Life Event Matrix

Change in Your Legal Marital Status

Marriage

Effective Date: 1st of the month after the date of marriage	
Required Documentation: ***Copy of marriage certificate or Affidavit of Common Law Marriage***	
Health/Rx, Dental & Vision Plans	• You may enroll in coverage and/or add eligible family members. • You may cancel coverage if you become covered by your spouse's plans.
Health FSA	• May enroll or increase contributions • May decrease contribution (cannot drop below the amount that's been claimed) • May cancel contribution if you become covered by your spouse's health FSA.
Dependent FSA	• You may enroll or increase contribution if marriage increases dependent care expenses. • May decrease contribution if the family elects dependent FSA under spouse plan or marriage decreases dependent care expenses.
Supplemental Life Insurance	• You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. • You may cancel or decrease the amount of your coverage.

Divorce

Effective Date: 1st of the month after the date of the divorce	
Required Documentation: ***Copy of divorce decree, certificate of annulment or legal separation with judge's signature***	
Health/Rx, Dental & Vision Plans	• Must remove former spouse and spouse's family members from coverage. • Cannot remove other dependents from coverage unless they are added to the former spouse's plan. • May enroll in coverage/add dependents if the event causes loss of coverage under former spouse's plan.
Health FSA	• May enroll or increase contributions if coverage is lost under your spouse's health FSA plan. • May decrease contribution to reflect loss of your spouse's eligibility (cannot drop below the amount that's been claimed)
Dependent FSA	• You may enroll or increase contribution if event increases dependent care expenses or causes loss of coverage under spouse's plan. • May decrease contribution if the event decreases dependent care expenses.
Supplemental Life Insurance	• You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. • You may cancel or decrease the amount of your coverage.

Dependent Status Change

Birth / Adoption /Placement of a foster child in your home

Effective Date: Date of birth or adoption.	
Required Documentation: ***Copy of birth certificate, Adoption decree/order with judge's signature.***	
Health/Rx, Dental & Vision Plans	• May add newly eligible dependent to existing plans. • May cancel coverage if becoming covered by spouse's plan. • May add spouse and other eligible dependents if losing coverage under another plan.
Health FSA	• May enroll or increase contributions. • May decrease contribution (cannot drop below the amount that's been claimed)
Dependent FSA	• May enroll or increase contribution.
Supplemental Life Insurance	• You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. • You may cancel or decrease the amount of your coverage.

Dependent age 26

Effective Date: 1st of the month following event date	
Required Documentation: ***None***	
Health/Rx, Dental & Vision Plans	• Remove dependent that is no longer eligible. Dependent will be allowed to remain on coverage through end of the month which the dependent turns 26.

Health FSA	• No change allowed. Dependent's expenses no longer eligible.
Dependent FSA	• No change allowed
Supplemental Life Insurance	• Family and Child Life coverage ends at the end of the month which the dependent turns 26.

Becomes a full-time student (> age 26 and unmarried)

Effective Date: 1st of the month following event date	
Required Documentation: ***Verification of full-time student status (e.g: copy of class schedule, letter from college or university) and Polk County full-time student certification form***	
Health/Rx, Dental & Vision Plans	• May enroll newly eligible dependent or continue coverage of existing plans.
Health FSA	• No change allowed
Dependent FSA	• No change allowed
Supplemental Life Insurance	• No change allowed

Loss of Eligibility (> age 26 and married or no longer a full-time student)

Effective Date: 1st of the month following event date
Required Documentation: ***Verification of full-time student status (e.g: copy of class schedule, letter from college or university)***

Health/Rx, Dental & Vision Plans	• Remove dependent that is no longer eligible
Health FSA	• No change allowed
Dependent FSA	• No change allowed
Supplemental Life Insurance	• No change allowed

Judgment, Decree or Order (including QMCSO)

Effective Date: 1st of the month following event date	
Required Documentation: Medical Child Support Notice or copy of decree/order with judge's signature	
Health/Rx, Dental & Vision Plans	• May add dependents to existing plans if required under order. • May cancel dependent if other parent provides coverage under order.
Health FSA	• May enroll or increase contribution if adding dependent to coverage. • May decrease contribution if dropping dependent from coverage. (cannot drop below the amount that's been claimed).
Dependent FSA	• May enroll, increase or decrease contribution.
Supplemental Life Insurance	• May add or drop coverage from dependent.

