| QUALIFYING<br>EVENT  | ALLOWABLI  | E MID-YEAR CHANGE  | WHAT YOU NEED TO DO MAKE A CHANGE Within 30 days of the qualifying event, submit the   |
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|  | <b>HEALTH COVERAGE</b> (Dental/Medical/Vision)   | FLEXIBLE SPENDING ACCOUNT (FSA)  • Dental/Medical/Vision (DMV)  • Dependent/Child Care (DCC)   | Qualifying Event Form in SAP and any required documentation noted below. If you do not have the supporting documentation yet, you may submit the form without proof and Risk Management will work with you as you obtain your documentation.   |
|  |  | GAIN OF DEPENDENT  |  |
| Adding a dependent due to:  • Birth  • Adoption  • Court Order | Employee can change/add medical, dental and vision for themselves, the new dependent, and any other dependents not previously enrolled. All changes must be consistent with the event (i.e. can only add additional dependents or change coverage if the new dependent is added to the plan) | 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. | Submit the Qualifying Event form in SAP within 30 days of the birthdate or adoption/court order effective date, even if you do not have proof yet.  Supporting Documentation:  • Birth Certificate or Hospital Verification Letter Or  • Legal Guardianship/Adoption Papers or placement of the child (adoption or fostering) court order  Once your form is approved, you will be able to make your benefit enrollment elections in SAP. If adding other dependents not previously enrolled, you must also provide verification documents (marriage certificate, birth certificate, etc.) for those newly added dependents.  Coverage will be effective the 1st of the month following the date of the event. |
| Adding a dependent due to:  • Marriage                         | Employee can add medical, dental and vision for themselves, the spouse and any other dependents not previously enrolled. All changes must be consistent with the event (i.e. can only add additional dependents or change coverage to the plans in which the spouse was added to)            | DMV: Employee may enroll or increase annual election amount.  DCC: Employee may enroll or increase to accommodate any newly eligible dependents who were not previously covered.                         | Submit the Qualifying Event form in SAP within 30 days of the marriage date, even if you do not have proof yet.  Supporting Documentation:  • Marriage certificate  Once your form is approved, you will be able to make your benefit enrollment elections in SAP. If adding other dependents not previously enrolled, you must also provide verification documents (birth certificate, legal guardianship, adoption papers, etc.) for those newly added dependents. Coverage will be effective the 1st of the month following the submission of the completed qualifying event form.  |

| GAIN OF COVERAGE   |  |  |  |  |  |  |
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| End coverage for employee, spouse, dependent or tax dependent domestic partner due to gaining coverage   | Employee may end benefits that correspond to enrollments through another qualified health plan (e.g. spouse's employer-sponsored health plan) for themselves, qualified dependents, and/or tax dependent domestic partner. | DMV: Employee may revoke or decrease election for employee's, spouse's, or dependent's coverage if employee, spouse, or dependent is added to spouse's or dependent's plan.  DCC: The employee may revoke election for dependent who is added to the spouse's DCC FSA. | Submit the Qualifying Event form in SAP within 30 days of the new insurance coverage effective date, even if you do not have proof yet.  Supporting Documentation:  • Proof of Gained Coverage - a copy of the new insurance information which includes the effective date of coverage, types of coverage, and names of applicable individuals who are enrolled in the coverage  And, if applicable, please complete the following:  • Waiver of Medical Insurance Form - If you are waiving coverage for yourself, you may also be required to submit a Waiver of Medical Insurance Form if you fall into one of the following groups:  1. MEA, Local 145, Local 127, DCAA, and Unrepresented/Unclassified hired on or after 7/1/2020; or  2. POA and Local 911 hired on or after 7/1/2021. |  |  |  |
|  | LOSS OF DEPE   | NDENT ELIGIBILITY  |  |  |  |  |
| <ul> <li>Drop a dependent due to:</li> <li>Divorce or Annulment</li> <li>Domestic partnership termination</li> <li>Death of dependent</li> </ul> | Employee must remove dependent(s) that are no longer eligible; coverage ceases at the end of the month of the date of qualifying event.  | 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.   | Submit the Qualifying Event form in SAP within 30 days of the event, even if you do not have proof yet.  Supporting Documentation:  • Divorce decree  • Death certificate  • Statement of Termination of Domestic Partnership form   |  |  |  |

