

QUALIFYING LIFE EVENT CHANGES

*Remember, for most changes, the change you request must be consistent with your qualifying life change. For example, if the qualifying event was the birth of your baby, you would be able to add your newborn to the insurance, but you would not be able to change insurance carriers.

QUALIFYING EVENT	DOCUMENTATION NEEDED	BY THIS DATE
Your marriage	Copy of the marriage certificate or marriage license	Within 30 days of marriage
Your divorce	Copy of the signed court order granting divorce	Within 30 days of the date of final divorce decree
Birth of your child	Copy of birth certificate that contains parents name(s)	Within 30 days of birth
Adoption or legal guardianship of a child	Copy of the signed court order approving the final adoption or legal guardianship	Within 30 days of adoption / guardianship
Death of your spouse or dependent child	Copy of death certificate	With 30 days of spouse's or dependent's death
Spouse/domestic partner's gain or loss of employment	Copy of employer communication reflecting loss or gain of insurance	Within 30 days of the effective date of change in coverage
Reduction of a dependent's work hours	Copy of employer communication reflecting change in hours	Within 30 days of change in hours of employment
Dependent child beginning to satisfy requirements for unmarried dependents to be eligible for coverage	Copy of dependent's proof of full-time student status (Failure to provide proof of student status will result in loss of coverage)	Within 30 days of the date dependent enrolls in school full-time
Spouse/domestic partner's open enrollment period	Copy of employer communication reflecting open enrollment period	Within 30 days of spouse's/ domestic partner's open enrollment period
You or your spouse taking a leave of absence (unpaid)	Copy of leave of absence request form or approval	Within 30 days of the date leave begins
You taking leave under the Family Medical Leave Act	Copy of leave of absence request form and approval	Within 30 days of date the leave begins