

Qualifying Event Checklist

Employee Name

Job Title

| Change in Legal Marital Status | | Date of Change | Required Documents |
|--|--|----------------|---|
| <input type="checkbox"/> | Marriage | | Marriage certificate |
| <input type="checkbox"/> | Divorce/Annulment | | Divorce decree/Court ruling for annulment |
| <input type="checkbox"/> | Legal separation | | Court order verifying legal separation |
| <input type="checkbox"/> | Death of spouse | | Death certificate |
| Change in Number of Dependents | | Date of Change | Required Documents |
| <input type="checkbox"/> | Birth | | Birth certificate |
| <input type="checkbox"/> | Death | | Death certificate |
| <input type="checkbox"/> | Adoption/Placement for adoption | | Court order for adoption/placement for adoption |
| Gain or Loss Eligibility for Other Group Coverage (HIPAA special enrollment) | | Date of Change | Required Documents |
| <input type="checkbox"/> | Group health plan | | Documentation from plan or issuer regarding change in eligibility (with effective date) |
| Change in Employment Status of Employee or Spouse | | Date of Change | Required Documents |
| <input type="checkbox"/> | Loss of employment | | Termination documents or unemployment application |
| <input type="checkbox"/> | Start of employment | | Employer documentation of employment start date |
| <input type="checkbox"/> | Change in worksite | | Employer documentation showing change and impact on eligibility |
| <input type="checkbox"/> | Leave of absence | | Employer documentation stating employee has commenced or returned from leave |
| Change in Place of Residence | | Date of Change | Required Documents |
| <input type="checkbox"/> | Change in place of residence of the employee, spouse or dependent that | | Documents indicating how change in residence affects employee |

| affects HMO eligibility | | eligibility |
|-------------------------------------|--|--|
| Entitlement to Medicare or Medicaid | Date of Change | Required Documents |
| <input type="checkbox"/> | Employee, spouse or dependent becomes covered under Medicare or Medicaid or loses eligibility for his or her Medicare or Medicaid coverage (including coverage under a state Children's Health Insurance Program, or CHIP) | Government verification that coverage was gained or lost |
| Changes in Coverage | Date of Change | Required Documents |
| <input type="checkbox"/> | Significant cost increases | N/A |
| <input type="checkbox"/> | Significant curtailment of coverage | N/A |
| <input type="checkbox"/> | Addition or significant improvement of benefits package option | N/A |
| <input type="checkbox"/> | Change in coverage under other employer plan | Documentation from employer showing change in coverage |
| <input type="checkbox"/> | Loss of health coverage sponsored by governmental or educational institution | Government verification of loss of eligibility |
| Other | Date of Change | Required Documents |
| <input type="checkbox"/> | Change of custody, judgment, court order or decree requiring health coverage | Court documentation, including qualified medical child support order (QMCSO) |
| <input type="checkbox"/> | COBRA qualifying event | N/A |
| <input type="checkbox"/> | FMLA leave | N/A |
| <input type="checkbox"/> | Eligibility for premium assistance subsidy through a Medicaid plan or CHIP | Government verification of eligibility for subsidy (with effective date) |
| <input type="checkbox"/> | Exchange enrollment | Employee representation regarding enrollment in a plan under an Exchange |
| <input type="checkbox"/> | Reduction in hours of service to less than 30 hours without loss of eligibility | N/A |

Employee Signature

Date