

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 Open Enrollment period). You have a specified amount of time to report the change to update your current benefit elections. The events below apply to spouses/domestic partners and eligible dependents. See the chart below for details. To initiate a change or for questions, contact [HR Shared Services](#) (HRSS) or call 800-303-0408.

Qualifying Life Event	Days to Contact HRSS from Event Date	Required Supporting Documentation
Marriage	31	<ul style="list-style-type: none"> • Marriage Certificate
Divorce/Legal Separation	60	<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 • Contact HR Shared Services to initiate change
Domestic Partnership	See form for details	<ul style="list-style-type: none"> • Domestic Partner Affidavit Form • Termination of Domestic Partnership Form
Birth	31	<ul style="list-style-type: none"> • Birth Certificate or • Confirmation of Birth from the Hospital
Adoption	31	<ul style="list-style-type: none"> • Official Court Adoption documents
Award of Legal Custody/Guardianship	31	<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	<ul style="list-style-type: none"> • Death certificate or • Letter from Coroner's Office • Letter from deceased's employer or health insurance provider
Gain/Loss of Coverage for Employee, Spouse/Domestic Partner, or Dependent Child	31	<ul style="list-style-type: none"> • Letter from employer/HR* or • COBRA notification
Medicaid or Children's Health Insurance Program (CHIP) coverage because of gain or loss of eligibility	60	<ul style="list-style-type: none"> • Acceptance or loss of state insurance coverage • Acceptance letter from Medicaid • Notification of coverage loss from Medicaid

*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.

