

Mid-Year Changes

Qualifying Event	Allowable Election Change	Enrollment Period From Date of Qualifying Event	Documentation Needed
Marriage	<ul style="list-style-type: none"> Elect coverage for self (if not currently covered) and newly acquired spouse or eligible dependent(s) Drop coverage if electing spouse's plan FSA changes allowed Supplemental Life/AD&D – may enroll or increase coverage and make beneficiary changes 	30 days from date of marriage	<ul style="list-style-type: none"> Marriage Certificate if adding spouse Proof of other coverage if dropping self/dependents due to election of spouse coverage
Birth Adoption, Legal Placement for Adoption, Legal Guardianship	<ul style="list-style-type: none"> Elect coverage for self (if not currently covered) and newborn(s) or adopted/placed child(ren) Enroll or increase FSA Supplemental Life/AD&D – may enroll or increase coverage and make beneficiary changes 	30 days from date of birth, adoption or placement	<ul style="list-style-type: none"> Birth or Adoption Certificate or other acceptable legal proof of guardianship
Divorce, Legal Separation	<ul style="list-style-type: none"> Drop spouse Elect coverage for self and eligible dependent(s) if loss of other coverage FSA changes allowed Supplemental Life/AD&D – drop coverage and make beneficiary changes 	30 days from date of divorce or legal separation	<ul style="list-style-type: none"> Divorce Decree or Legal Separation Documentation Spouse's current mailing address for COBRA notification
Death of Spouse or Dependent Child	<ul style="list-style-type: none"> Drop spouse or dependent child Elect coverage for self and eligible dependent(s) if loss of other coverage FSA changes allowed Supplemental Life/AD&D – drop coverage and make beneficiary changes 	30 days after date of death	<ul style="list-style-type: none"> Death Certificate
Judgment, Decree or Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> Add or drop dependent as directed by the court Elect coverage if necessary to enroll dependents, including FSA 	30 days from date of legal document notification; QMCSO will be enrolled per date specified by the order	<ul style="list-style-type: none"> Court Qualified Medical Child Support Order or legal document requiring Team member or covered spouse to provide health care for child(ren)
Loss of coverage under Medicaid or a state child health plan	<ul style="list-style-type: none"> Elect medical coverage for self (if not currently covered) and eligible dependent(s) 	60 days after date that Medicaid or the state child health plan determines eligibility	<ul style="list-style-type: none"> Notification of loss of coverage from local or state agency that provided coverage
Gain of coverage under Medicaid or a state child health plan	<ul style="list-style-type: none"> Drop medical coverage for self and all eligible dependents that will enroll in Medicaid or a state child health plan 	60 days after date that Medicaid or the state child health plan determines eligibility for financial assistance	<ul style="list-style-type: none"> Notification of enrollment of coverage from local or state agency that provides coverage
Spouse's employment or dependent's status changes (results in gain of coverage)	<ul style="list-style-type: none"> Drop spouse or dependent Drop self if enrolling in spouse's plan Drop or decrease FSA 	30 days from effective date of new coverage gained	<ul style="list-style-type: none"> Enrollment eligibility information from other company; proof of other coverage
Spouse's employment or dependent's status changes (results in loss of coverage)	<ul style="list-style-type: none"> Enroll self, spouse or dependent if loss of other coverage (Spousal Surcharge rate does not apply) Enroll or increase FSA Supplemental Life/AD&D – may enroll or increase coverage 	30 days from effective date of loss of other coverage	<ul style="list-style-type: none"> Loss of other coverage document (i.e. Certificate of Credible Coverage or letter providing coverage end date)