

**2012 QUALIFIED LIFE EVENT AND MID-YEAR CHANGES**

**IMPORTANT .... Information provided is intended solely as a guide and is a partial listing of eligible events and corresponding changes. These changes are governed by the IRS regulations of 125 Cafeteria Plans and must be made within 31 days of the qualifying life event. Supporting documentation must be provided with a request for election changes in accordance with A.R.S. §38-651.**

**“Anytime” changes – Decline STD coverage, Decline Supplemental life greater than \$35K and/or Dependent life, Life insurance beneficiary change**

Qualified Life Event	Sample Change Permitted (not intended to represent all possible changes)	Documentation Required (copies of specified documents are sufficient)
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**LEGAL MARITAL STATUS**

Marriage	<ul style="list-style-type: none"> <li>• Add spouse and/or newly eligible dependent child(ren) to medical, dental and/or vision coverage</li> <li>• Elect dependent life insurance</li> <li>• Elect short-term disability coverage</li> <li>• Elect or increase flexible spending MR and/or DC</li> <li>• Elect or increase employee life insurance up to \$20K annual max</li> <li>• Decline any and/or all coverages now provided by spouse's coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Marriage certificate for spouse</li> <li>• Birth certificate for children</li> <li>• Evidence of new coverage</li> </ul>
Divorce Legal Separation Annulment Death of spouse	<ul style="list-style-type: none"> <li>• Elect any and/or all coverages previously provided by spouse's coverage</li> <li>• Decrease life insurance</li> <li>• Drop spouse from coverage (mandatory for death, annulment or divorce)</li> <li>• Decline dependent life if spouse was only dependent</li> <li>• Decrease flexible spending MR *</li> </ul>	<ul style="list-style-type: none"> <li>• Divorce decree</li> <li>• Notice of legal separation</li> <li>• Notice of legal annulment</li> </ul>

**CHANGE IN NUMBERS OF DEPENDENTS**

Birth Adoption Placement for adoption Guardianship Change in custody (natural or step-children)	<ul style="list-style-type: none"> <li>• Enroll employee and/or family</li> <li>• Add child(ren) and/or spouse</li> <li>• Elect short-term disability coverage</li> <li>• Elect or increase flexible spending MR and/or DC</li> <li>• Elect or increase life insurance or dependent life coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Legal adoption papers</li> <li>• Legal guardianship papers</li> <li>• Addition of step-children require both Birth certificate(s) and marriage license (Remember residency requirements)</li> </ul>
Death of dependent Removal of foster child Removal of custody or guardianship	<ul style="list-style-type: none"> <li>• Drop coverage (medical, dental and/or vision) for dependent (mandatory for death)</li> <li>• Decrease flexible spending MR*</li> <li>• Decrease flexible spending DC</li> <li>• Decrease life insurance</li> <li>• Decline dependent life if child was only dependent</li> </ul>	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Court orders</li> </ul>

\*only applies in case of death of spouse or dependent

<b>CHANGE TO MEMBER'S, SPOUSE'S OR DEPENDENT'S EMPLOYMENT STATUS OR WORK HOURS</b>		
Employment commencement (i.e. spouse begins employment or obtains new coverage)	<ul style="list-style-type: none"> <li>Decline coverage (medical, dental and/or vision) and elect under spouse</li> </ul>	<ul style="list-style-type: none"> <li>Verification of new coverage enrollment</li> </ul>
Employment termination (i.e. spouse ends employment or loses coverage)	<ul style="list-style-type: none"> <li>Elect coverage (medical, dental and/or vision) under employee's plan</li> <li>Elect or increase flexible spending if spouse had FSA benefits</li> </ul>	<ul style="list-style-type: none"> <li>Verification of insurance loss or job termination</li> </ul>
Initiation of leave without pay status (partial or total)	<ul style="list-style-type: none"> <li>Decline or decrease coverage</li> </ul>	<ul style="list-style-type: none"> <li>Verification of approved leave</li> </ul>
Return to work after approved leave, if coverage was declined at initiation of leave	<ul style="list-style-type: none"> <li>Re-elect coverage</li> </ul>	<ul style="list-style-type: none"> <li>Verification of declination of coverage</li> <li>Verification of current payments</li> </ul>
<b>CHANGE IN DEPENDENT ELIGIBILITY UNDER PLAN TERMS</b>		
Dependent turns 26 years of age	<ul style="list-style-type: none"> <li>Drop dependent who is no longer eligible (mandatory)</li> </ul>	<ul style="list-style-type: none"> <li>Letter and/or memo outlining event with employee signature</li> </ul>
<b>CHANGE IN RESIDENCE</b>		
Change in place of residence effecting coverage availability	<ul style="list-style-type: none"> <li>Elect newly eligible medical, dental and/or vision plan</li> <li>Decline all health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Letter outlining event and request</li> </ul>
<b>CHANGE IN COST OF BENEFITS for plan or group within plan</b>		
	<ul style="list-style-type: none"> <li>Elect newly eligible medical, dental and/or vision plan</li> <li>Decline all health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Letter outlining event and request</li> </ul>
<b>SIGNIFICANT CHANGE TO BENEFITS COVERAGE</b>		
	<ul style="list-style-type: none"> <li>Elect newly eligible medical, dental and/or vision plan</li> <li>Decline all health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Letter outlining event and request</li> </ul>
<b>CHANGES IN SPOUSE'S, EX-SPOUSE'S OR DEPENDENT'S COVERAGE</b>		
	<ul style="list-style-type: none"> <li>Elect coverage (medical, dental and/or vision) under employee's plan</li> <li>Decline all health coverage</li> <li>Elect or increase flexible spending MR and/or DC</li> </ul>	<ul style="list-style-type: none"> <li>Letter outlining event and request</li> </ul>
<b>ENTITLEMENT AND/OR CANCELLATION OF MEDICARE OR MEDICAID COVERAGE</b>		
Cancellation of coverage under Medicare or Medicaid (AHCCCS)	<ul style="list-style-type: none"> <li>Enroll employee and/or family in medical coverage</li> <li>Add child(ren) to medical coverage</li> <li>Add spouse to medical coverage</li> </ul>	<ul style="list-style-type: none"> <li>Verification of cancellation</li> </ul>
Entitlement to Medicare, Medicaid	<ul style="list-style-type: none"> <li>Cancel medical coverage for individual eligible for coverage</li> </ul>	<ul style="list-style-type: none"> <li>Verification of enrollment</li> </ul>

