

EMPLOYEE STATEMENT OF QUALIFYING EVENT

Instructions

- Locate your qualifying change in event & complete entire applicable section
- Pay close attention to the "SC" Code located in the right hand column
- Complete the Employee Certification Box with your signature & date
- Attach to your *Personal Benefit Election Change Request Form*

QUALIFYING EVENTS

<input type="checkbox"/> 1. Marriage	SC 1.1.1
I was married as of (date) _____	
Spouse Name: _____ SSN _____	
<hr/>	
<input type="checkbox"/> 2. Lost Spouse	SC 1.1.2
I lost a spouse as of (date) _____	
Reason: <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Death of Spouse	
Spouse Name: _____ SSN _____	
<hr/>	
<input type="checkbox"/> 3. Gained Dependent	SC 1.2.1
I have gained the dependent(s) listed below as of (date) _____	
Dependent Name(s): _____	
Reason: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Legal Guardianship	
<hr/>	
<input type="checkbox"/> 4. Lost Dependent	SC 1.2.2
I have lost the dependent(s) listed below as of (date) _____	
Dependent Name(s): _____	
Reason: <input type="checkbox"/> Death <input type="checkbox"/> Placement for Adoption	
<hr/>	
<input type="checkbox"/> 5. Employee Gained Eligibility Through Change In Employment	SC 1.3.1, SC 1.3.3
I have gained eligibility under the Plan through a change in employment as of (date): _____	
Change: <input type="checkbox"/> Part-Time to Full-Time <input type="checkbox"/> Hourly to Salary <input type="checkbox"/> Back from Strike/Lockout	
<input type="checkbox"/> Rehired after 30 days of termination <input type="checkbox"/> Return from Unpaid Leave after 30 days	
<input type="checkbox"/> Other event: (describe): _____	
Newly Eligible Benefits: <input type="checkbox"/> All under Plan <input type="checkbox"/> Specific Component(s) _____	

Employee Certification

I certify that I have incurred the above listed qualifying event and if requested, will provide the proper documentation.

Employee Signature: _____ Date: _____

Employer: _____

6. Spouse/Dependent Gained Eligibility through Change in Employment SC 1.3.5
My spouse or dependent has gained eligibility under their employer's Plan through a change in employment as of (date): _____.
Newly Eligible Benefit(s): All under Plan Specific Component(s) _____
Benefits Elected as a result: _____ as of (date) _____
Name of Spouse Dependent _____
Change: _____ Hired Part-Time to Full-Time Hourly to Salary Back from Strike/Lockout
 Other event: (describe): _____

7. Spouse/Dependent Lost Eligibility through Change in Employment SC 1.3.6
My spouse or dependent has lost eligibility under their employer's Plan through a change in employment as of (date) _____.
Lost Benefit(s): All under Plan Specific Component(s) _____
Benefits Dropped as a result: _____ as of (date) _____
Name of Spouse Dependent _____
Change: Terminated Full-Time to Part-Time Salary to Hourly Go on Strike/Lockout
 Other event: (describe): _____

8. Dependent Gains Eligibility under Employee's Plan SC 1.4.1
My dependent has become eligible for my plan or one of its components as of (date) _____
Dependent Name: _____
Newly Eligible Benefit(s): All under Plan Specific Component(s) _____
Reason for Eligibility: Attains Specified Age Becomes Single Becomes Student
 Other event: (describe): _____

9. Dependent Loses Eligibility under Employee's Plan SC 1.4.2
My dependent is no longer eligible for my Plan or one of its components effective as of (date) _____
Dependent Name: _____
Lost Benefit(s): All under Plan Specific Component(s) _____
Reason for Ineligibility: Attains Specified Age Gets Married Ceases to be a student
 Other event: (describe): _____

10. Employee Gained Eligibility for Plan Component through Change of Residence SC 1.5.1
A change in my residence has made me eligible one of Plan's components effective as of (date) _____.
New Address: _____
Newly Eligible Component(s): _____

11. Employee Lost Eligibility for Plan Component through Change of Residence SC 1.5.2
A change in my residence has made me ineligible for one Plan's components effective _____.
New Address: _____
Newly Ineligible Component: _____

Employee Certification

I certify that I have incurred the above listed qualifying event and if requested, will provide the proper documentation.

