Qualifying Event Scenarios for Members

QUALIFYING EVENT	ACTION PERMITTED	DOCUMENTS REQUIRED
MARRIAGE	**Add** Health/Dental/Vision Member may enroll or increase coverage level for newly eligible spouse and dependent children (stepchildren). Plan option change may be made.	A legible photocopy of the marriage certificate or a legible photocopy of the top half of the front page of the member's most recent federal tax return (Form 1040).
	Drop Health/Dental/Vision Member may terminate or decrease member's or dependent's coverage ONLY when such coverage becomes effective or is increased under the spouse's plan. (Gain of Other Coverage). Member may not drop health insurance coverage and choose a Waiver HRA mid-year.	Notification from employer, on employer's letterhead or an email from the employer with the HR signature block identifying the coverage effective date and the person(s) covered by the policy; or a copy of the new health insurance ID card(s) for each covered person, with coverage effective date; or a self-service enrollment confirmation that states the employer's name, effective date and person(s) covered. A copy of the new health insurance ID card(s) for each covered person, with coverage effective date is not sufficient unless accompanied by some form of written verification from the employer identifying the hire date, coverage effective date and the person(s) covered by the policy.
	Add Healthcare FSA Member may enroll or increase election for newly eligible spouse or dependents.	
	Drop Healthcare FSA Member may decrease election if member or dependents become eligible and covered under new spouse's health plan. (Gain of Other Coverage).	
	Add Child & Adult Daycare FSA Member may enroll or increase to accommodate newly eligible dependents.	
	Drop Child & Adult Daycare FSA Member may decrease or cease coverage if new spouse is not employed or makes a Child and Adult Daycare coverage election under spouse's plan.	

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BIRTH	**Add** Health/Dental/Vision Member may enroll or increase coverage level for self, spouse and newborn. Member may add additional children or spouse when adding the newborn. Plan option change may be made.	**Natural Child:** A legible photocopy of the child's birth certificate showing the name of the member as a parent; or a copy of the footprint certificate from the hospital indicating the hospital name, baby's name, name of member as a parent, and signed by the attending physician or a hospital representative; or verification of the birth document from the hospital indicating the name of baby and parent(s). At least one parent must be a member eligible to participate in KEHP. **Stepchild:** A legible photocopy of the child's birth certificate showing the name of the member's spouse as a parent and a legible copy of the marriage certificate showing the names of the member and the spouse or a photocopy of the top half of the front page of the member's most recent federal tax return (Form 1040). **Legal Guardian, Adoption, or Foster Child(ren):** Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status, or legible adoption papers with the presiding judge's signature; or a petition for adoption; or notarized or official placement papers from an adoption/placement agency (no judge's signature required).
	Drop Health/Dental/Vision Member may terminate or decrease member's or dependent's coverage if member or dependent elects coverage under the spouse's plan. Member may not drop health insurance coverage and choose a Waiver HRA mid-year. **Add** Healthcare FSA Member may enroll or increase election for newly eligible dependent child(ren). **Drop** Healthcare FSA Member may terminate or decrease election if member or dependents become eligible and covered under new spouse's health plan. **Add** Child & Adult Daycare FSA Member may enroll or increase to accommodate newly eligible dependents.	Notification from employer, on employer's letterhead or via electronically, identifying the coverage effective date and the person(s) covered by the policy; or a copy of the new ID card(s) for each covered person, with coverage effective date.

QUALIFYING EVENT	ACTION PERMITTED	DOCUMENTS REQUIRED
DIVORCE	**Add** Health/Dental/Vision Member may elect coverage for employee or a dependent who loses eligibility under spouse's plan if such individual loses eligibility because of the divorce, legal separation, or annulment. Member may add children when adding member coverage due to divorce/loss of coverage.	Notification from employer on letterhead or electronically, that includes person(s) covered and coverage termination date; letter from insurance company with type of coverage, date of termination, and person(s) covered; or termination letter from governmental agency providing previous coverage. In the event employee's children lose coverage under ex-spouse's plan, provide proof of loss of eligibility due to divorce. In lieu of an employer letter confirming loss of coverage, the following may also be used: 1) Either executed divorce decree or signed divorce papers, AND 2) Either an old insurance card or explanation of benefits addressed to the person, AND 3) Either a signed QE Form or signed Exception Form, that includes a statement confirming a loss of prior coverage because of divorce.
	Drop Health/Dental/Vision Member may terminate election for spouse and for dependents who lose eligibility as a stepchild. Plan option change made be made.	Divorce, Legal Separation or Annulment: Divorce decree, legal separation orders, or annulment orders signed by judge and date stamped "filed" or "entered"; or a court order resulting from a divorce or separation that indicates a spouse and/or a dependent should be dropped.
	Add Healthcare FSA Member may enroll or increase election where coverage is lost under spouse's health plan. (loss of coverage)	
	Drop Healthcare FSA Member may decrease election to reflect loss of spouse's eligibility.	
	Add Child & Adult Daycare FSA Member may enroll or increase to accommodate newly eligible dependents.	
	Drop Child & Adult Daycare FSA Member may cease coverage if eligibility is lost, or Child & Adult Daycare expenses decrease (i.e. dependent now residing with ex-spouse).	

QUALIFYING EVENT	ACTION PERMITTED	DOCUMENTS REQUIRED
LOSS OF GROUP COVERAGE	**Add** Health/Dental/Vision Member may elect coverage for self, spouse, or dependent who has lost other coverage if the member or dependent was covered under a group health plan or had health insurance coverage at the time coverage was previously offered to the member or dependent. Change in plan option is allowed when adding a dependent or spouse. Member may add a spouse or children in addition to the dependent that lost coverage. **Add** Healthcare FSA Member may enroll or increase to reflect loss of eligibility for health coverage. Child & Adult Daycare FSA No change permitted.	Notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date, the reason for coverage termination, and the person(s) covered by the policy; or a letter or a certificate of creditable coverage from the insurance company showing the termination date, type of coverage, date of termination and person(s) covered. NOTE: Loss of coverage for the failure to pay premium is not a valid QE; however, the loss of coverage because the employer ceased to offer coverage is a valid QE.
LOSS OF INDIVIDUAL COVERAGE	**Add** Health/Dental/Vision Member may elect coverage for self, spouse, or dependent who lost individual health coverage. Prospective effective date only. Member may add a spouse or children in addition to the dependent that lost coverage. **Add** Healthcare FSA Member may enroll or increase to reflect loss of eligibility for health coverage. Child & Adult Daycare FSA No change permitted.	Proof of loss of eligibility from Marketplace.

QUALIFYING EVENT	ACTION PERMITTED	DOCUMENTS REQUIRED
SPOUSE/DEPENDENT STARTS EMPLOYMENT (gains coverage)	**Add** Health/Dental/Vision Member may terminate or decrease coverage level if the member, spouse, or dependent is added to a spouse's or dependent's health insurance plan. Plan option change is permitted. **Add** Healthcare FSA Member may decrease or cease election if gains eligibility for health coverage under spouse's or dependent's plan. **Add** Child & Adult Daycare FSA Member may make or increase election to reflect new eligibility. **Drop** Child & Adult Daycare FSA Member may terminate election for dependent's coverage if dependent is added to spouse's plan.	Notification from employer, on employer's letterhead or via electronically, or an email from the employer with HR signature block identifying the coverage effective date and the person(s) covered by the policy; or a self-serve enrollment confirmation that states the employer's name, effective date, and person(s) covered.