

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2017



QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document <u>required</u>	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
BIRTH/ADOPTION														
A-1	Birth	ADD	Application <u>must</u> be made within 30 days of change in status	Birth Certificate or Birth Letter which includes newborn data, and eligibility data for any newly-eligible persons	Employee, new baby. Spouse may be added as a result of this event, but only if baby is added.	Baby's date of birth if Application for enrollment is timely made	YES	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amount
A-2	Adoption or placement for adoption	ADD	30 days from the effective date of adoption/placement for adoption	Adoption or placement for adoption legal document, and eligibility data for any newly-eligible persons	Employee and adopted child; spouse may be added as a result of this event but only if child is added.	Effective date of adoption or placement for adoption if Application for enrollment is timely made	YES	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amt if dependent care expenses increased

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DEATH														
B-1	Death of covered dependent	DROP	60 days from the date of death (OGB has the discretion to retroactively terminate coverage if correct premium is not timely paid and Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Dependent who died. If spouse dies, stepchildren must be terminated and offered COBRA coverage.	End of the month in which the death occurs	NO	DROP the deceased and any stepchildren who are not adopted by the enrollee	NO	DROP for the deceased dependent or any stepchildr en only	NO	Only for step-children if parent is the dependent who died	May decrease amount	May drop or decrease amount if deceased dependent is child
B-2	Employee Deceased	DROP	30 days from the date of death (OGB has the discretion to retroactively terminate coverage if correct premium is not timely paid and Application for disenrollment is not timely made)	Copy of certified death certificate or other official document	Employee and eligible dependents	End of month in which Employee's death occurred	N/A	YES	YES	DROP	NO	YES	Automatic Cancel on date of death	Automatic Cancel on date of death

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DIVORCE														
C-1	Divorce, Annulment and Legal Separation (legal separation and annulment are qualified events only if recognized by law of state of the separation or annulment)	ADD	Application <u>must</u> be made within 30 days of change in status	Copy of divorce, annulment, or legal separation order and eligibility data for any newly-eligible persons	Self; children	Date of divorce order if Application for Enrollment is timely made	YES	N/A	N/A	ADD	YES	NO	May enroll or can increase amount if loss of coverage on spouse's health plan	Yes, if change affects the amount of time the child needs to be in dependent care and increases expenses OR lose coverage under spouse's Dep Daycare Flex Plan
C-2	Divorce, Annulment and Legal Separation (where annulment and legal separation are recognized by law of the state of the separation or annulment)	DROP	Application <u>must</u> be made within 30 days of change in status (OGB has the discretion to retroactively terminate coverage to the end of the month of the change in status if correct premium is not timely paid and application is not timely made)	Copy of official divorce, annulment or legal separation decree	Ex-spouse and ex-stepchildren	End of the Month of the divorce, annulment or legal separation if application is timely made	N/A	YES for Ex-Spouse and Ex-Stepchildren	NO	DROP	NO	YES	May decrease election	May decrease if divorce, annulment or legal separation lowers dependent daycare expenses

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GAIN OF OTHER COVERAGE														
D-1	Gain Medicaid or state CHIP (Children’s Health Insurance Program) coverage	DROP	Application <u>must</u> be made within 60 days from date Medicaid became effective	Official state document indicating who, when Medicaid /SCHIP coverage began	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee being covered)	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	YES	DROP	NO	NO	May decrease or deactivate deductions if gain of Medicaid; no change if gain of SCHIP	No change
D-2	Dependent gains coverage under another group or individual health plan	DROP	Application <u>must</u> be made within 30 days from date other coverage becomes effective	Proof of other coverage	Dependent who gained other coverage	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	NO	DROP	NO	NO	No change	No change

