

Qualified Life Event (QLE) & supporting documentation -To add/remove dependent(s) to health insurance elections mid-year

→If you experience a life event mid-year, any change to your coverage must be consistent with the qualifying life event and be requested within 31 days of the life event date.

IRS rules dictate that employees enrolled in the medical, dental, vision, and flexible spending accounts cannot enroll in or change enrollment options during the plan year except during an open enrollment period, or in the event of a “change in status” qualifying life event. See details below regarding what is required.

»»Emailing completed form and proof is best to: LinternL@billingsmt.gov I will confirm receipt of the email.

If you miss the QLE timeframe, your next opportunity will be during the annual health insurance open enrollment (typically early Nov.) to add/remove for the 1/1 effective date.

EXAMPLES OF VALID SUPPORTING DOCUMENTATION			
LIFE EVENT	To ADD a dependent(s)	To REMOVE a dependent(s)	Effective Date of change, if within 31-day timeframe
<u>Legal marital status change:</u> Marriage or Divorce (Effective 1/1/14, includes same-sex, Legal marriages (31-day QLE))	<u>Proof of dependency required:</u> Legal Marriage Certificate, notarized Declaration of Marriage, notarized Affidavit of Common Law, proving a legal marital relationship.	<u>Copy of:</u> Legal divorce decree or legal separation showing the effective date.	<i>For example, if legally married July 1, that is your QLE date. You have 31 days from that date to submit your QLE documentation to HR. If paydays have been missed since the QLE date, the difference in premiums will need to be handled with the next available payday.</i> <i>Divorce:</i> Benefits end as of the 1st of the month following the date of the divorce. It is critical to notify Human Resources immediately of the divorce being finalized. Please provide an address of the spouse for COBRA purposes on the QLE form.
<u>Birth/Adoption/Legal Custody of a Child:</u> (31-day QLE)	<u>Proof of dependency required:</u> Birth or Hospital Certificate. Custody and/or adoption of child, court documents must include the effective date.	n/a	Effective date is the birth, adoption or legal custody of child. Please note: 31-day QLE requirements still apply even if have existing +child or +family coverage.
<u>Death of Dependent:</u> (31-day QLE)	n/a	<u>Copy of:</u> Death Certificate or Obit (typically, HR will automatically handle these unless we are not aware)	n/a
<u>Change in employment status, to add/remove from insurance:</u> (31-day QLE)	<u>Copy of:</u> COBRA Notice and/or Certificate of Credible Coverage that shows when loss of coverage occurred for whom and <u>Proof of dependency:</u> birth certificate (for child) or marriage certificate (for spouse).	Currently you can remove dependent without providing proof of other insurance. However, we do not roll back, we roll forward. Example, if you request QLE removal Feb. 15 th , they will be removed March 1 st . We do not cancel it mid-month.	To Add: Benefit changes are effective as of the date of the QLE event. If paydays have been missed since the QLE date, the difference in premiums will need to be handled with the next available payday. To Remove: 1 st of the month following notice of insurance effective elsewhere for dependents.
<u>Dependent - Loss of insurance eligibility with Military Insurance:</u> (31-day QLE)	<u>Copy of:</u> Notice documentation from Military insurance/Medicaid/CHIPRA that shows when loss of coverage occurred for those dependents.	n/a	Medicaid or CHIPRA loss of eligibility is the only QLE that has a 60-day QLE per city health insurance plan doc to add qualifying dependents.
<u>Dependent - Loss of insurance eligibility with Medicaid or CHIPRA:</u> (60-day QLE)	<u>Proof of dependency required:</u> birth certificate (for child) or marriage certificate (for spouse).		
Dependent Child, limiting age of 26	n/a	<i>City HR is alerted by EBMS of a dependent child reaching age 26. We will remove them and issue you the COBRA notice, typically via email. QLE form is not required.</i>	Dependent children will be removed from plan(s) the 1 st of the month following the date they turn age 26.
<i>To ADD dependents to your existing plan coverage mid-year, the employee <u>must</u> already have the existing coverage elected and a QLE. However, if you can provide proof that you, as the employee lost that coverage as part of the QLE, you may be able to add that election mid-year.</i>			
IMPORTANT: Any dependents added must meet eligibility requirements per the City of Billings health insurance plan document.			



Employee Name(print): _____		Personal Email: _____		Phone#: _____		
Qualifying Life Event (QLE) is & Date of that event: _____				(City) Effective Date of change: _____		
<input type="checkbox"/> Legal marital status change: Marriage or Divorce (31-day QLE) <input type="checkbox"/> Birth/Adoption/Legal Custody of Child: (31-day QLE) <input type="checkbox"/> Death of dependent: (31-day QLE) <input type="checkbox"/> Change in employment status, to add/remove from insurance: (31-day QLE) <input type="checkbox"/> Dependent - Loss of insurance eligibility with Military Insurance (31-day QLE) <input type="checkbox"/> Dependent - Loss of insurance eligibility with Medicaid or CHIPRA (60-day QLE per city health insurance plan doc)						
Dependent: Full Name, including, middle initial	SS number*	Date of Birth	Relationship to employee	Medical Plan (EBMS) <input type="checkbox"/> Standard <input type="checkbox"/> HDHP	Dental Plan (EBMS)	Vision Plan (VSP)
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
Did you provide proof of QLE according to supporting documentation details? <input type="checkbox"/> No <input type="checkbox"/> Yes						
<p>* For a birth, you will not have the SSN within the 31 days from the birth. Please submit the completed form ASAP for processing and when the SSN is received, get the number to me and I will update us & EBMS.</p> <p><input type="checkbox"/> Yes, I need to change my FSA: MEDICAL or DAYCARE FLEX due to my QLE. Please send me the form.</p>						
<p>If REMOVING dependent(s), do they have other insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes,</p> <p>If you mark Yes, they have other insurance, a COBRA notice will not be mailed, except for divorce QLE, we are required to mail the notice. Please provide mailing address for COBRA health insurance notice:</p> <p><input type="checkbox"/> Employees address or <input type="checkbox"/> Other Address: _____</p>						

By signing below, I understand that if I have a change in premium based on the QLE date, Payroll will catchup premiums at the next available payday for premiums missed based on the QLE effective date. Changes to add dependent(s) are based on the QLE date; however, to remove dependent(s) it is based on the 1st of the following month.

Employee Signature: _____

Date: _____

HR only - PAYROLL instructions for payday: _____