Employee Signature: _____ Date: _____

Employer: _____

12. Spouse/Dependent Gained Eligibility for Plan Component through Change of Residence SC 1.5.3
A change in my spouse's or dependent's residence has made them eligible for one of the components of my Plan effective as of (date) _____
New Address: _____
 Spouse Dependent Name: _____
Newly Eligible Component(s): _____
Election Resulting from Change: _____

13. Spouse/Dependent Lost Eligibility for Plan Component through Change of Residence SC 1.5.4
A change in my spouse's or dependent's residence has made them ineligible for one of the components of my Plan effective as of (date) _____
New Address: _____
 Spouse Dependent Name: _____
Component(s) Dropped as a Result: _____

14. Day Care Provider Changed Rates SC 2.1.3
The Day Care Provider for my child has changed rates as of (date): _____
Dependent Name: _____
Name of Day Care Provider: _____
Day Care Provider is my relative is not my relative.
Old Rates: _____ New Rates: _____

15. Individually Owned Policy Changed Rates SC 2.1.3
My Individually Owned Policy has changed rates as of (date): _____
Policy Carrier Name: _____
Policy Number: _____ Policy Type: _____
Old Rates: _____ New Rates: _____

16. Employee Response to Significant Cost Increase SC 3.1.1b
I understand my elected benefit _____
has had a significant cost increase.
 I understand that _____
has been categorized as a similar coverage, and I would like to replace my current election with it.
 I understand that there is no similar coverage, so I would like to drop my current election.

17. Employee Response to Significant Coverage Curtailment SC 4.1.1b
I understand the coverage under my elected benefit _____
has been significantly curtailed.
 I understand that _____
has been categorized as a similar coverage, and I would like to replace my current election with it.
 I understand that there is no similar coverage, so I would like to drop my current election.

18. Employee Response to New Benefit or Option Offered under Plan SC 5.1.1b
I understand that a new benefit or option has been offered under the Plan.
 I choose to elect the new benefit or option: _____
 I would like to replace my current election _____
with the new benefit or option: _____

Employee Certification

I certify that I have incurred the above listed qualifying event and if requested, will provide the proper documentation.

Employee Signature: _____ Date: _____

Employer: _____

19. Employee Response to Dropping of Benefit or Option Offered under Plan SC 5.1.2b
I understand that a benefit or option I have elected under the Plan has been dropped.
 I would like to replace the dropped benefit or option _____
with _____

20. Employee Response to Benefit or Option Being Replaced under Plan SC 5.1.3b
I understand that _____
has been replaced with _____
and it is considered to have a significant cost increase significant coverage curtailment.
 I understand that _____
has been categorized as a similar coverage, and I would like to replace my current election with it.
 I understand that there is no similar coverage, and I would like to drop my current election.

21. New Day Care Provider for Employee's Dependent SC 5.1.4
I have changed Day Care Providers for my child as of (date): _____
Previous Day Care Provider: _____
New Day Care Provider: _____
Old Rates: _____ New Rates: _____

22. Spouse/Dependent's Employer Has Increased Coverage SC 6.1.1
My spouse's or dependent's employer has increased coverage effective as of (date) _____
 Spouse Dependent Name: _____
Newly Eligible Benefit(s): _____
Benefits Elected as a Result: _____
_____ effective as of (date) _____

23. Spouse/Dependent's Employer Has Dropped Coverage SC 6.1.2
My spouse's or dependent's employer has dropped coverage effective _____
 Spouse Dependent Name: _____
Benefits Dropped as a Result: _____
_____ Effective as of (date) _____

24. Spouse Changed Elections During Open Enrollment for Her Employer's Plan SC 6.1.3
My spouse changed elections during their open enrollment. Elections effective as of (date): _____
Coverages Dropped: _____
Coverages Elected: _____

25. Beginning FMLA Leave SC 7.1.1
I am going on FMLA effective _____
Remember to complete the **Benefit Payment Options while on FMLA** form.

26. Returning from FMLA Leave SC 7.2.1
I am returning from FMLA effective _____
This notification only needs to be submitted if the employee revoked elections during the FMLA and wishes to reinstate the elections.

Employee Certification

I certify that I have incurred the above listed qualifying event and if requested, will provide the proper documentation.

