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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 is made via Workday. ***Unless otherwise noted, Coverage changes will be effective the first of the month following the effective date of QLE provided application and documentation is received by UPG HR within 60 days of the life event.***

Marriage, divorce, or annulment

- Marriage – Copy of state-issued marriage certificate received after the date of the ceremony with recorded file date. In the event of marriage, coverage will be effective the first of the month following receipt of application and documentation. For example: if marriage is on February 27 and application received March 10, coverage will be effective April 1. If marriage is on February 27 and application is received February 28, coverage will be effective March 1.
- Divorce or Annulment – Copy of portions of the court documents (i.e., Divorce Decree, Annulment) confirming:
 - Names of both parties
 - Date of the divorce or annulment
 - 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/legal guardianship – copy of court approved adoption order or placement order or modified birth certificate showing employee's name as parent
- Effective date for insurance and FSA changes is date of birth.

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

- No documentation needed when a UPG employee has the following employment status changes since UPG 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, name(s) of those covered, and date their health, dental and/or vision 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, dental and/or vision coverage and the date their coverage began or ended; coverage must be lost or gained
- 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, dental and/or vision 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 and/or coverage 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
- Documents from government showing spouse is incarcerated

Judgment, decree, or order changing legal custody (including loss of permanent custody of "other child")

- 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

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

Change in day care requirements – *only a DCA QLE*

- Documentation of the old cost, ie receipt, and letter of the increase/decrease in cost, Enrollment/Disenrollment from new center.

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

Dependents	Eligibility Definition	Documentation Required When outside of a new hire event, or open enrollment.
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"> • Copy of state-issued marriage certificate received after the date of the ceremony with recorded file date.
Child, including adopted/foster or step child	<p>A child may be covered to the end of the month in which he or she turns age 26.</p>	<ul style="list-style-type: none"> • Copy of birth certificate or proof of birth showing employee as parent. • Copy of court approved adoption / legal guardianship order showing employee's name. If this is a legal pre-adoptive agreement, it must be reviewed and approved by the UPG HR. • 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.
Disabled Adult Child	<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"> • They are permanently and totally disabled, • They are unmarried, • They reside full-time with the employee (or the other natural/adoptive parent), • They are declared as a dependent on the employee's federal income tax return, • They are deemed disabled prior to the end of the month 	<ul style="list-style-type: none"> • Other medical certification and eligibility documentation as needed. • In the case of a new employee, copy of the HIPAA Certificate showing prior employer-sponsored coverage.

	<p>in which they reach age 26, and</p> <ul style="list-style-type: none">• They have maintained continuous coverage under an employer-sponsored plan of the employee (or the other natural/adoptive parent).	
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