

# Great Falls Public Schools Qualifying Events

## CHANGE IN PARTICIPANT'S DEPENDENTS

| Event  | Health Insurance   | Health FSA   | Dependent Care FSA       |
|--|--|--|--------------------------|
| <b>1. Gain Dependent</b><br>-Birth<br>-Adoption<br>-Foster Child<br>-Dependent gains eligible status | May enroll or increase coverage for newly-eligible dependent. <b>Within 30 days of the date of event.</b>  | Same as previous column.                                   | Same as previous column. |
| <b>2. Lose dependent(s)</b><br>-Death of dependent<br>-Dependent loses eligible status               | May drop coverage for dependent who loses eligibility <b>because of death, 1st of the month following date of marriage or 1st of the month following turning age 26.</b> | May decrease election for dependent who loses eligibility. | May decrease or cease.   |

## CHANGE IN MARITAL STATUS

| Event  | Health Insurance  | Health FSA  | Dependent Care FSA  |
|--|---|---|---|
| <b>1. Marriage</b>   | May enroll newly-eligible spouse, or drop employee's coverage if employee is eligible for and elects coverage under new spouse's plan. <b>Within 30 days of the date of marriage.</b> | May increase election for newly-eligible spouse or dependents, or decrease employee's coverage if employee becomes an eligible dependent under new spouse's health FSA. | May enroll, increase, decrease, or cease coverage.                          |
| <b>2. Lose Spouse</b><br>-Divorce<br>-Legal Separation<br>-Annulment<br>-Death of spouse | May drop election only for spouse. May elect coverage for self <b>and/or</b> dependents who lose eligibility under spouse's plan.   | May decrease election since former spouse loses eligibility.  | May enroll or increase if loss of spouse creates newly eligible dependents. |

## CHANGE IN COVERAGE OF SPOUSE OR DEPENDENT UNDER OTHER EMPLOYER'S PLAN

| Event   | Health Insurance   | Health FSA           | Dependent Care FSA   |
|---|--|----------------------|----------------------|
| <i>Changes allowed in this section must be because of and correspond with the change in coverage under the plan of the spouse's, former spouse's, or dependent's employer. The plan must permit elections and an election must actually be made under the plan.</i> |  |                      |                      |
| 1. Other employer's plan begins coverage of spouse and dependents.  | Participant may drop election <b>within 30 days of the qualifying event.</b> | No change permitted. | No change permitted. |
| 2. Other employer's plan drops coverage for spouse and dependents.  | Participant may enroll <b>within 30 days of the qualifying event.</b>        | No change permitted. | No change permitted. |
| 3. Open enrollment under spouse's or dependent's employer plan.   | Corresponding changes can be made under employer's plan.                     | No change permitted. | No change permitted. |

**CHANGE IN EMPLOYMENT STATUS OF PARTICIPANT, SPOUSE,  
OR DEPENDENT THAT AFFECTS ELIGIBILITY**

| <b>Event</b>   | <b>Health Insurance</b>   | <b>Health FSA</b>  | <b>Dependent Care FSA</b>  |
|--|---|--|--|
| 1. Participant gains employment or experiences a change in employment status (Part-time to Full-time or hourly to salary). | May add coverage for self and eligible dependents when eligible for plan benefits. <b>Within 30 days of the qualifying event.</b>   | Same as previous column.   | Same as previous column.   |
| 2. Spouse gains employment.  | May drop or decrease coverage for employee, spouse and/or dependents who become eligible for and elect coverage under spouse's plan. <b>Within 30 days of the qualifying event.</b> | Same as previous column.   | May enroll or increase election.   |
| 3. Participant's loss or decrease in hours of employment affecting eligibility.  | Coverage ceases in accordance with plan (COBRA regulations may apply).  | Same as previous column.   | Coverage ceases in accordance with plan.   |
| 4. Participant's loss or decrease in hours of employment that does not effect eligibility. FT to PT                        | Participant may drop or enroll in a plan <b>within 30 days of the qualifying event.</b> May not change plans.   | No change permitted.   | No change permitted.   |
| 5. Termination of participant with rehire into an eligible position within 30 days.  | Participant may make new elections. <b>Within 30 days of the qualifying event.</b>  | Same as previous column.   | Same as previous column.   |
| 6. Termination of participant with rehire into an eligible position after 30 days.   | Participant may make new elections. <b>Within 30 days of the qualifying event.</b>  | Same as previous column.   | Same as previous column.   |
| 7. Spouse or dependent terminates employment resulting in loss of eligibility under their employer's plan.                 | Participant may enroll self, spouse or dependents who lose eligibility under spouse/dependent employer plan. <b>Within 30 days of the qualifying event.</b>                         | May enroll or increase election if spouse/dependent loses eligibility for health coverage. | May enroll or increase if spouse/dependent loses eligibility for dependent care FSA. May stop dependent care FSA if spouse's loss of employment makes dependents eligible. |

**JUDGMENT, DECREE, OR ORDER**

| <b>Event</b>   | <b>Health Insurance</b>   | <b>Health FSA</b>        | <b>Dependent Care FSA</b>  |
|--|---|--------------------------|--|
| 1. Order that requires coverage for the child under participant's plan.                              | Participant may change election to provide coverage of child. <b>Effective as per judgement, decree or order.</b> | Same as previous column. | No change permitted for judgment, decree, or order rule. Change in cost or coverage rules may apply to allow change. |
| 2. Order that requires spouse, former spouse, or other individual to provide coverage for the child. | Participant may change election to cancel coverage for child.   | Same as previous column. | No change permitted for judgment, decree, or order rule. Change in cost or coverage rules may apply to allow change. |

**CHANGE IN WAGES**

| <b>Event</b>                  | <b>Health Insurance</b> | <b>Health FSA</b> | <b>Dependent Care FSA</b> |
|-------------------------------|-------------------------|-------------------|---------------------------|
| 1. Wage increase or decrease. | No change.              | No Change.        | No change.                |
| 2. Pay shortage.              | No change.              | No Change.        | No change.                |
| 3. Short-term disability.     | No change.              | No Change.        | No change.                |

**ELIGIBILITY OR INELIGIBILITY FOR MEDICARE OR MEDICAID**

| <b>Event</b>   | <b>Health Insurance</b>  | <b>Health FSA</b>                 | <b>Dependent Care FSA</b> |
|--|--|-----------------------------------|---------------------------|
| 1. Participant, spouse, or dependent becomes eligible for medicare or medicaid.  | Participant may cancel.  | May decrease health FSA election. | No change permitted.      |
| 2. Participant, spouse, or dependent loses eligibility for medicare or medicaid. | Participant may commence or increase coverage for self, spouse, or dependent (current employees only). | May increase health FSA election. | No change permitted.      |

