

QUALIFYING LIFE EVENTS

| QUALIFYING LIFE EVENT | MID-YEAR CHANGE | | DOCUMENTATION REQUIRED (All documentation must be submitted within 60 days of the event) |
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| | MEDICAL/DENTAL/ VISION | FSA | |
| New Hire | Employee has 7 days to enroll, failure to make an election will result in automatic enrollment in the lowest cost health and dental plan on an after-tax basis | Employee may enroll | <ul style="list-style-type: none"> Premium Deduction Election Form Medical/Dental/Vision Enrollment Forms Medical Expense Reimbursement (FSA) Plan Enrollment Form If adding dependents or spouse/domestic partner then birth certificate(s) and marriage certificate |
| Gain of dependent(s) <ul style="list-style-type: none"> Marriage Domestic partnership Birth/adoption/ placement of an adopted or foster child | Employee may enroll newly eligible dependent(s) | Employee may enroll or increase annual election amount | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Marriage certificate, state registered domestic partner certificate and/or birth certificate(s) or hospital printout of birth Adoption or Placement for Adoption court order |
| Loss of dependent(s) <ul style="list-style-type: none"> Divorce or annulment Domestic partnership termination Death | Employee must remove dependent; may enroll self and eligible dependent(s) | Employee may enroll, increase or decrease annual election | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Divorce, legal separation, annulment, or termination of domestic partnership decree Death certificate Marriage/birth certificate(s) |
| Judgment, decree, or order resulting from divorce, annulment | Employee may enroll dependent(s) | Employee may enroll or increase annual election amount | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Judgment, decree or order Birth certificate(s) |
| Gain of coverage through spouse/domestic partner's employer | Employee may opt-out (self) and/or remove dependent(s) | Employee may cease or decrease annual election | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of spouse/domestic partner's employer-sponsored coverage that includes the effective date |
| Dependent gain of coverage through a federal or state healthcare exchange | Employee may remove dependent(s). | No change is permissible | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Plan Enrollment Form Proof of other coverage and effective date |
| Loss of spouse's/domestic partner's employment | Employee must enroll self if coverage is lost and may enroll dependent(s) | Employee may enroll or increase annual election amount | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of spouse's employment and benefit plan loss that includes loss of coverage effective date Marriage/birth certificate(s) |
| Change in employment status | Employee may elect to enroll self and dependent(s) if change caused employee to gain eligibility | Employee may elect to enroll and increase or decrease annual election amount | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of employment status change Marriage/birth certificate(s) |

QUALIFYING LIFE EVENTS *(continued)*

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| | MEDICAL/DENTAL/ VISION | FSA | |
| Dependent ceases to satisfy plan eligibility requirements (i.e. overage dependent) | Employee must remove dependent(s) | Employee may decrease election | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Proof of loss of eligibility (FSA only) |
| Dependent reaches age 26 (OAD) and relies on you for support and is permanently mentally or physically disabled | Employee may elect to keep dependent enrolled | No change is permissible | <ul style="list-style-type: none"> Disabled Dependent Certification |
| Over Age Dependent (OAD) loses coverage under other parent's employer sponsored plan | Employee may elect to enroll over age dependent | Employee may elect to enroll or increase annual election | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form Disabled Dependent Certification / birth certificate Proof of loss of coverage |
| Commencement of unpaid leave of absence | County contributions for health benefits will automatically cease and employee will be responsible for premium payments; failure to pay premiums will result in termination of coverage | Employee may cease or suspend annual election. | To cease/suspend annual FSA election amount, you must submit the following: <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form |
| Return from unpaid leave of absence | If coverage terminated, employee may enroll dependent(s) | Employee may elect to enroll or reinstate annual election | <ul style="list-style-type: none"> Premium Deduction Election Form Medical Expense Reimbursement (FSA) Plan Enrollment Form Marriage/birth certificate(s) |
| Residence change results in gain or loss of eligibility | Employee may enroll or remove dependent(s) | No change is permissible | <ul style="list-style-type: none"> Premium Deduction Election Form Medical/Dental/Vision Plan Enrollment-Change Form Proof of residence change Marriage/birth certificate(s) (enroll only) |
| Self or dependent(s) becomes entitled or loses eligibility for Medicare or Medicaid | Employee may enroll or opt-out yourself or enroll or remove dependent(s) | No change is permissible | <ul style="list-style-type: none"> Premium Deduction Election Form Medical/Dental/Vision Plan Enrollment-Change Form Opt-Out Agreement Proof of gain/loss of Medicare or Medicaid Marriage/birth certificate(s) |

