLA</b>	Notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date and the person(s) covered by the policy; COBRA Notice (loss of COBRA due to non-payment is NOT considered a QLE); or letter or certificate of creditable coverage from the insurance company showing the termination date, type of coverage, date of termination and person(s) covered.	The relocation allows you to change coverage or waive coverage IF plan offerings change or there are no plans available. For all others, you can drop coverage. If your employer is subject to ACA and you move from full to part- time status, you may be able to keep your coverage until the end of the year.	No changes permitted for relocation For all others, you can drop coverage	No changes permitted for relocation For all others, you can drop coverage
<b>FAMILY &amp; MEDICAL LEAVE ACT (FMLA) When you return from FMLA leave</b>		You can make a new election if your previous coverage terminated under FMLA (applies to all coverage types)		
<b>ORDER REQUIRING COVERAGE FOR A DEPENDENT CHILD</b>	Court document signed by the judge.	Add coverage as outlined in the order; add affected dependent to coverages listed in the order.	No changes permitted	You can add or increase coverage

<b>ORDER TERMINATING COVERAGE FOR A DEPENDENT CHILD, DUE TO A NEW ORDER RELEASING THE EMPLOYEE – SIGNED BY A JUDGE</b>	Court document signed by the judge.	You can term coverage as outlined in the order.	No changes permitted	You can add or increase coverage
<b>EMPLOYEE, SPOUSE, OR DEPENDENT BECOMES ENTITLED TO MEDICARE OR MEDICAID</b>	Copy of Medicare or Medicaid card (showing Effective Date) or Initial eligibility letter from the Medicare or Medicaid Office or Medicare or Medicaid Eligibility letter showing Effective Date.	Drop affected dependent	No changes permitted	No changes permitted
<b>EMPLOYEE, SPOUSE, OR DEPENDENT LOSES COVERAGE TO MEDICARE OR MEDICAID</b>	Termination letter from letter from the Medicaid Office or Medicare or Medicaid Eligibility letter showing Effective Date.	You can drop coverage for yourself, spouse or dependent for the plan(s) where coverage was lost. only based on the change	No changes permitted	You can increase or decrease coverage
<b>EMPLOYEE STARTS MILITARY LEAVE (UNPAID)</b>	Enlistment papers/orders showing date Employee, Spouse, or Dependent was called to duty and a letter from TRICARE showing when the member gained coverage through TRICARE.	You can add coverage for yourself, spouse or a dependent for the medical plan only based on the change (an example would be your spouse losing entitlement to Medicaid permits you to add your spouse to your coverage) No changes to dental and vision	No changes permitted	You can increase or decrease coverage
<b>EMPLOYEE RETURNS FROM MILITARY LEAVE (UNPAID)</b>	Employees electing this option MUST present supporting documentation of the military coverage end date and coverage will be reinstated the first day of the month following the date of the loss of coverage through TRICARE.	Reinstate prior elections unless another event has occurred that allows a change. Reinstate at prior Coverage Level (and make up unpaid premiums) or at a level reduced pro rata for the missed contributions.	No changes permitted	Reinstate prior elections unless another event has occurred that allows a change.

*This is not a complete list of IRS qualified life events. For more information, please search [irs.gov](https://www.irs.gov) or contact the Engage PEO benefits team .*