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D-3	Gain new coverage through Medicare Part A or Part B	Continue with OGB coverage as secondary (employee would be retired)	Application <u>must</u> be made within 30 days from date other coverage becomes effective	Official documentation of active enrollment on new plan; must show effective dates of each named dependent	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee being covered)	The end of the month preceding the first full month in which other coverage became effective	N/A	Yes	N/A	N/A	YES	NO	N/A as Retiree not eligible for FSA	N/A as Retiree not eligible for FSA
D-4	Gain new coverage through Medicare Part A or Part B, Qualified Medical Support Court Order when someone else is ordered to provide the health coverage for currently covered dependents, or coverage under spouse's group health plan or other group or individual health plan	DROP	Application <u>must</u> be made within 30 days from date new coverage became effective	Official documentation of active enrollment on new plan; must show effective dates of each named dependent	Self and dependents who gained such coverage (dependents cannot remain on the OGB plan without the Employee being covered)	The end of the month preceding the first full month in which other coverage became effective if application is timely made	N/A	YES	YES	DROP	NO; but any Health Savings Account contributions must cease once gain Medicare	NO	May decrease or deactivate amount	No change

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COURT-ORDERED LEGAL GUARDIANSHIP OR COURT-ORDERED CUSTODY; QMCSO														
E-1	Qualified Medical Child Support Order (QMCSO)	ADD	30 days from date of the QMCSO or as otherwise specified by law	Copy of QMCSO and eligibility data for newly-eligible persons	Eligible Child dependent(s) covered by Order (and eligible employee if not currently enrolled)	1st of month following receipt of application or as otherwise specified in the Order	Yes, only for the dependent(s) required by Order (and employee if not currently enrolled)	N/A	NO	only changes consistent with Order	YES	NO	May enroll or can increase amount	No change allowed
E-2	Court-Ordered Legal Guardianship or Court-Ordered Custody	ADD	Application <u>must</u> be made within 30 days from the date of the court-ordered legal guardianship or court-ordered custody	Certified copy of the signed court order granting custody or guardianship, and eligibility data for any newly-eligible persons	Newly Acquired Dependent(s)	The date of the court-ordered legal guardianship or custody or the effective date specified in the court order, if Application for enrollment is timely made	YES for newly-acquired dependent only	NO	NO	ADD	YES	NO	May enroll or can increase amount	May enroll or increase amt if dependent care expenses increased

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E-3	Qualified Medical Child Support Order (QMCSO)	DROP	30 days from date of the QMCSO or as otherwise specified by law	Copy of QMCSO	Dependent child, or Self and dependent child who was added as a result of the Order	End of month following receipt of application, if application is timely made	NO	YES	YES	DROP	NO	YES	May decrease or disenroll	No change allowed
E-4	Court-Ordered Legal Guardianship or Court-Ordered Custody	DROP	Application <u>must</u> be made within 30 days from date of the Order removing custody or guardianship	Copy of Order	Dependent child for whom custody or guardianship was lost	End of month following receipt of timely application	NO	YES	NO	DROP	NO	YES	May decrease amount or disenroll	May decrease amount if dependent care expenses decreased, or disenroll

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LOSS OF OTHER COVERAGE

F-1	Lose coverage on spouse's employer-provided insurance for any of the following reasons: 1) Spouse deceased, 2) Employment of Spouse terminated, 3) COBRA coverage under Spouse's plan terminated or expired, 4) Spouse loses Employer's Insurance due to no fault of the spouse, 5) Spouse terminates coverage on his/her plan during open enrollment	ADD	Application <u>must</u> be made within 30 days from the date the health insurance ended	Documents from prior plan confirming coverage termination and eligibility data for any newly-eligible persons	Self and other dependent(s) who lost coverage	Date of loss of previous coverage if Application for enrollment is timely made	YES to Add self and/or eligible dependents	N/A	N/A	ADD	YES	NO	May enroll or can increase amount	No change
F-2	Eligible Dependent loses current coverage under another employment-based group health plan or individual health plan	ADD	Application <u>must</u> be made within 30 days from the date the health insurance ended	Documents from prior plan confirming coverage termination and eligibility data for any newly-eligible persons	Self and other dependent(s) who lost coverage	Date of loss of previous coverage if Application for enrollment is timely made	YES to Add self and/or eligible dependents	N/A	N/A	ADD	YES	NO	May enroll or can increase amount	No change

