Qualifying Life Event Reference Chart

|  |  |
| --- | --- |
| **Change in Legal Marital Status** | **Required Documentation** |
| Marriage | Marriage certificate |
| Divorce/annulment | Divorce decree/court ruling for annulment |
| Legal separation | Court order verifying legal separation |
| Death of spouse | Death certificate |
| **Change in Number of Dependents** | **Required Documentation** |
| Birth | Birth certificate |
| Death | Death certificate |
| Adoption/placement for adoption | Court order for adoption/placement for adoption |
| Gain or Loss Eligibility for Other Group Coverage (HIPAA special enrollment) | Required Documentation |
| Group health plan | Documentation from plan or issuer regarding change in eligibility (with effective date) |
| **Change in Employment Status of Employee or Spouse** | **Required Documentation** |
| Loss of employment | Termination documents or unemployment application |
| Start of employment | Employer documentation of employment start date |
| Change in worksite | Employer documentation showing change and impact on eligibility |
| Leave of absence | Employer documentation stating employee has commenced or returned from leave |
| **Change in Place of Residence** | **Required Documentation** |
| Change in place of residence of the employee, spouse or dependent that affects HMO eligibility | Documents indicating how change in residence affects employee eligibility |
| **Entitlement to Medicare of Medicaid** | **Required Documentation** |
| Employee, spouse or dependent becomes covered under Medicare or Medicaid, or loses eligibility for his or her Medicare or Medicaid coverage (including coverage under a state Children’s Health Insurance Program or CHIP) | Government verification that coverage was gained or lost |
| **Changes in Coverage** | **Required Documentation** |
| Significant cost increases | N/A |
| Significant curtailment of coverage | N/A |
| Addition or significant improvement of benefits package option | N/A |
| Change in coverage under other employer plan | Documentation from employer showing change in coverage |
| Loss of health coverage sponsored by governmental or educational institution | Government verification of loss of eligibility |
| **Other** | **Required Documentation** |
| Change of custody, judgment, court order or decree requiring health coverage | Court documentation, including qualified medical child support order (QMCSO) |
| COBRA qualifying event | N/A |
| FMLA leave | N/A |
| Eligibility for premium assistance subsidy through a Medicaid plan or CHIP | Government verification of eligibility for subsidy (with effective date) |
| Exchange enrollment | Employee representation regarding enrollment in a plan under an exchange |
| Reduction in hours of service to less than 30 hours without loss of eligibility | N/A |