

## Qualified Life Events Chart

Qualified Life Event	Medical/Dental/Vision	Opt. Life Insurance	Flexible Spending Accounts	Supporting Documentation (Copies are sufficient)
<p><b><u>Change in the Number of Dependents</u></b></p> <ul style="list-style-type: none"> <li>• Birth</li> <li>• Adoption</li> </ul> <p><i>This life event permits a 60-day election window (as opposed to a 31-day window)</i></p>	<ul style="list-style-type: none"> <li>• Enroll newly acquired dependent</li> <li>• Waive coverage if enrolling in a spouse's employer-paid coverage (see</li> <li>• Change of health plans allowed</li> <li>• Existing dependents not already enrolled may be enrolled under the "Tag-Along" Rule</li> </ul>	<ul style="list-style-type: none"> <li>• Elect coverage for newly acquired dependent and/or any additional dependents (spouse or QDP, eligible dependents)</li> </ul>	<ul style="list-style-type: none"> <li>• Elect or increase healthcare FSA</li> <li>• Elect or increase dependent care FSA</li> <li>• Decrease election if the employee gains eligibility and enrolls under a spouse or state registered domestic partner's health plan or FSA</li> </ul>	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Social security card</li> <li>• Document from birth provider that includes newborn's name, birth date, and name of the parent who is the subscriber, subscriber's spouse or the subscribers qualified domestic partner (A birth certificate must be provided once received by the subscriber but within 4 months of the date of birth)</li> <li>• Adoption order signed by the court</li> <li>• Stepchild(ren) require both birth and marriage certificate</li> <li>• If waiving, documentation showing enrollment in spouse's employer-paid coverage with effective date</li> </ul>
<p><b><u>Change in Marital Status</u></b></p> <ul style="list-style-type: none"> <li>• Marriage</li> <li>• City of Phoenix - Qualified Domestic Partnership (QDP) (When adding a QDP mid-year, the employee must currently be enrolled in City health plans)</li> </ul> <p><i>The Employee acquires a new dependent due to Marriage or gaining a QDP.</i></p> <p><i>If adding the QDP's will increase premiums the QDP will be added on a post-tax basis.</i></p> <p><i>Dependents may not be enrolled on two COP health plans at the same time.</i></p>	<ul style="list-style-type: none"> <li>• Elect coverage for new spouse (or QDP) and any dependent children of the spouse</li> <li>• Existing dependents not already enrolled may be enrolled under the "Tag-Along" Rule. Does not apply when adding a QDP.</li> <li>• The employee is required to enroll or be enrolled to enroll a new spouse or dependents</li> <li>• Waive COP coverage to enroll on spouse's employer paid coverage</li> <li>• Change of health plans allowed only if enrolling new spouse</li> </ul>	<ul style="list-style-type: none"> <li>• Elect coverage for newly acquired dependent and/or any additional dependents (spouse or QDP, eligible dependents)</li> <li>• Employee must complete evidence of Insurability on spouse to elect coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Elect or increase healthcare FSA (not if QDP)</li> <li>• Elect or increase dependent care FSA (not if QDP)</li> <li>• Decrease election if the employee or tax-dependent children gain eligibility and enroll in a new spouse's health plan or FSA.</li> </ul>	<ul style="list-style-type: none"> <li>• Stepchild(ren) require both birth and marriage certificate</li> <li>• Child(ren) of QDP require birth Certificate</li> <li>• Record of Marriage</li> </ul>

Eff. 1/1/2024 – Please note: Pre IRS Rules all changes must be consistent with the event. For Retirees QLEs only apply to Spouses, QDPs, and dependents. Retiree must already be enrolled in applicable plan.

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<p><b><u>Change in Employment Status of Employee, Employee's Spouse, or Employee's dependent</u></b></p> <p><i>Change in employment status that affects their benefit eligibility under their employer health plan.</i></p>	<ul style="list-style-type: none"> <li>• Elect coverage for employee, spouse, dependent</li> <li>• The employee may change coverage options</li> <li>• Employee may revoke or decrease elections for employee, spouse, or dependents who gain eligibility for and enroll in spouse or dependent's employer plan</li> <li>• Change of health plans allowed only when the employee enrolls, or Employee enrolls the dependent who lost coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Elect coverage for newly acquired dependent and/or any additional dependents (spouse or eligible dependents)</li> <li>• Employee must complete evidence of Insurability on spouse to elect coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Elect or increase healthcare FSA</li> <li>• Elect or increase dependent care FSA</li> <li>• Decrease election if the employee or tax-dependent children gain eligibility and enroll in a new spouse's health plan or FSA</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation regarding change in employment status that impacted other employer health plan eligibility (e.g., Certificate of Creditable Coverage, letter of termination of health plan coverage, or other applicable documentation from another employer)</li> <li>• New hire letter from other employer that contains information about benefits eligibility</li> <li>• Termination letter</li> </ul>
<p><b><u>Change in Coverage - Other Employer's Plan</u></b></p> <ul style="list-style-type: none"> <li>• Spouse or Dependent terminates employer coverage during another employer's Open Enrollment</li> <li>• Employee and/or dependents added to another employer's coverage during other employer's open enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Elect coverage for employee, spouse, or the dependent</li> <li>• Remove/Cancel employee, spouse, or dependent child's coverage under the Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Elect coverage for newly enrolled dependent and/or any additional dependents (spouse or eligible dependents)</li> <li>• Employee must complete evidence of Insurability on spouse to elect coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Elect or increase healthcare FSA</li> <li>• Elect or increase dependent care FSA</li> <li>• Decrease election if the employee gains eligibility and enrolls under a spouse or state registered domestic partner's health plan or FSA</li> </ul>	<ul style="list-style-type: none"> <li>• Certificate of Creditable Coverage, letter of termination of health plan coverage, or other applicable documentation from another employer</li> </ul>
<p><b><u>Dependent (spouses/child) loses eligibility</u></b></p> <ul style="list-style-type: none"> <li>• Dependent child attains age 26 (automatically removed)</li> <li>• Dependent child Placed for adoption</li> <li>• Dependent child/spouse dies</li> <li>• Divorce, Annulment</li> <li>• Termination of QDP</li> </ul>	<ul style="list-style-type: none"> <li>• Remove coverage for the impacted child, step-child, QDP, QDP child, or Spouse (as applicable) only</li> </ul>	<ul style="list-style-type: none"> <li>• Employee must revoke coverage for ineligible dependent(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease Healthcare FSA election</li> <li>• Decrease Dependent Care FSA election</li> </ul>	<ul style="list-style-type: none"> <li>• Divorce decree</li> <li>• Note of legal annulment</li> <li>• Death certificate</li> <li>• Legal adoption, guardianship or court order paperwork</li> </ul>

