

## **Qualified Life Events and Required Documentation For Health/Dental/Vision and FSA/DCA**

You may request a change to your health, dental, or vision elections midyear if you experience one of the qualified life events listed below and your request is consistent with the life event. Most events are also applicable to FSA/DCA elections; those that aren't are noted as such below. The change request with appropriate documentation must be received at UVA HR within 60 days of the life event. ***Coverage changes will be effective the first of the month following receipt of the application and documentation at UVA HR and no earlier than the event date if received within 60 days of the life event. Cancellation of coverage for dependents or spouses who lose eligibility will be effective the end of the month in which eligibility was lost.***

***If you are adding a spouse or dependent to your coverage, you must also provide documentation to confirm their relationship to you.*** Details regarding required relationship documentation is found at the bottom of this document.

### **Marriage, divorce, or annulment**

- Marriage – Copy of state-issued marriage certificate received after the date of the ceremony with recorded file date
- Divorce or Annulment – Copy of portions of the court documents (i.e., Divorce Decree, Annulment) confirming:
  - Names of both parties
  - Date of the divorce
  - Judge's stamp or signature

### **Birth or adoption/placement for adoption**

- Birth – copy of birth certificate or proof of birth letter showing employee as parent
- Adoption/placement for adoption – copy of court approved adoption order or placement order or modified birth certificate showing employee's name as parent

### **Employment status of employee which affects enrollment in the UVA Health Plan and/or Dental Plan due to eligibility; must include consistent loss or gain of coverage - not an FSA/DCA QLE**

- No documentation needed when a UVA employee has the following employment status changes since UVA will provide the documentation:
  - Increase in hours from part-time to full-time
  - Reduction of hours
  - Commencement or returning from an unpaid leave of absence

### **Employment status of spouse or child which affects enrollment in their employer's health and/or dental plan due to eligibility; must include consistent loss or gain of coverage**

- Terminated employment - document from employer on their letterhead indicating employment termination date for the spouse or child and date their health and/or dental coverage ended; coverage must be lost

- Change in eligibility for benefits – document from employer on their letterhead indicating the date the spouse or child became eligible or ineligible for health and/or dental coverage and the date their coverage began or ended; coverage must be lost or gained
- Change in access to non-HMO and HMO options through the spouse’s employer’s health coverage – document from employer on their letterhead indicating they only offer HMOs as their health options, the date the non-HMO options ended, and whether the spouse’s residence is inside at least one of the HMO’s defined service areas. Or vice versa.
- Commencement of or returning from an unpaid leave of absence - document from employer on their letterhead indicating date the spouse or child began or ended their unpaid leave of absence and the date their health and/or dental coverage began or ended; coverage must be lost or gained

**Loss of dependent eligibility**

- Department of Social Services Order confirming the employee is no longer responsible for providing health coverage to the child
- Documents from employer showing the changes in cost that caused the spouse’s health coverage through their employment to meet affordability and minimum value standards as defined by the Affordable Care Act and the effective date of the change
- Copy of child’s birth certificate showing they have turned 26 and became ineligible to remain on health/dental coverage or turned 13 and became ineligible to be covered by Dependent Daycare Account
- Documents from government showing spouse is incarcerated

**Judgment, decree, or order changing legal custody (including loss of permanent custody of “other child”) - *not a DCA QLE***

- Copy of the court document confirming:
  - Name of employee or spouse receiving sole permanent custody; permanent joint custody is allowed when awarded to the employee and spouse
  - Date of the change of eligibility
  - Name(s) of minor child(ren)
  - Judge’s stamp or signature

**Loss of eligibility for Government-sponsored programs (incarceration, leaving military, Medicare, S-CHIP/Medicaid\*) - *not a DCA QLE***

- Government documents showing the loss of eligibility for Government-sponsored programs; coverage must be lost

**Entitlement to Medicare or S-CHIP/Medicaid\* - *not an FSA/DCA QLE***

- Government documents showing the entitlement to Medicare or S-CHIP/Medicaid; coverage must be gained

**Enrollment in the Health Insurance Marketplace - *not an FSA/DCA QLE***

- Document from the Health Insurance Marketplace showing the special enrollment right to enroll in a qualified health plan through the marketplace; effective date of the coverage must be included

**Involuntary loss of COBRA or student coverage unless loss is due to unpaid premiums - not an FSA/DCA QLE**

- Documents showing the end of the COBRA continuation period or the student coverage period; coverage must be lost

**Increase in daycare costs of 20% or more for same coverage - only a DCA QLE**

- Documents from daycare showing the increase in cost for the same coverage (include information both before and after the changes occurred so we can determine the type and % of change) and the effective date of the changes

