

## Qualifying Life Events

At times in your life you will have changes in your family that may affect your benefits. You can make benefit changes that correspond with the type of life event you are experiencing. If you do not experience a qualifying life event then your elections cannot be changed for the remainder of the plan year until next open enrollment. At the County, you have **60 days** to make benefit elections when you experience any of the listed qualifying life events on pages 8–9.

**Effective Date of Mid-Year Changes:** All mid-year changes have a deadline of 60 days from when they occur, however, elections made within 30 days of hire or a HIPAA special enrollment event (e.g., gain of a dependent through birth, adoption, or placement for adoption) will be processed retroactively. All other elections shall be effective prospectively.

**NEWBORN CHILDREN:** Newborn children must be enrolled in County plan coverage to receive benefits under the plan. Failure to enroll your newborn in a County plan will result in your newborn not having coverage from date/time of birth forward. Please note, should this occur you will be liable for any services and/or expenses incurred.

**Blue Shield Members:** The newborn will be assigned under the medical group to which the mother (parent) is assigned for the first 30 days following birth; after 30 days they will be assigned to the physician/group designated on the enrollment form.

**Kaiser Members:** The newborn will automatically be covered for 31 days from the date of birth.

*Note: Please refer to the County’s Section 125 Plan Document on the Section 125 webpage: [hr.sbcounty.gov/employee-benefits/section-125](http://hr.sbcounty.gov/employee-benefits/section-125)*

## Over Age Dependent (OAD)

Dependent Relationship to Subscriber	Blue Shield Delta Dental EyeMed Vision	Kaiser
<p>Disabled Dependent over the age of 26 is defined as: Unmarried, dependent child who is permanently and totally disabled and unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment and provides and physician’s certification annually for as long as the disability continues.</p>	<p>May enroll a disabled dependent within 60 days from the disabled date. Subject to receipt and approval of Physician’s certification and carrier approval.</p> <p><b>Continued Enrollment:</b> Disabled dependents must be enrolled in the plan upon attaining the age of 26 in order to continue enrollment. If the disabled dependent discontinues enrollment at any time after attaining age 26, they will not be allowed to re-enroll for coverage (e.g. there must be no break in coverage).</p>	<p><b>Continued Enrollment:</b> No prior enrollment requirement. Subject to receipt and approval of Physician’s certification.</p>

## QUALIFYING LIFE EVENTS

QUALIFYING LIFE EVENT	MID-YEAR CHANGE		DOCUMENTATION REQUIRED (All documentation must be submitted within 60 days of the event)
	MEDICAL/DENTAL/ VISION	FSA	
New Hire	Employee has 7 days to enroll, failure to make an election will result in automatic enrollment in the lowest cost health and dental plan on an after-tax basis	Employee may enroll	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical/Dental/Vision Enrollment Forms</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form</li> <li>If adding dependents or spouse/domestic partner then birth certificate(s) and marriage certificate</li> </ul>
Gain of dependent(s) <ul style="list-style-type: none"> <li>marriage</li> <li>domestic partnership</li> <li>birth/adoption/ placement of an adopted or foster child</li> </ul>	Employee may enroll newly eligible dependent(s)	Employee may enroll or increase annual election amount	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>marriage certificate, state registered domestic partner certificate and/or birth certificate(s) or hospital printout of birth</li> <li>Adoption or Placement for Adoption court order</li> </ul>
Loss of dependent(s) <ul style="list-style-type: none"> <li>divorce or annulment</li> <li>domestic partnership termination</li> <li>death</li> </ul>	Employee must remove dependent; may enroll self and eligible dependent(s)	Employee may enroll, increase or decrease annual election	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>divorce, legal separation, annulment, or termination of domestic partnership decree</li> <li>death certificate</li> <li>marriage/birth certificate(s)</li> </ul>
Judgment, decree, or order resulting from divorce, annulment	Employee may enroll dependent(s)	Employee may enroll or increase annual election amount	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>judgment, decree or order</li> <li>birth certificate(s)</li> </ul>
Gain of coverage through spouse/domestic partner's employer	Employee may opt-out (self) and/or remove dependent(s)	Employee may cease or decrease annual election	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>proof of spouse/domestic partner's employer-sponsored coverage that includes the effective date</li> </ul>
Dependent gain of coverage through a federal or state healthcare exchange	Employee may remove dependent(s).	No change is permissible	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Plan Enrollment Form</li> <li>proof of other coverage and effective date</li> </ul>
Loss of spouse's/domestic partner's employment	Employee must enroll self if coverage is lost and may enroll dependent(s)	Employee may enroll or increase annual election amount	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>proof of spouse's employment and benefit plan loss that includes loss of coverage effective date</li> <li>marriage/birth certificate(s)</li> </ul>
Change in employment status	Employee may elect to enroll self and dependent(s) if change caused employee to gain eligibility	Employee may elect to enroll and increase or decrease annual election amount	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>proof of employment status change</li> <li>marriage/birth certificate(s)</li> </ul>

## QUALIFYING LIFE EVENTS *(continued)*

QUALIFYING LIFE EVENT	MID-YEAR CHANGE		DOCUMENTATION REQUIRED <i>(All documentation must be submitted within 60 days of the event)</i>
	MEDICAL/DENTAL/ VISION	FSA	
Dependent ceases to satisfy plan eligibility requirements (i.e. overage dependent)	Employee must remove dependent(s)	Employee may decrease election	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>proof of loss of eligibility (FSA only)</li> </ul>
Dependent reaches age 26 (OAD) and relies on you for support and is permanently mentally or physically disabled	Employee may elect to keep dependent enrolled	No change is permissible	<ul style="list-style-type: none"> <li>Disabled Dependent Certification</li> </ul>
Over Age Dependent (OAD) loses coverage under other parent's employer sponsored plan	Employee may elect to enroll over age dependent	Employee may elect to enroll or increase annual election	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment - Change Form</li> <li>Disabled Dependent Certification / birth certificate</li> <li>proof of loss of coverage</li> </ul>
Commencement of unpaid leave of absence	County contributions for health benefits will automatically cease and employee will be responsible for premium payments; failure to pay premiums will result in termination of coverage	Employee may cease or suspend annual election.	To cease/suspend annual FSA election amount, you must submit the following: <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form</li> </ul>
Return from unpaid leave of absence	If coverage terminated, employee may enroll dependent(s)	Employee may elect to enroll or reinstate annual election	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form</li> <li>marriage/birth certificate(s)</li> </ul>
Residence change results in gain or loss of eligibility	Employee may enroll or remove dependent(s)	No change is permissible	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>proof of residence change</li> <li>marriage/birth certificate(s) (enroll only)</li> </ul>
Self or dependent(s) becomes entitled or loses eligibility for Medicare or Medicaid	Employee may enroll or opt-out yourself or enroll or remove dependent(s)	No change is permissible	<ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>Opt-Out Agreement</li> <li>proof of gain/loss of Medicare or Medicaid</li> <li>marriage/birth certificate(s)</li> </ul>