Insurance Status Change

Employee, Spouse or Dependent loses eligibility for coverage

Effective Date: 1st of the month following event date	
Required Documentation: ***Letter from employer or insurance company verifying member names and date the coverage will end. Copy of marriage certificate if adding spouse. Copy of birth certificate if adding children***	
Health/Rx, Dental & Vision Plans	• May enroll in coverage • May add eligible family member if they lost coverage under another plan.
Health FSA	• May enroll or increase
Dependent FSA	• May enroll or increase contribution.
Supplemental Life Insurance	• No change allowed

Employee, Spouse or Dependent gains eligibility for coverage

Effective Date: 1st of the month following event date	
Required Documentation: ***Letter from employer or insurance company verifying member names and effective date of new coverage.***	
Health/Rx, Dental & Vision Plans	• May cancel coverage for yourself and/or eligible dependents if become covered by another plan.
Health FSA	• May decrease contribution (cannot drop below the amount that's been claimed)

Dependent FSA	• May enroll or increase contribution. • May decrease or cancel contribution.
Supplemental Life Insurance	• No change allowed

Employment Status Change

Employee no longer benefits eligible <30 hours per week.

Effective Date: 1st of the month following event date	
Required Documentation: *None*	
Health/Rx, Dental & Vision Plans	• Coverage ends at the end of the month in which eligibility changes. • May continue coverage through COBRA for up to 18 months.
Health FSA	• Contribution terminates at the end of the month in which eligibility changes. • May continue to submit claims but only for expenses incurred while you were in a benefit eligible status. • May continue participation through COBRA for the remainder of the plan year.
Dependent FSA	• Contributions terminate at the end of the month in which eligibility changes. • May continue to submit claims for only for expenses incurred while you were in a benefit eligible status.
Supplemental Life Insurance	• Coverage terminates at the end of the month in which eligibility changes. • May continue coverage under the conversion privilege or portability provision.

Employee becomes benefits eligible >30 hours per week

Effective Date: 1st of the month following event date	
Required Documentation: ***Marriage certificate if adding spouse; birth certificate if adding children***	
Health/Rx, Dental & Vision Plans	• May enroll in coverage
Health FSA	• May enroll in account
Dependent FSA	• May enroll in account
Supplemental Life Insurance	• May enroll in all offered coverages.

Termination/Separation of Employment

Effective Date: 1st of the month following event date	
Required Documentation: ***None***	
Health/Rx, Dental & Vision Plans	• Coverage terminates at the end of the month in which you separate. • May continue coverage through COBRA for up to 18 months, if not eligible for Medicare • May continue coverage through Iowa Code 509a **for eligible retirees only**
Health FSA	• Contribution terminates at the end of the month in which you separate. • May continue to submit claims but only for expenses incurred while you were an eligible employee • May continue participation through COBRA for the remainder of the year.

Dependent FSA	• Contributions terminated at the end of the month in which you separate. • May continue to submit claims but only for expenses incurred prior to your separation date.
Supplemental Life Insurance	• Coverage terminates at the end of the month in which you separate. • May continue coverage under the conversion privilege or portability provision.

Leave of Absence

Begin unpaid leave in excess of one continuous calendar month. (Approved unpaid, FMLA, or Long Term Disability)

Effective Date: 1st of the month following event date	
Required Documentation:	
Health/Rx, Dental & Vision Plans	• May elect to continue coverage – employee responsible for paying employee cost of premiums. • May cancel coverage
Health FSA	• May continue or cancel contributions
Dependent FSA	• May continue or cancel contributions
Supplemental Life Insurance	• May continue contributions. • May cancel contributions. Reinstatement upon return will be subject to Evidence of Insurability provision.