Employee Signature: _____ Date: _____

Employer: _____

- 27. COBRA** SC 8.1.1
 I have experienced a COBRA event in relation to my employer, and I remain an eligible participant in this Cafeteria Plan.
 COBRA Event: _____
-
- 28. COBRA** SC 8.1.2
 My spouse/dependent has experienced a COBRA event in relation to their employer, and they remain an eligible participant in this Cafeteria Plan.
 Name of Spouse Dependent: _____
 COBRA Event: _____
-
- 29. Judgment, Decree, or Order Requiring Employee to Provide Coverage for Dependent** SC 9.1.1
 I have a Judgment, Decree, or Order requiring me to provide Coverage under my Plan for my Dependent(s) effective as of (date) _____,
 Name of Dependent(s): _____
 Coverage Required: _____
-
- 30. Judgment, Decree, or Order Requiring Another Person to Provide Coverage for Dependent** SC 9.1.2
 I have a Judgment, Decree, or Order requiring someone else to provide coverage for my Dependent(s) effective as of (date) _____.
 Name of Dependent(s): _____
 Coverage Required: _____
-
- 31. Employee Attained Eligibility for Medicare, Medicaid, or other Federal/State Benefit** SC 10.1.1
 I have become eligible for Medicare Medicaid other Federal/State Agency Benefits
 (other than coverage for pediatric vaccines) effective as of (date) _____.

-
- 32. Spouse/Dependent Attained Eligibility for Medicare, Medicaid, or other Federal/State Benefit** SC 10.1.2
 My spouse or dependent(s) has become eligible for Medicare Medicaid other Federal/State Agency Benefits (other than coverage for pediatric vaccines) effective as of (date) _____
 Spouse Dependent Name: _____
-
- 33. Employee Lost Eligibility for Medicare, Medicaid, or other Federal/State Benefit** SC 10.2.1
 I have lost my eligibility for Medicare Medicaid other Federal/State Agency Benefits (other than coverage for pediatric vaccines) effective as of (date) _____.
-
- 34. Spouse/Dependent Lost Eligibility for Medicare, Medicaid, or other Federal/State Benefit** SC 10.2.2
 My spouse or dependent(s) has lost their eligibility for Medicare Medicaid other Federal/State Agency Benefits (other than coverage for pediatric vaccines) effective as of (date) _____.
 Spouse Dependent Name: _____

Employee Certification

I certify that I have incurred the above listed qualifying event and if requested, will provide the proper documentation.

Employee Signature: _____ Date: _____

Employer: _____

☐ I WANT TO ELECT BENEFIT OPTIONS FOR QUALIFYING FMLA

Instructions

If you selected SC 7.1.1 – **Beginning FMLA Leave (#25)** on the *Employee Statement of Qualifying Event* you now need to decide how you will pay your benefit premiums while you are on leave.

- List each applicable Benefit, Plan Class (found above) and check one payment option per benefit. Refer to the footnotes below for additional detail on each option

BENEFIT	PLAN CLASS	OPTIONS					
		Prepay ¹	Pay-As-You-Go		Catch Up		Drop Coverage ⁶
			Pay Period ²	COBRA ³	Payroll Deduction ⁴	Lump Sum ⁵	

- ¹ Premiums may be pre-paid before going on FMLA leave (during same plan year) pursuant to your Cafeteria Plan.
- ² While on leave, you may elect to pay premiums to the Employer at the same time that they would be paid if by payroll deduction (with after-tax dollars)
- ³ While on leave, you may elect to pay premiums to the Employer at the same time that they would be paid under COBRA which is typically once-a-month (with after-tax dollars)
- ⁴ Upon return from leave, you may “catch up” on your premiums through payroll deduction with pre-tax dollars (if you return during same plan year). If you return after plan year has ended, you may “catch up” your premiums through payroll deductions with after-tax dollars.
- ⁵ You may make a lump sum payment (with after-tax dollars)
- ⁶ You may elect to drop coverage before going on leave.

SIGNATURES

Employee Signature Box

Attached is my *Employee Statement of Qualifying Event*. I hereby elect the benefit changes noted hereon and attest that these benefit change(s) is/are caused by and consistent with the qualifying change in status code “SC # _____”. I understand this request will not be processed until all paperwork is completed, accepted and approved by my employer. I also realize that the elections I have elected cannot be retroactive unless I am adding a new dependent and HIPAA special enrollment rights apply. I understand that the qualifying event and the resulting changes I have requested on this form must comply with my employer's plan, and the Plan Administrator has the sole discretion to make this determination. If my requested changes are denied, I understand that I will have 60 days to appeal the decision.

