

QUALIFYING EVENT	ALLOWABLE MID-YEAR CHANGES		WHAT YOU NEED TO DO MAKE A CHANGE Within <u>30 days</u> of the qualifying event, submit a Flexible Benefits Plan <u>Qualifying Event Notification Form</u> and any required documentation noted below.
	Health Coverage (Dental/Medical/ Vision)	FSA Dental/Medical/Vision (DMV) Dependent/Child Care (DCC)	
<b>GAIN OF DEPENDENT</b>			
<b>Adding a dependent due to:</b> <ul style="list-style-type: none"> <li>• Birth</li> <li>• Adoption</li> <li>• Placement of child</li> </ul>	Employee can change/add medical, dental and vision for him/herself, new dependent and any other dependents not previously enrolled	DMV: Employee may enroll or increase annual election amount.  DCC: Employee may enroll or increase annual election amount. May be decreased if there is a reduction in dependent care provider services.	Documents to submit: <ul style="list-style-type: none"> <li>• Hospital birth record or birth certificate</li> </ul> Or <ul style="list-style-type: none"> <li>• Legal Guardianship/Adoption Papers or placement of the child (adoption or fostering) court order</li> </ul> A medical plan application from Flex Benefits may be needed.  <b>Note:</b> you will also need to enter the new child's SSN into SAP Self-Services by editing his/her dependent record in your Personal Profile.
<b>Adding a dependent due to:</b> <ul style="list-style-type: none"> <li>• Marriage</li> </ul>	Employee can add medical, dental and vision for him/herself, new dependent and any other dependents not previously enrolled	DMV: Employee may enroll or increase annual election amount.  DCC: Employee may make a prospective election change; may decrease or stop election, if 1.) the new spouse/domestic partner makes a DCC FSA election under his/her employer's plan or 2.) if there is a change in dependent care provider.	Documents to submit: <ul style="list-style-type: none"> <li>• Marriage certificate;</li> <li>• State registered domestic partnership;</li> </ul> If adding dependent children: <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Legal Guardianship/Adoption Papers or placement of the child (adoption or fostering) court order</li> </ul>
<b>GAIN OF COVERAGE</b>			
<b>End coverage for employee, spouse, dependent or tax dependent domestic partner due to gaining coverage through an employer-sponsored health plan</b>	Employee may end benefits that correspond to enrollments through an employer-sponsored health plan (for him/herself, qualified dependents, and tax dependent domestic partner). <b>Note:</b> domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.	DMV: No change is permissible.  DCC: No change is permissible unless the change of status affects a change in dependent care providers.	Documents to submit: <ul style="list-style-type: none"> <li>• Return the Qualifying Event Notification form affirming coverage through another employer's health plan</li> </ul>

<p><b>End coverage for employee, spouse, dependent or tax dependent domestic partner due to gaining coverage through a federal or state healthcare exchange (Public Health Marketplace)</b></p>	<p>Employee may end benefits that correspond to the marketplace enrollment (for him/herself, qualified dependents, and tax dependent domestic partner). <b>Note:</b> domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.</p>	<p>DMV/DCC: No change is permissible.</p>	<p>Documents to submit:</p> <ul style="list-style-type: none"> <li>• Return the Qualifying Event Notification form affirming coverage through Public Health Marketplace</li> </ul>
<p><b>End coverage for an employee, spouse, dependent or tax dependent domestic partner due to gaining coverage through Medicare</b></p>	<p>Employee may end benefits that correspond to the Medicare enrollment (for him/herself, qualified dependents, and tax dependent domestic partner). <b>Note:</b> domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.</p>	<p>DMV/DCC: No change is permissible.</p>	<p>Documents to submit:</p> <ul style="list-style-type: none"> <li>• Return the Qualifying Event Notification form affirming coverage through Public Health Marketplace</li> <li>• Proof of benefit plan which includes the effective date of coverage, types of coverage, and names of applicable individuals who are enrolled in the coverage</li> </ul>
<p>Change in employment status (part-time to full-time)</p>	<p>Employee may elect to enroll him/herself, qualified dependents and tax dependent domestic Partner. <b>Note:</b> domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.</p>	<p>DMV/DCC: Employee may elect to enroll.</p>	<p>Attend an orientation and make your elections through SAP Self-Services within 30 days from the date your employment status changed.</p> <ul style="list-style-type: none"> <li>• Affidavit of Domestic Partnership or the domestic partnership registration is required if the related changes include adding a registered or non-registered domestic partner</li> </ul> <p>You will receive an email invitation to an upcoming orientation. If you have not received the email, or have further questions, you may call Risk Management at 619-236-5924.</p>
<p><b>LOSS OF DEPENDENT ELIGIBILITY</b></p>			
<p><b>Drop a dependent due to:</b></p> <ul style="list-style-type: none"> <li>• Divorce or Annulment</li> <li>• Domestic partnership termination</li> <li>• Death of dependent</li> </ul>	<p>Employee must remove dependent(s) that are no longer eligible; coverage ceases at the end of the month of the date of qualifying event.</p>	<p>DMV/DCC: Costs incurred after qualifying event date for the spouse or dependent who lost coverage will no longer be eligible for reimbursement; employee may decrease or cease annual election amount.</p>	<p>Documents to submit:</p> <ul style="list-style-type: none"> <li>• Divorce decree</li> <li>• Death certificate</li> <li>• Statement of Termination of Domestic Partnership form</li> </ul> <p>If dependent has died, please call the Flexible Benefits Office at (619) 236-5924 who will advise you on what further actions are required and any additional benefits you may be entitled to.</p>

