

# What Happens to Your Benefits When You Have a Qualified Life Event

Benefits offered by Stamford Public Schools are intended to support you and your family during the different stages and events of your life. This section gives you the information you need to take full advantage of your benefits when you experience a qualified life event. All changes must be consistent with the qualified life event.

**If you experience one of the qualified life events listed in the chart, you must contact the Benefits Administration Office (203-977-4773 or 203-977-4196) within thirty (30) days of the event.**

	<b>Medical, Dental and Prescription Drugs</b>	<b>Health Care Flexible Spending Account</b>	<b>Dependent Day Care Flexible Spending Account</b>	<b>Life &amp; Accident Insurance</b>
<b>Marriage</b>	<ul style="list-style-type: none"> <li>▪ Add spouse and eligible dependent children and change coverage tier to reflect addition of dependents</li> <li>▪ Cancel your coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect or increase if your marriage creates or increases need for child care</li> <li>▪ Cancel if your spouse makes an election under his/her employer's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, cancel, or change coverage</li> <li>▪ Elect spouse Coverage</li> </ul>
<b>Divorce</b>	<ul style="list-style-type: none"> <li>▪ Elect coverage if you lose coverage under your spouse's plan</li> <li>▪ Cancel spouse's coverage and change coverage tier to reflect cancellation of spouse's coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect or increase election if your divorce creates or increases need for child care</li> <li>▪ Cancel or decrease election if your divorce negates need for day care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, cancel, or change coverage</li> <li>▪ Cancel spouse's coverage</li> </ul>
<b>Birth or Adoption</b>	<ul style="list-style-type: none"> <li>▪ Add new dependent to coverage and change coverage tier to reflect addition of dependent(s)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect or increase election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> <li>▪ Elect coverage for new dependent child</li> </ul>

If you experience one of the qualified life events listed in the chart, you must contact the Benefits Administration Office (203-977-4773 or 203-977-4196) within thirty (30) days of the event.

	Medical, Dental and Prescription Drugs	Health Care Flexible Spending Account	Dependent Day Care Flexible Spending Account	Life & Accident Insurance
<b>Death of spouse or dependent</b>	<ul style="list-style-type: none"> <li>▪ Cancel coverage for deceased spouse or dependent and change coverage tier to reflect cancellation of coverage for spouse or dependent(s)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decrease or cancel election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> </ul>
<b>Termination of spouse's employment</b>	<ul style="list-style-type: none"> <li>▪ Add spouse and eligible dependent children coverage and change coverage tier to reflect addition of dependents</li> <li>▪ Elect coverage if you lose coverage under your spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect if you lose coverage under your spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> </ul>
<b>Commencement of spouse's employment</b>	<ul style="list-style-type: none"> <li>▪ Cancel your coverage if you are added to your spouse's coverage</li> <li>▪ Cancel your spouse's or dependent's coverage if they are added to your spouse's coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase or cancel election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> </ul>

If you experience one of the qualified life events listed in the chart, you must contact the Benefits Administration Office (203-977-4773 or 203-977-4196) within thirty (30) days of the event.

	Medical, Dental and Prescription Drugs	Health Care Flexible Spending Account	Dependent Day Care Flexible Spending Account	Life & Accident Insurance
<b>Taking an unpaid leave by you or your spouse</b>	<ul style="list-style-type: none"> <li>▪ Cancel coverage</li> <li>▪ Elect coverage if losing coverage under spouse's plan</li> <li>▪ Retain coverage and pay COBRA premium</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancel election</li> <li>▪ Elect if losing coverage under spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancel election</li> <li>▪ Elect if losing coverage under spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancel coverage</li> </ul>
<b>Return from taking an unpaid leave after 30 days</b>	<ul style="list-style-type: none"> <li>▪ Elect coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect coverage</li> </ul>
<b>You or your spouse switches from full-time to part-time or part-time to full-time employment which impacts your ability to have health coverage</b>	<ul style="list-style-type: none"> <li>▪ Elect or cancel coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease, or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect coverage</li> </ul>

## Making Benefit Changes

If you experience one of the qualified life events listed in the chart, you must contact the Benefits Administration Office (203-977-4773 or 203-977-4196) within thirty (30) days of the event. If you do not contact the Benefits Administration Office within thirty (30) days of the event, you will not be permitted to make any changes until the next Open Enrollment.

To make changes, you must submit the applicable enrollment form and documentation that verifies the qualified life event. Such documentation includes a birth certificate, court adoption notice, letter from an adoption agency verifying placement, marriage certificate, death certificate, letter from an employer on their stationary, most recent 1040 tax return, social security card, and dissolution of marriage decree. A full list can be found below. All benefit change submissions and documentation must be approved by the benefits office.

Qualified Event	Documentation Needed
Marriage/Civil Union	State Marriage Certificate & Copy of Spouse's Social Security Card
Divorce	Front Page of Divorce Decree  If adding dependent children please see new hire documentation in addition to the front page of the divorce decree.
Birth or Adoption	Form must be submitted within 30 days. Copy of Birth Certificate & Copy of Social Security Card must be submitted within 60 days
Death of Spouse or Dependent Child	Death Certificate
Termination or commencement of spouse or dependent child's employment	Letter from Spouse or Dependent Child's employer on company stationery  If adding spouse and/or dependent child please see new hire documentation in addition to the letter from spouse or dependent child's employer on company stationery.
Change in your, your spouse's or covered dependent child's job status from full-time to part-time or part-time to full-time which impacts your ability to receive health coverage	Letter from Spouse or Dependent Child's employer on company stationery  If adding spouse and/or dependent child please see new hire documentation in addition to the letter from spouse or dependent child's employer on company stationery.
Taking of an unpaid leave of absence by you, your spouse, or your covered dependent child	Letter from Spouse or Dependent Child's employer on company stationery  If adding spouse and/or dependent child please see new hire documentation in addition to the letter from spouse or dependent child's employer on company stationery.
New Hire	To Add Spouse: If married more than one year: Copy of State Marriage Certificate & Copy of Front Page of 2015 1040 tax return If married less than one year: Copy of State Marriage Certificate & Copy of Spouse's Social Security Card To Add Child: Copy of Birth Certificate & Copy of Social Security Card

Changes made as a result of a qualified life event are done so without any imposition of pre-existing condition limitations or medical evidence requirements.