Employee Signature _____ Date _____

Employer Signature Box

American Benefit Resources, Inc.
Acceptance of Change Request

Process changes in benefit elections on Pay Period No. _____ Pay Date: _____

Authorized Signature: _____

PSP Change Entry Record

American Benefit Resources, Inc.

Date Request Received: _____ Date Change Processed: _____

Processed by: _____ System Doc No.: _____

Signed: _____ Date: _____

American Benefit Resource, Inc.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

This matrix outlines the qualifying events under Section 125 which allow election changes during the Plan Year and the permissible changes allowed for each Plan Class. You will see codes, footnotes, or endnotes showing restrictions or qualifications following each action. The code definitions can be found on page 9. The endnotes (also defined on page 9) contain information that is referred to on more than one page. Information that only refers to one place is placed in footnotes with that information shown at the bottom of that particular page. The P/C column refers to Personal or Corporate events and are defined on the **Statement of Qualifying Event Form** attached to the **Personal Benefit Election Change Request Form** or the **Corporate Benefit Election Change Order Form**, whichever is applicable. This matrix does not address changes to individually owned policies under a Health Premium Reimbursement Plan. To find allowable changes, look under the Plan Class pertinent to the individually owned policy.

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
1. STATUS CHANGES											
1.1 Change in Employee's Legal Marital Status											
1.1.1 Employee Gains Spouse: Marriage	P-1	Add sp/dep: H1,C,T Drop dependents: C1 Drop Coverage: C1	Add sp/dep: H2,C,T Drop dependents: C1 Drop Coverage: C1	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Increase coverage: C,H2 Decrease coverage ¹ : C	Add Coverage ² : C2 Increase coverage ² : C2 Drop Coverage ³ : C2 Decrease coverage ³ : C2	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Increase coverage: C,H2,T Drop Coverage: C1 Decrease coverage: C1
1.1.2 Lose Spouse: Divorce, Legal Separation, Annulment, Death of Spouse	P-2	Add Coverage ⁴ : C,H1 Add dependents ⁴ : H1,C Revoke election only for spouse: C	Add Coverage ⁴ : C,H2 Add dependents ⁴ : C,H2 Revoke election only for spouse: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Decrease coverage ⁵ : C,H2	Add Coverage ² : C2 Increase Coverage ² : C2 Drop Coverage ⁶ : C2 Decrease coverage ⁶ : C2	Add Coverage ⁴ : C,H2 Add dependents ⁴ : C,H2 Revoke election only for spouse: C	Add Coverage ⁴ : C,H2 Add dependents ² : C,H2 Revoke election only for spouse: C	Add Coverage ⁴ : C, H3 Increase coverage ⁴ : C, H3 Revoke election only for spouse: C

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
1.2 Change in Number of Employee's Dependents											
1.2.1 Gain Dependent: Birth, Adoption, Legal Guardianship	P-3	Add Coverage: H1,T,C Add sp/dep: H1,T,C	Add Coverage: H2 T,C Add sp/dep: C,H2,T	No change allowed.	No change allowed.	No change allowed.	Add Coverage: C,H2 Increase coverage: C, H2	Add Coverage: C2,H2 Increase coverage C2, H3	Add Coverage: H2,T,C Add sp/dep: H2,T,C	Add Coverage: H2 T ,C Add sp/dep: H2,T,C	No change allowed.
1.2.2 Lose Dependent: Death, Placement for Adoption	P-4	Drop affected dependent: C	Drop affected dependent: C	No change allowed.	No change allowed.	No change allowed.	Decrease coverage ⁷	Decrease coverage ⁵	Drop affected dependent: C	Drop affected dependent: C	No change allowed.
1.3 Change in Employment Status of Employee, Spouse, or Dependent that Affects Eligibility*											
1.3.1 Employee Gains Eligibility under Employer's Plan	P-5	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EY,C	Add Coverage: EY,C	Add Coverage: EY,C	Add Coverage: EY,C	Add Coverage: EY,C2	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EY,C
1.3.2 Employee Maintains Prior Eligibility under Employer's Plan after return from termination or unpaid leave within 30 days.	C-2	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸ .	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ^{8,9}	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸ .	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸
1.3.3 Employee Rehired or returns from unpaid leave after 30 days ¹⁷	P-5	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.
1.3.4 Employee Loses Eligibility under Employer's Plan through Change in Employment	C-1	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰
1.3.5 Spouse/Dependent Gains Eligibility under their Employer's Plan	P-6	Drop Coverage ¹¹ Drop sp/dep ¹¹	Drop Coverage ¹¹ Drop sp/dep ¹¹	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Drop coverage ¹¹ Decrease coverage ¹¹	Add Coverage ¹² Increase coverage ¹² Drop Coverage ¹¹	Drop Coverage ¹¹ Drop sp/dep ¹¹	Drop Coverage ¹¹ Drop sp/dep ¹¹	No change allowed