<p><b>Drop a dependent due to:</b> The Dependent ceases to satisfy plan eligibility requirements (i.e. overage dependent – child turns age 26 for health plans, age 13 for dependent child care)</p>	<p>Employee must remove dependent(s) that are no longer eligible; coverage ceases at the end of the month of the date of qualifying event.</p>	<p>DMV: Costs incurred after qualifying event date for the dependent who lost coverage will no longer be eligible for reimbursement; employee may decrease or cease annual election amount.</p> <p>DCC: If dependent child turns 13, prospective cancellation or decrease is permissible.</p>	<p>When a dependent ceases to satisfy plan eligibility requirements, the provider will notify Risk Management, at which time Risk Management will remove the dependent from the plan.</p> <p>Any changes to your FSA contribution amount will need to be completed within 30 days from the date the dependent became ineligible. Complete the Qualifying Event Notification form.</p> <p>Note: dependents who have lost coverage may be eligible for COBRA benefits (continuation of health benefits coverage)</p>
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### LOSS OF COVERAGE

<p><b>Adding coverage for an</b> Employee, spouse, qualified dependent and/or tax dependent domestic partner because they no longer have insurance through an employer-sponsored health plan or previous health plan</p>	<p>Employee spouse, qualified dependent and/or tax dependent domestic partner who were impacted by the loss of coverage may enroll in the type of coverage that was lost. <b>Note:</b> domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.</p>	<p>DMV: No change is permissible.</p> <p>DCC: No change is permissible unless the change of status affects a change in dependent care providers.</p>	<p>Documents to submit:</p> <ul style="list-style-type: none"> <li>• Proof of benefit plan loss which includes the loss of coverage effective date, types of coverage lost, and names of applicable individuals who lost coverage</li> <li>• Marriage/Birth certificate(s), if applicable</li> <li>• Affidavit of Domestic Partnership or domestic partnership registration and Certification of Federal Tax Dependent status document required if the related changes include adding a tax dependent domestic partner</li> </ul> <p>Once Risk Management is notified, you will be able to enroll through SAP Self-Services.</p>
<p><b>Employee or dependent(s) loses eligibility for Medicare or Medicaid</b></p>	<p>Employee may enroll him/herself, qualified dependents and/or tax dependent domestic partner. <b>Note:</b> domestic Partners who are not also an employee's tax dependent are not eligible to be added to benefits mid-year.</p>	<p>DMV: Employee may elect to enroll or increase annual election amount.</p> <p>DCC: No change is permissible.</p>	<p>Documents to submit:</p> <ul style="list-style-type: none"> <li>• Proof of loss of Medicare or Medicaid</li> <li>• Marriage/birth certificate(s), if applicable</li> <li>• Affidavit of Domestic Partnership and Certification of Federal Tax Dependent Status document required if the related changes include adding a tax dependent domestic partner</li> </ul>

**CHANGE IN DEPENDENT/CHILD CARE PROVIDER**

<b>Change in dependent/child care Provider</b>	No change is permissible for health coverage.	DMV: No change is permissible.  DCC: Employee may make a prospective election change (increase/decrease/cancel).	Change must be consistent with the change in dependent care expenses and made within 30 days of the new care provider rendering services.
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**OTHER**

<b>Employee commences an unpaid non-protected leave of absence</b>	City contributions for health benefits (e.g. Flexible Benefit Credits) will automatically cease and employee will be responsible for premium payments.	DMV/DCC: Employee may cancel or suspend annual election when he/she no longer meets the Eligible Employee standard (i.e. not scheduled to work 40 or more hours per payroll period).	No paperwork is required for health benefits cessation due to leave of absence.  Risk Management will mail information regarding your obligation to make premium payments if you would like your health benefits to continue. Failure to pay premiums will result in termination of coverage.
<b>Employee returns from unpaid non-protected leave of absence</b>	If coverage terminated, employee may elect to reinstate elections in effect for him/herself and dependent(s) prior to leave.	DMV/DCC: Employee may elect to reinstate annual election.	Contact the Flexible Benefits Office at (619) 236-5924 upon your return to work.
<b>Residence change results in gain or loss of coverage</b>	Employee may enroll or remove dependent(s) <b>including a domestic partner, but only if the domestic partner is also a certified tax dependent.</b>	DMV: No change is permissible.  DCC: No change is permissible unless there is a change in dependent care providers.	Documents to submit: <ul style="list-style-type: none"> <li>• Proof of residence change</li> <li>• Marriage/birth certificate(s), if applicable (enroll only)</li> <li>• Affidavit of Domestic Partnership and Certification of Federal Tax Dependent Status document required if the related changes include adding a tax dependent domestic partner</li> </ul>
<b>Gain of domestic partner (non-tax-dependent)</b>	No change is permissible for health coverage.	DMV: No change is permissible.  DCC: No change is permissible.	Mid-Year changes are not permissible.