| LOSS OF COVERAGE  |   |  |   |  |  |  |
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| Adding coverage for an employee, spouse, qualified dependent and/or tax dependent domestic partner because they no longer have health coverage. | 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.  Note: domestic partners who are not also an employee's tax dependent are not eligible to be added to benefits midyear. | DMV: Employee may elect to enroll or increase annual election amount.  DCC: Employee may enroll or increase election if spouse or dependent loses eligibility for DCC FSA.             | Submit the Qualifying Event form in SAP within 30 days of the date that coverage was lost, even if you do not have proof yet  Supporting Documentation:  • Loss of Coverage Letter or COBRA notification letter – must include the loss of coverage effective date, types of coverage lost, and the names of applicable individuals who lost coverage.  If adding other dependents not previously enrolled, you must also provide verification documents for those dependents (marriage certificate, birth certificate, etc. For tax dependent domestic partner you must provide an Affidavit of Domestic Partnership or domestic partnership registration, and Certification of Federal Tax Dependent status)  Coverage will be effective 1st of the month following submission of the |  |  |  |
|   | CHANCE IN DEDENDENT   | C/CHILD CARE PROVIDER  | completed Qualifying Event form.  |  |  |  |
|   | CHANGE IN DEPENDENT   | CHILD CARE PROVIDER  |   |  |  |  |
| Change in Dependent/Childcare<br>Provider   | 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. | Submit the Qualifying Event form in SAP within 30 days of the new care provider rendering services, even if you do not have proof yet.  Supporting Documentation:  • Proof of provider change – must include the name of the dependent being cared for, effective date, and the provider's name.  |  |  |  |

| RESIDENCE CHANGE   |  |   |   |  |  |  |
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| Residence Change – moving out-<br>of-network.<br>Employee is currently enrolled in a City<br>plan but moves to an address that is<br>out-of-network. | If employee is currently enrolled in a City medical, dental, and/or vision plan and has moved outside of the coverage area, the employee may change coverage to an in-network plan, or drop coverage entirely for themselves and dependents.   | DMV: No change is permissible.  DCC: No change is permissible unless there is a change in dependent care providers. | Submit the <u>Qualifying Event form</u> in SAP within 30 days of the move, even if you do not have proof yet  Supporting Documentation:  • Proof of residence change – Lease/rental agreement or mortgage documents showing the new address.  |  |  |  |
| Residence change – Moving innetwork. Employee not enrolled in a City plan moves to an area in which they are now eligible for coverage               | If employee is not currently enrolled in a City medical, dental, and/or vision plan because they lived outside of the coverage area and they just moved to a residence that within the coverage area (in-network), they will then become eligible to enroll themselves and dependents.   | DMV: No change is permissible.  DCC: No change is permissible unless there is a change in dependent care providers. | Submit the Qualifying Event form in SAP within 30 days of the move, even if you do not have proof yet.  Supporting Documentation:  Proof of residence change – Lease/rental agreement or mortgage documents showing the new address.  If adding other dependents not previously enrolled, you must also provide verification documents for those newly added dependents (marriage certificate, birth certificate, etc) Coverage will be effective 1st of the month following the submission of the completed Qualifying Event form. |  |  |  |
|  | RETURN FROM UNP  | AID NON-FMLA LEAVE  |   |  |  |  |
| Employee returns from unpaid non-protected leave of absence and coverage was terminated  | Election options depend on time of year that the employee returns to work.  • If the employee returns to work in the same plan year, the only option available is to reinstate the elections that were in effect prior to the leave of absence.  • If the employee returns to work in the next plan year (they missed open enrollment), then the employee may choose to keep the same elections or make new elections. | DMV/DCC: Employee may make a new FSA election.  | Benefits from before the leave of absence will not be reinstated automatically. To re-enroll, the employee must submit the Qualifying Event form in SAP within 30 days of their return to work date. No additional proof documents required.  Coverage will be effective 1st of the month following the submission of the completed Qualifying Event form.  |  |  |  |