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F-3	Lose Medicaid or state CHIP (Children’s Health Insurance Program) coverage because no longer eligible	ADD	Application <u>must</u> be made within 60 days from the date the health insurance ended	Official state document indicating for whom and when Medicaid/ CHIP coverage ended and eligibility data for any newly-eligible persons	Self and dependent(s) who lost coverage	Date Medicaid/CHIP coverage ends if application is timely made	YES	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount if loss of Medicaid; no change if loss of CHIP coverage	No change
F-4	Lose another group or individual health plan sponsored by government or educational institution, including Indian Tribal government and foreign government, or other individual coverage	ADD	Application <u>must</u> be made within 30 days from the date the health insurance ended	Proof of loss of insurance on other plan and eligibility data for any newly-eligible persons	Self and dependent(s) who lost coverage	Date of loss of previous coverage if Application is timely made	YES	N/A	N/A	ADD	YES	N/A	No change	No change

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F-5	Magnolia Local Plan member moves out of Magnolia Local Plan network area	Transfer to Magnolia Local Plus Plan	Application must be made within 30 days of change in residence	Documentation proving date of change in residence from Magnolia Local network area (examples include voter registration card, homestead exemption, copy of water or electric bill, notarized attestation, etc.)	Self; self and current covered dependents who lost coverage	Date of loss of previous coverage if Application is timely made	N/A (can only add persons who were covered before and lost coverage)	NO	NO	ADD	YES, only to the Magnolia Local Plus Plan	NO	No change	No change
MARRIAGE														
G-1	Marriage	ADD	Application <u>must</u> be made within 30 days of change in status	Copy of certified marriage certificate and eligibility data for any newly-eligible persons	Self and new spouse and/or new stepchildren; employee may add child only if child was immediately previously covered under new spouse's insurance.	Date of the marriage if application is timely made	YES (New Spouse and/or New Step-Children)	N/A	NO	ADD	YES	NO	May enroll or increase amount	May enroll or increase amount

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G-2	Marriage- Gain of coverage on new spouse's plan	DROP	Application <u>must</u> be made within 30 days from effective date of new coverage on spouse's plan due to marriage event	Copy of certified marriage certificate and proof of active enrollment on spouse's plan on company letterhead; must show coverage effective dates of each named dependent	Self; current covered dependents	Coverage will be cancelled at the end of the month for which timely Application for disenrollment is made	N/A	YES	YES	DROP	N/A	NO	May decrease if family members become covered under spouse's health plan	May decrease if spouse has Dependent FSA through his/her employer

MILITARY LEAVE AND UNPAID LEAVE

H-1	Employee who dropped coverage while on unpaid leave returning to work with pay from unpaid leave in same capacity	Reinstate coverage	Application <u>must</u> be made within 30 days of return to work with pay	Signed GB-01 from Employer	Can reinstate coverage for self and dependents who were covered prior to taking unpaid leave	Date returns to work with paid status if application is timely made	ADD (may add newly-acquired dependents only)	NO unless dependent is no longer eligible	N/A	Reinstate prior coverage	NO	NO	May re-enroll either a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before unpaid leave with no catch-up.	May re-enroll either a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before unpaid leave with no catch-up.
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H-2	Employee on unpaid leave	DROP	Application <u>must</u> be made within 30 days of taking unpaid leave	Signed GB-01 from Employer	Self; self and/or current covered dependents	End of month unpaid leave begins if application is timely made	N/A	YES	YES	DROP	N/A	NO	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions
H-3	Military Employee goes on USERRA leave	DROP	Application <u>must</u> be made within 30 days of taking USERRA leave	Signed GB-01 from Employer and any military orders	Self; self and/or current covered dependents	End of month that USERRA leave begins if application is timely made	N/A	YES	YES	DROP	N/A	NO	May pre-pay, decrease or deactivate deductions	May pre-pay, decrease or deactivate deductions
H-4	Military Employee returns from USERRA leave to full-time status.	Reinstate coverage	Application <u>must</u> be made within 30 days from re-employment or from date that Employee's active duty military health benefits end, whichever is later	HR must provide documentation of military orders and of military health coverage end date	Can reinstate coverage for self and dependents who were covered prior to taking USERRA leave	Date returns to full-time active status from USERRA leave or the date that Employee's active duty military health coverage ends, whichever is later, if application is timely made	ADD (may only add newly acquired dependents)	NO unless dependent is no longer eligible	N/A	Reinstate prior coverage; may also allow for a change in health plan	YES	NO	May re-enroll either a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before military leave with no catch-up.	May re-enroll either a) at same level of benefits as before leave, which requires increased deduction amount for catch-up, or b) continue same deduction as before military leave with no catch-up.