* Can be such events as starting or ending employment; switching between part time and full time, hourly and salary; starting or ending strike/lockout; or any other event causing gain or loss of eligibility.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
1.3.6 Spouse/Dependent Loses Eligibility under their Employer's Plan	P-7	Add Coverage ¹³ : T,H1 Add sp/dep ¹³ : T, H1,	Add Coverage ¹³ : T, H2 Add sp/dep ¹³ : T, H2	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Add Coverage ¹³ : H2 Increase coverage ¹³ : H2	Add Coverage ¹³ Increase coverage ¹³ Drop Coverage ¹⁴	Add Coverage ¹³ : T, H2 Add sp/dep ¹³ : T, H2	Add Coverage ¹³ : T, H2 Add sp/dep ¹³ : T, H2	No change allowed
1.4 Event Causing Employee's Dependent to Satisfy or Cease to Satisfy Eligibility Requirement*											
1.4.1 Dependent Gains Eligibility under Employee's Plan	P-8	Add dependents: C,T	Add dependents: C,T	No change allowed.	No change allowed.	No change allowed.	Add Coverage ⁷ : C Increase coverage: ⁷ C	Add Coverage ⁷ : C2 Increase coverage ⁷ : C2	Add dependents: C,T	Add dependents: C,T	No change allowed.
1.4.2 Dependent Loses Eligibility under Employee's Plan	P-9	Drop affected dependent: C	Drop affected dependent: C	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: ⁷ C	Decrease coverage ⁷ : C2	Drop affected dependent: C	Drop affected dependent: C	No change allowed.
1.5 Change in Place of Resident of Employee, Spouse, or Dependent											
1.5.1 Move by Employee Causes Gain of Eligibility	P-10	Add Coverage: EY,C	Add Coverage: EY,C	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Add Coverage: EY,C	Add Coverage: EY,C	Not applicable ¹⁵
1.5.2 Move by Employee causes Loss of Eligibility	P-11	Drop and elect alternate coverage: E,C,D	Drop and elect alternate coverage: E, C,D	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Drop and elect alternate coverage: E, C,D	Drop and elect alternate coverage: E, C,D	Not applicable ¹⁵
1.5.3 Spouse's or Dependent's move causes gain of eligibility	P-12	Add sp/dep: EY,C	Add sp/dep: EY,C	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Add sp/dep: EY,C	Add sp/dep: EY,C	Not applicable ¹⁵
1.5.4 Spouse's or Dependent's move causes loss of eligibility	P-13	Drop sp/dep: E,C	Drop sp/dep: E,C	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Drop sp/dep: E,C	Drop sp/dep: E,C	Not applicable ¹⁵

* Can be such actions as attaining a specified age; switching between single and married, student or non-student, or any other event causing gain or loss of eligibility.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
2. SMALL COST CHANGES¹⁷											
2.1 Small Cost Changes¹⁷											
2.1.1 Employer- Initiated Automatic Small Cost Changes: Includes Collective Bargaining	C-3	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost
2.1.2 Employer- Initiated Automatic Small Cost Changes for Individuals *	C-4	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost
2.1.3 Employee-Initiated Small Cost Changes: DCAP Provider or Personal Policy	P- 14, 15	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Increase or Decrease Cost ^{† 17}	Not applicable	Not applicable	Not applicable
3. SIGNIFICANT COST INCREASES¹⁷											
3.1 Significant Cost Increases¹⁷											
3.1.1a Employer-Initiated Change	C-3	Increase Costs	Increase Costs	Increase Costs	Increase Costs	Increase Costs	No change allowed.	Not applicable	Increase Costs	Increase Costs	Increase Costs
3.1.1b Permitted Response by Employee to Significant Cost Increase	P- 16	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	No change allowed.	Not applicable	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D
4. SIGNIFICANT CURTAILMENT OF COVERAGE											
4.1 Significant Coverage Curtailment											
4.1.1a Employer-Initiated Significant Coverage Curtailment	C-4	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	No change allowed.	No change allowed.	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment
4.1.1b Permitted Response by Employee to Significant Coverage Curtailment	P- 17	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	No change allowed.	No change allowed.	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D

