

## QUALIFIED EVENTS

Each year during open enrollment, you elect your benefits coverage for the coming year. Once you have enrolled, you cannot change your health or dental insurance election unless you have a “qualified event” as listed below:

- Change in family status affecting covered persons such as
  - Marriage or divorce
  - Death of a spouse or dependent child
  - Birth or adoption (or placement for adoption) of a child
  - Loss of dependent status (e.g., a child reaches the age limit under the plan or is no longer eligible as a dependent)
- Change in your employment status affecting your benefits such as
  - Beginning or returning from an unpaid leave of absence
  - Sabbatical
  - Change to/from part-time employment
- Change in your spouse/domestic partner's employment status causing a gain or loss of health coverage for you or your dependents
  - Beginning or ending employment
  - Increasing or decreasing hours
  - Strike or lockout
  - Changing from a union to non-union employee
- Changes associated with a spouse/domestic partner's open enrollment period including changes in the type and cost of coverage.
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse/domestic partner, or child.

### WHAT CHANGES ARE ALLOWED?

If you have a “qualified event,” the change you make to your plan must be consistent with and appropriate for your new circumstances (see examples below) and it must be done within 31 days of the event:

IF	THEN	CHANGE TAKES EFFECT
You give birth to/adopt a child	You must add the child within 31 days of the birth/adoption	The day of the birth or adoption
Your spouse/domestic partner loses his/her job	You must add your spouse/domestic partner within 31 days	The first day of the month coincident with or following the qualified event
Your dependent child attains the limiting age	You must drop coverage as of the end of that month	Coverage ends the last date of the child's birth month
You change your marital status	You have 31 days to add/delete dependents, based on the situation	The first day of the month coincident with or following the qualified event
Your spouse/domestic partner's open enrollment occurs	You have 31 days to add/delete dependents, based on the situation	The first day of the month coincident with or following the qualified event

**FOR DEPENDENT CARE REIMBURSEMENT ACCOUNTS ONLY**, additional status changes apply:

- The **COST** for dependent care expenses significantly increase or decreases (as long as the cost change is imposed by a dependent care provider who is NOT related to the participant).
- **SIGNIFICANT COVERAGE CHANGES** – a participant may make an election change on account of, and in correspondence with, a change in the dependent care provider.
- A **CHANGE MADE UNDER ANOTHER EMPLOYER PLAN** if the other plan permits participants to make a permitted election or if the plan year is different from the period of coverage under this plan.

#### **ADDITIONAL INFORMATION**

Be sure to read the information concerning COBRA you received with your benefits enrollment materials. It explains how you or your covered family members may extend your group coverage beyond the date it would normally end because of loss of eligibility.

This is only a summary; please refer to plan documents for full details.