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NEW HIRES AND TERMINATIONS, ACA REQUIREMENTS, AND CHANGE IN CLASSIFICATION														
I-1	New Full-Time Employee	ADD	Application <u>must</u> be made within 30 days from date of full-time employment	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	Based upon date of employment (Hire Date - 1st Day of the Month - Coverage effective on First day of the following month; Hire Date - 2nd day of the month or after - Coverage effective on the first day of the second month following employment) if application is timely made	YES	N/A	N/A	ADD	YES	NO	May Enroll	May Enroll
I-2	Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Initial Measurement Period	ADD	Application <u>must</u> be made within 30 days of date of eligibility	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period if application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll

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I-3	Non-Full-Time (variable, seasonal, part-time) Employee who is determined to be Full-Time at end of the Standard Measurement Period	ADD	Application <u>must</u> be made within 30 days of date of eligibility	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	January 1 of following plan year if application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll
I-4	Non-Full-Time (variable, seasonal, part-time) Employee who experiences a Change in Classification to permanent Full-Time in any measurement or stability period (this requires a deliberate documented employer decision to make the employee a full-time employee)	ADD	Application <u>must</u> be made within 30 days of date of change in classification	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	First of the month following the end of the 30-day enrollment period if application is timely made	YES	N/A	N/A	ADD	N/A	NO	May Enroll	May Enroll

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I-5	Full-Time Employee returning full-time or part-time with less than 13 weeks (or less than 26 weeks for educational institutions) since Separation (this would include retirees who are rehired as WAEs)	ADD	Application <u>must</u> be made within 30 days following the return to work	Signed GB-01 from Employer and eligibility data for any newly-eligible persons	Employee; employee and eligible dependent(s)	First of the month following the Return to Work if application is timely made	YES	N/A	N/A	ADD	YES	NO	May Enroll	May Enroll
I-6	Employee changes from Full-Time status to non-Full-Time (requires deliberate documented decision to reduce hours below full time) (not in stability period)	Employee must continue coverage	Application <u>must</u> be made within 30 days of change in status confirming change in hours from Full-Time to non-Full-Time	Signed GB-01 from Employer	Employee; employee and eligible dependent(s) would be dropped at the end of the plan year	Coverage terminates at the end of the plan year	N/A	N/A	N/A	N/A	NO	YES at the end of the plan year	Auto drop at the end of the plan year	Auto drop at the end of the plan year

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I-7	Employee determined to be Full-Time during previous Measurement Period changes to Non-Full-Time under corresponding Stability Period	Employee must continue coverage	Application <u>must</u> be made within 30 days of change in status	Signed GB-01 from Employer	Employee; employee and eligible dependent(s) would be dropped at the end of the stability period on the last day of that month	Coverage terminates at the end of the stability period on the last day of that month	N/A	N/A	N/A	N/A	NO	Upon termination of coverage	Auto drop at the end of the plan year health coverage ends	Auto drop at the end of the plan year health coverage ends
I-8	Full-Time to Full-Time Transferring Employee	Moving Coverage from one OGB Participant Employer to another OGB Participant Employer (Employee may not Add or Drop coverage but may change health plans)	Transferring Participant Employer - Application to Remove should be received within 30 days of transfer; New Participant Employer - Application to Add <u>must</u> be received within 30 days of hire	Signed GB-01 from the hiring Participant Employer	Employee; employee and eligible dependents	Continuous coverage, no gap. Hiring Participant Employer will assume coverage based upon date of hire. If hired the 1st day of the month, hiring Participant Employer will assume responsibility for plan member immediately. If hired on the 2nd day of the month or after, the hiring Participant Employer will assume responsibility on the first of the second month following hire.	NO	NO	NO	N/A	YES	NO	May Enroll if transferring from a Non-Flex Participant Employer; may deactivate or decrease amounts if employee chooses new plan available with the transfer that was not available before the transfer, with a lower deductible	May Enroll if transferring from a Non-Flex Participant Employer