**Death of spouse or child**

- Copy of death certificate or obituary

**Change in worksite – only a DCA QLE**

- Document from employer on their letterhead conforming change in worksite from home to office or vice versa and effective date of the change

**Dependent Eligibility Definitions and Required Documentation Confirming Their Relationship to the Employee**

Dependents	Eligibility Definition	Documentation Required
Spouse	<p>The marriage must be recognized as legal in the Commonwealth of Virginia.</p> <p>NOTE: Ex-spouses will not be eligible, even with a court order.</p>	<ul style="list-style-type: none"> <li>• Copy of state-issued marriage certificate received after the date of the ceremony with recorded file date, <b>and</b></li> <li>• Copy of the first page of the employee’s most recent federal tax return that shows the dependent listed as “Spouse”. “Mark out” all financial information and the first five digits of all Social Security numbers.</li> </ul>
Natural (Biological) Child	A child may be covered to the end of the month in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Copy of birth certificate or proof of birth showing employee as parent.</li> </ul>
Adopted Child	A child may be covered to the end of the month in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Copy of birth certificate or court approved adoption order showing employee’s name. If this is a legal pre-adoptive agreement, it must be reviewed and approved by the UVA HR.</li> </ul>

Stepchild (biological child of spouse)	A stepchild may be covered to the end of the month in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Copy of birth certificate (or adoption agreement) showing the employee’s spouse as parent, <b>and</b></li> <li>• Copy of state-issued marriage certificate received after the date of the ceremony with recorded file date showing the employee and dependent parent’s name, and one form of proof of joint ownership, <b>and</b></li> <li>• Copy of the first page of the employee’s most recent federal tax return that shows the dependent’s parent listed as “Spouse”. “Mark out” all financial information and the first five digits of all Social Security numbers.</li> </ul>
Foster Child	A foster child may be covered to the end of the month in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Copy of birth certificate, <b>and</b></li> <li>• Copy of the Final Court Order granting permanent custody with name of employee as responsible party, name of minor children, and presiding judge’s signature, support order number, and seal.</li> </ul>
Other child for whom you have permanent legal guardianship or custody	<p>A child for which a court has ordered the employee (and/or the employee’s legal spouse) to assume permanent custody may be covered to the end of the month in which he or she turns age 26 if:</p> <ul style="list-style-type: none"> <li>• They are unmarried,</li> <li>• Reside full-time with the employee in a regular parent-child relationship,</li> <li>• Is declared as a dependent on the employee’s federal income tax return, and</li> <li>• Custody was awarded prior to the child’s 18<sup>th</sup> birthday.</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate, <b>and</b></li> <li>• Copy of the Final Court Order granting permanent custody with name of employee or spouse as responsible party, name of minor children, and presiding judge’s signature, support order number, and seal.</li> </ul>
Other child – exception	If the employee (or the employee’s spouse) shares permanent custody of an “other child” with their minor child who is the parent of the “other child – exception”, then that “other child” may also be covered if the	<ul style="list-style-type: none"> <li>• Copy of the other child’s birth certificate showing the name of the minor child as the parent of the other child, <b>and</b></li> <li>• Copy of the birth certificate (or adoptive agreement) for the minor</li> </ul>

	<p>other child, the minor child (who is the parent) and the employee's spouse (if applicable):</p> <ul style="list-style-type: none"> <li>• All live in the same household as the employee,</li> <li>• Both children are unmarried,</li> <li>• Both children are declared as dependents on the employee's federal tax return, and</li> <li>• A court has ordered the employee or the employee's spouse to assume joint permanent custody.</li> </ul>	<p>child showing the name of the employee, <b>and</b></p> <ul style="list-style-type: none"> <li>• Copy of the Final Court Order granting custody with names of employee or spouse and their minor child as the responsible parties, name of "other child", and presiding judge's signature, support order number, and seal.</li> </ul>
<p>Disabled Adult Child</p>	<p>The employee's adult children who are disabled due to a physical or mental health condition may be covered beyond the end of the month in which they turn age 26 if:</p> <ul style="list-style-type: none"> <li>• They are permanently and totally disabled,</li> <li>• They are unmarried,</li> <li>• They reside full-time with the employee (or the other natural/adoptive parent),</li> <li>• They are declared as a dependent on the employee's federal income tax return,</li> <li>• They are deemed disabled prior to the end of the month in which they reach age 26, and</li> <li>• They have maintained continuous coverage under an employer-sponsored plan of the employee (or the other natural/adoptive parent).</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate or legal adoptive agreement showing employee's name, <b>and</b></li> <li>• Other medical certification and eligibility documentation as needed.</li> <li>• In the case of a new employee, copy of the HIPAA Certificate showing prior employer-sponsored coverage.</li> </ul>