

LIST OF QUALIFYING LIFE EVENTS

Timing and Required Supporting Documentation

A qualifying life event is a personal change in status which may allow you to change your benefit elections during the calendar year (outside of the New Hire or Open Enrollment periods).

If you need to change your coverage due to one of the reasons below, you can update your benefits **within 31 days of the event date** (unless noted otherwise in the table below) to better fit your needs. The events below apply to you, spouses/domestic partners and eligible dependents. See the chart for details.

To initiate a benefits change within the mandatory timeframe, log into Workday, go to the **Top Apps** section on the homepage, and select the **Benefits and Pay** app. In the **Tasks and Reports** section, click the **Change Benefits** button to begin the process. You are **required** to upload the specified supporting documentation listed below before you are allowed to submit your changes.

For questions, contact [Employee Hub](#) or call 1-800-303-0408.

| Qualifying Life Event | Period to Initiate Benefits Change in Workday from Event Date* | Required Supporting Documentation |
|---------------------------------------|--|--|
| Marriage | 31 days | <ul style="list-style-type: none"> • Marriage Certificate • Spouse's Birth Certificate, Passport or Driver's License • Spouse's Social Security Card • Child(ren)'s Birth Certificate, Passport or Driver's License (if applicable) • Child(ren)'s Social Security Card (if applicable) |
| Divorce/Legal Separation | 60 days | <ul style="list-style-type: none"> • Divorce Decree OR official court document |
| Name Change | Not applicable | <ul style="list-style-type: none"> • Social Security Card • To initiate, log into Workday and search for the Change My Legal Name task in the search box on the homepage. |
| Domestic Partnership | See form for details | <ul style="list-style-type: none"> • Domestic Partner Affidavit Form <ul style="list-style-type: none"> • Domestic Partner's Birth Certificate, Passport or Driver's License <ul style="list-style-type: none"> ▪ Domestic Partner's Social Security Card • Termination of Domestic Partnership Form |
| Birth | 31 days | <ul style="list-style-type: none"> • Birth Certificate OR Confirmation of Birth Letter from the Hospital • Social Security Card (as soon as available) |
| Adoption | 31 days | <ul style="list-style-type: none"> • Official Court Adoption documents • Child(ren)'s Birth Certificate, Passport or Driver's License • Child(ren)'s Social Security Card |
| Legal Custody/Guardianship Change | 31 days | <ul style="list-style-type: none"> • Official Court Order documents and/or • Medical Support Order |
| Qualified Medical Child Support Order | Not applicable | <ul style="list-style-type: none"> • Medical Support Order (benefits will be provided based on the applicable requirements of the order) |
| Death | 31 days | <ul style="list-style-type: none"> • Death certificate OR letter from Coroner's Office |

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| Gain/Loss of Coverage for Employee | 31 days | <ul style="list-style-type: none"> • If gaining coverage outside of The Heritage Group, <ul style="list-style-type: none"> ▪ Benefit Confirmation Statement of new coverage, including benefits start date • If losing coverage elsewhere, <ul style="list-style-type: none"> ▪ HR Letter** or COBRA notification |
| Gain/Loss of Coverage for Spouse/Domestic Partner | 31 days | <ul style="list-style-type: none"> • If gaining coverage outside of The Heritage Group, <ul style="list-style-type: none"> ▪ Benefit Confirmation Statement of new coverage, including benefits start date • If losing coverage elsewhere, <ul style="list-style-type: none"> ▪ HR Letter** or COBRA notification ▪ Marriage License OR Joint Tax Return • Birth Certificate, Passport or Driver's License • Social Security Card |
| Gain/Loss of Coverage for Dependent Child (step-child, child, legal guardianship) | 31 days | <ul style="list-style-type: none"> • If gaining coverage outside of The Heritage Group, <ul style="list-style-type: none"> ▪ Benefit Confirmation Statement of new coverage, including benefits start date • If losing coverage elsewhere, <ul style="list-style-type: none"> ▪ HR Letter** OR COBRA notification • Birth Certificate OR Legal Guardianship Documentation • Social Security Card |
| Medicaid or Children's Health Insurance Program (CHIP) coverage because of gain or loss of eligibility | 60 days | <ul style="list-style-type: none"> • Acceptance or loss of state insurance coverage • Acceptance letter from Medicaid • Notification of coverage loss from Medicaid |

*When the period closes, benefit changes cannot be made until the annual Open Enrollment period or unless you experience a qualifying life event (QLE).

**A letter listing the event, name(s) of the individual(s) affected, the type of coverage(s) gained/lost, and the effective date of the change.



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