* Includes pre-established cost change parameters such as increases in life insurance triggered by salary increase or credit provisions, changes resulting from employee satisfying requirement such as stop smoking, or any similar event which changes cost of premium.

† No change allowed if day care provider is a relative of the employee.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
5. ADDITION OR ELIMINATION OF BENEFIT PACKAGE OPTION											
5.1 Change in Benefits Offered under Cafeteria Plan											
5.1.1a Employer Adds New Benefit or Option	C-6	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.1b Permitted Response by Employee to Addition of New Benefit or Option	P-18	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	No change allowed.	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages
5.1.2a Employer Drops Existing Benefit or Option	C-7	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.2b Permitted Response by Employee to Drop of Existing Benefit or Option	P-19	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	No change allowed.	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages
5.1.3a Employer Replaces one Benefit or Option with Similar Benefit or Option	C-8	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.3b Permitted Response by Employee to Replacement of Benefit or Option	P-20	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	No change allowed.	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D
5.1.7 Employee changes DCAP providers	P-21	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Change Deductions to reflect new rates	Not applicable	Not applicable	Not applicable

* Deductions can be changed to zero if relative is keeping child for free.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
6. CHANGE IN COVERAGE FOR SP/DEP UNDER OTHER EMPLOYER'S PLAN											
6.1 Change in Coverage of Spouse or Dependent under their Employer's Cafeteria Plan											
6.1.1 Other Employer-Initiated Change Adds or Increases Coverage	P-22	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸	No change allowed.	Drop Coverage ¹⁸ Decrease coverage ¹⁸	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸
6.1.2 Other Employer-Initiated Change Drops or Decreases Coverage	P-23	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹	No change allowed.	Add Coverage ¹⁹ Increase coverage: ¹⁹	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹
6.1.3 Open Enrollment under Employer Plan of Spouse or dependent'	P-24	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	No change allowed.	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸
7. FMLA LEAVE											
7.1 Commencement of FMLA Leave											
7.1.1 Employee begins FMLA Leave	P-25	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA
7.2 Return from FMLA Leave											
7.2.1 Employee returns from FMLA Leave	P-26	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
8. COBRA EVENTS											
8.1 COBRA (or similar state law continuation) Events											
8.1.1 Employee COBRA Event with Employee remaining eligible for Cafeteria Plan	P- 27	Increase coverage ²⁰	Increase coverage ²⁰	No change allowed	No change allowed	No change allowed	No change allowed	No change allowed	Increase coverage ²⁰	Increase coverage ²⁰	No change allowed.
8.1.2 Spouse/Dependent COBRA Event [†] .	P- 28	Increase coverage ^{20 21}	Increase coverage ^{20 21}	No change allowed	No change allowed	No change allowed	No change allowed	No change allowed	Increase coverage ^{20 21}	Increase coverage ^{20 21}	Increase coverage ^{20 21}
9. JUDGEMENT, DECREE, OR ORDER											
9.1 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent Child to be Provided by Employee											
9.1.1 Judgment, Decree, or Order Requires Coverage under Employee's Plan	P- 29	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	No change allowed.	No change allowed.	No change allowed.	Add Coverage: C Increase coverage	No change allowed.	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	No change allowed.
9.2 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent to be Provided by Spouse, Former Spouse, or Other Person											
9.2.1 Judgment, Decree, or Order Requires Spouse, Former Spouse, or Other Person to Provide Coverage	P- 30	Drop affected dependent:	Drop affected dependent:	No change allowed.	No change allowed.	No change allowed.	Decrease coverage:	No change allowed.	Drop affected dependent	Drop affected dependent	No change allowed.
10. ENTITLEMENT TO MEDICARE, MEDICAID, OR OTHER FEDERAL/STATE AGENCY BENEFITS[‡]											
10.1 Employee or Employee's Spouse or Dependent Becomes Entitled to Medicare, Medicaid, or Other Federal/State Agency Benefits[‡]											
10.1.1 Employee Becomes Entitled	P- 31	Drop Coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Decrease coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.
10.1.2 Spouse/Dependent under Employer's Plan Becomes Entitled	P- 32	Drop sp/dep:	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Decrease coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.