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<ul style="list-style-type: none"> <li>• <b>Dependent loses eligibility under the City's requirements</b></li> </ul>				
<p><b><u>Court Order</u></b></p> <ul style="list-style-type: none"> <li>• <b>Qualified Medical Child Support Order (QMCSO)</b></li> <li>• <b>National Medical Support Notice (NMSN)</b></li> <li>• <b>Court Order (such as legal guardianship (temporary or permanent))</b></li> </ul>	<ul style="list-style-type: none"> <li>• Elect coverage for child (and employee if not already enrolled) if the Order requires health coverage for the child under the employee's plan</li> <li>• Terminate coverage for a child if the Order requires the spouse, former spouse, or another individual to provide coverage for the child</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Elect or increase Healthcare FSA election</li> <li>• Decrease Healthcare FSA election if Order requires another person to cover the child</li> </ul>	<ul style="list-style-type: none"> <li>• Qualified Medical Child Support Order</li> <li>• National Medical Support Order</li> <li>• Legal Court Notice or Order</li> </ul>
<p><b><u>Gain or Lose Eligibility for Medicaid/CHIP or gain eligibility for Medicare</u></b></p> <p>Loss of Medicaid/CHIP permits a 60-day election window (as opposed to a 31-day window)</p>	<ul style="list-style-type: none"> <li>• Elect coverage for employee, spouse, or the dependent</li> <li>• Remove/Cancel employee, spouse, or dependent child's coverage under the Plan</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Elect or increase Healthcare FSA election</li> <li>• Decrease Healthcare FSA election</li> </ul>	<p>Enrollment or Termination letter from Medicaid, CHIP, or Medicare reflecting the date that the Employee, Employee's spouse or child enrolled in or lost eligibility for Medicaid, CHIP, or Medicare</p>
<p><b><u>Involuntary loss of coverage on the market exchange</u></b></p>	<ul style="list-style-type: none"> <li>• Elect coverage</li> <li>• Add spouse and/or dependents who lost coverage (Existing uncovered dependents who did not lose other coverage may not be enrolled)</li> </ul>	• N/A	N/A	<p>Documentation showing the termination of the market exchange coverage</p>

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## Qualified Life Events Chart

<p><b><u>Reduction in Hours (ACA Measurement Period)</u></b></p> <p>Employee who was reasonably expected to average at least 30 hours of service per week has a change in employment status so that the employee will reasonably be expected to average less than 30 hours of service per week, even if the reduction in hours does not cause a loss of eligibility.</p>	<ul style="list-style-type: none"> <li>Revoke election for employee, spouse, or dependent child provided they intend to enroll in marketplace coverage</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<p>N/A</p>	<p>No documentation is required – Internal business records will be reviewed.</p>
<p><b>Significant Cost or Coverage Changes</b></p> <ul style="list-style-type: none"> <li><b>Significant increase in cost of coverage</b></li> <li><b>Significant decrease in cost of coverage</b></li> <li><b>Addition or Significant Improvement of Benefit Option</b></li> </ul>	<ul style="list-style-type: none"> <li>Increase election option to correspond with cost increase/decrease (if previously waived)</li> <li>Decrease election to correspond with cost decrease</li> <li>Revoke coverage for employee, spouse, or dependent child's coverage under the Plan</li> </ul>	<ul style="list-style-type: none"> <li>Elect (if previously waived), decrease</li> <li>Decrease election to correspond with cost decrease/coverage option change</li> <li>Revoke election for similar benefit option and enroll in option with newly decreased cost</li> </ul>	<ul style="list-style-type: none"> <li>No changes permitted to Healthcare FSA</li> <li>DC-FSA Enroll, increase, or decrease or revoke election if move impacts dependent childcare expenses (no change allowed if provider is a relative to the employee).</li> </ul>	<p><i>Requests under this life event should be reviewed individually and will generally be the result of a significant cost change created by an employer's (COP or a Spouse's employer) midyear change (coverage/cost) to benefits that is Significant in the view of the IRS.</i></p>
<p><b>Change to Dependent Care Provider (with increased or decreased cost) or change in number of DC-FSA qualifying individuals.</b></p>	<p>N/A</p>	<p>N/A</p>	<p>* Change must be consistent with the event. Decrease election if cost decreased and increased election if cost increased</p>	<p>Documentation for Dependent from Care provider.</p>