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I-9	Employee Terminated/separation of service (other than retirement)	DROP	30 days from the date of termination (OGB has the discretion to retroactively drop if correct premium is not timely paid and Application for disenrollment is not timely made)	GB-01 signed by participant employer	Employee and all covered dependents	The end of the month in which Employee's termination is effective	N/A	YES	YES	DROP	NO	YES	Automatic Cancel on date of termination of employment	Automatic Cancel on date of termination of employment+A81
I-10	Annual Enrollment	ADD OR DROP	Annual Enrollment period designated by OGB		Employee; employee and eligible dependents	January 1 of following plan year if application is timely made	YES	YES	YES	ADD or DROP	YES	N/A	Changes allowed	Changes allowed
OVER-AGE DEPENDENT														
J-1	Natural, Adopted or Stepchild dependent reaches attainment age for that dependent and is not capable of self-sustaining employment	Continuation of Coverage	Executed physician attestation on OGB Form "Request for Continuation of Coverage for Incapacitated Dependent Child" must be submitted prior to the dependentchild reaching the age of 26	OGB Form "Request for Continuation of Coverage for Incapacitated Dependent Child"	Only child dependent currently enrolled in the plan who is attaining the age of 26 and is incapable of self-sustaining employment	First of the month following the child's attainment of the age of 26 if application is timely made and accepted	N/A	N/A	N/A	N/A	NO	N/A	No change	No change

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STATE PREMIUM SUBSIDY														
K-1	Obtain subsidy under state's premium assistance program	ADD	Application <u>must</u> be made within 60 days from date subsidy was awarded by state	Official state document indicating effective date when state subsidy was awarded and to whom and eligibility data for any newly-eligible persons	Self and dependent(s)	Date of award of subsidy (or effective date of subsidy if other than date of award) if Application for enrollment is timely made	YES	N/A	N/A	ADD	YES	N/A	May enroll or can increase amount	No change
RETIREMENT														
L-1	Retirement (without gaining Medicare)	Continuation of Coverage under current plan	Application must be made within 30 days from the date of retirement	Application	Continuation of Coverage only for Currently Covered Dependents	N/A	N/A	N/A	N/A	N/A	NO (except those with Pelican HSA775 plan must change plans when they retire)	N/A	N/A	N/A
L-2	Retirement (without gaining Medicare)	DROP	Application must be made within 30 days from the date of retirement	Application	Self and/or covered dependents	End of month of retirement date	NO	YES	YES	DROP	N/A	YES	N/A	N/A

Office of Group Benefits Plan-Recognized Qualified Life Events (QLE) 2017



QLE Code	Plan Recognized Qualified Life Event	Enrollee change request to OGB plan ADD or DROP	Deadline to submit request and provide proof document	Proof or document <u>required</u>	Enrollee allowed to change (who meets the eligibility definition)	Effective Date of Change	ADD Dependent YES or NO	DROP Dependent YES or NO	DROP Self YES or NO	ADD or DROP Medical Coverage	CHANGE Health Plan YES or NO	COBRA Event YES or NO	Flexible Spending Plan – Health Care	Flexible Spending Plan - Dep. Care
L-3	Retirement (without gaining Medicare)	ADD	Application must be made within 30 days from the date of retirement	Application	Eligible dependents	First of month following the date of retirement	YES (may not add Self)	N/A	N/A	N/A	NO (except those with Pelican HSA775 plan must change plans when they retire)	N/A	N/A	N/A
N/A	Retirement with Medicare - refer to Gain of Other Coverage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note: OGB reserves the right to supplement or amend the QLE chart at any time.