* Such as reduction in work hours resulting in employee no longer eligible for employer contribution credit.

† Such as dependent reaching maximum age under group plan and employee continues coverage for dependent under COBRA.

‡ Other than coverage solely for pediatric vaccines.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
10.2 Employee or Employee's Sp/dep Loses Eligibility for Medicare, Medicaid, or Other Federal/State Agency Benefits											
10.2.1 Employee Loses Eligibility	P-33	Add Coverage: C	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Increase coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.
10.2.2 Spouse/Dependent under Employer's Plan Loses Eligibility	P-34	Add sp/dep: C	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Increase coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.
11. ADMINISTRATIVE EVENTS											
11.1 Correcting Obvious Errors*											
11.1.1 Employee mistake in an making election	C-9	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.
11.1.2 Employer mistake in recording election	C-10	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.
11.2 Employee Fails Medical Underwriting											
11.2.1 Participant fails medical underwriting	C-11	Not applicable	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Not applicable	Not applicable	Not applicable	Not applicable	Revoke coverage as of date it was added.
11.3 Adjustments to Meet Federal Requirements¹⁷											
11.3.1 Changes needed to maintain plan's status under Code § 125 or to prevent violation of the nondiscrimination rules.	C-11	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:

Notes:

- Change in eligibility for non-employer-sponsored coverage (other than Medicare and Medicaid) will not allow a change.
- Dependent is defined to be a tax dependent under Code § 152 except, for accident or health coverage, any child to whom Code § 152(e) applies is treated as a dependent of both parents.
- Health FSA coverage can never be changed solely on account of a change in cost or coverage under another plan.
- Increase coverage can be increases in volume, dollar, or amount.

* Must have "clear and convincing" evidence.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

CODES USED IN MATRIX

- C Must be consistent with change.
- C1 Only if coverage for individual becomes effective or is increased under the other employer's plan.
- C2 Consistency rule is satisfied if the election change is on account of and corresponds with a change of status that either (1) affects eligibility for coverage under an employer's plan or (2) affects eligibility of DCAP expenses for tax exclusions under Code § 129.
- D Can drop altogether if alternative coverage is not available.
- E Eligibility must be affected.
- EN Eligibility need not be impacted.
- EY Eligibility must be gained.
- H1 HIPAA special enrollment rights apply.
- H2 HIPAA special enrollment rights likely do not apply.
- H3 HIPAA special enrollment rights do not apply.
- PD Must be addressed in Plan Document.
- T Tag-Along Rule applies (can change for dependents who were previous eligible for coverage).

¹ If employee or dependents become eligible dependents under new spouse's health plan.

² If change creates or increases need for child care.

³ If spouse is not employed or makes DCAP FSA election on her employer's Plan

⁴ If eligibility is lost under spouse's plan as a result of the divorce, legal separation, annulment or death

⁵ To take into account expenses of affected spouse.

⁶ If change decreases or negates need for day care

⁷ To take into account expenses of affected dependent.

⁸ Can have Plan Documents prohibit participation until next plan year.

⁹ Balances and current annual election remain the same and employee cannot be made to make up missed contributions.

¹⁰ Underlying coverages ceases in accordance with component plan.

¹¹ If added to spouse's or dependent's coverage.

¹² If spouse previously did not work.

¹³ If dropped from spouse's or dependent's coverage.

¹⁴ If spouse no longer works.

¹⁵ Eligibility is not generally affected by place of residence.

¹⁶ If underlying health coverage change occurs.

¹⁷ Must be addressed in plan documents.

¹⁸ If employee, spouse, or dependent have received corresponding increased coverage or added coverage under other employer's plan.

¹⁹ If employee, spouse, or dependent have received corresponding decreased coverage or dropped coverage under other employer's plan.

²⁰ To cover increased amount of employee's contribution.

²¹ If individual still qualifies as tax dependent of employee.