

Types of Qualified Life Events (QLE)

Adding coverage

Reason for QLE	Effective Date of Coverage	Supporting Documentation
I and/or my dependent(s) have lost coverage under another group plan	Date of the event	Official letter or document that includes the following: <ul style="list-style-type: none"> Employee and/or dependent name Termination date of coverage Plans terminated
I have a newly eligible child (<i>birth, adoption, guardianship or placed in foster care</i>)	Date of the event	Copy of the birth certificate or a copy of the signed and dated official document of the: <ul style="list-style-type: none"> Adoption Guardianship Foster Care
I received a court order requiring me to add coverage for my eligible child(ren)	First day of the pay period following event	Copy of the court order
I was married	First day of the pay period following event	Marriage Certificate

Ending coverage

Reason for QLE	Effective Date of Coverage	Supporting Documentation
I and/or my dependent(s) gained coverage under another group plan.	First day of the pay period following event	Official letter or document that includes the following: <ul style="list-style-type: none"> Employee and/or dependent name Effective date of coverage Plan enrolled
I have received a divorce or legal separation	First day of the pay period following event	Copy of a signed and dated official document of the divorce or legal separation
I received a court order allowing me to drop coverage for my child(ren)	First day of the pay period following event	Copy of the court order
My spouse or child died	Day after the event	Copy of the death certificate

Dependent Care Flexible Spending Account Only

Reason for QLE	Effective Date of Coverage	Supporting Documentation
Your child is no longer in childcare because they started kindergarten or first grade or turned age 13	First day of the pay period following event	Official letter or document indicating your child has started kindergarten or first grade or Birth Certificate
Your dependent care provider who is not your relative significantly changes your costs	First day of the pay period following event	Official letter or document indicating your dependent care provider has significantly changed your cost
You changed dependent care providers	First day of the pay period following event	Official letter or document indicating you have changed dependent care provider