

**QUALIFIED STATUS CHANGE - GUIDELINES**

Event	Coverages	Medical	Dental	Vision	Life	AD&D	Dep Life*	LTD	HC FSA	DC FSA
Marriage or new Domestic Partner	<b>Employees</b>	Add or Delete	Add or Delete	Add or Delete	Increase*	Increase*	Increase	N/A	Increase	Increase/Decrease ***
	<b>Dependents</b>	Add or Delete	Add or Delete	Add or Delete	N/A	Add or Delete	Add or Delete	N/A	N/A	N/A
Birth or Adoption of a child	<b>Employees</b>	No Changes	No Changes	No Changes	Increase*	Increase*	Increase	N/A	Increase	Increase/Decrease ***
	<b>Dependents</b>	Add child	Add child	Add child	N/A	Add	Add	N/A	N/A	N/A
Divorce/death of a dependent	<b>Employees</b>	Add	Add	Add	Increase*/Decrease	Increase or Decrease	Increase/Decrease	N/A	Increase/Decrease	Increase/Decrease ***
	<b>Dependents</b>	Add or Delete	Add or Delete	Add or Delete	N/A	Add or Delete	Add or Delete	N/A	N/A	N/A
Change in Employment Status (when cost of benefits is affected or significant benefit coverage changes)	<b>Employees</b>	Add or Delete	Add or Delete	Add or Delete	Increase*/Decrease	Increase or Decrease	Increase/Decrease	Add* Delete**	Increase/Decrease ***	Increase/Decrease ***
	<b>Dependents</b>	Add or Delete	Add or Delete	Add or Delete	N/A	Add or Delete	Add or Delete	N/A	N/A	N/A
Gain/Loss of coverage incl. Medicare or Medicaid Entitlement	<b>Employees</b>	Add or delete	Add or Delete	Add or Delete	Increase*/Decrease	Increase/Decrease	Increase/Decrease	N/A	Increase/Decrease ***	Increase/Decrease ***
	<b>Dependents</b>	Add or delete	Add or Delete	Add or Delete	N/A	Add or Delete	Add or Delete	N/A	N/A	N/A
Change in Residence (Moving out of HMO Area)	<b>Employees</b>	Add	Add	No Changes	No Changes	No changes	No changes	N/A	No changes	No changes
	<b>Dependents</b>	Add	Add	No Changes	N/A	No Changes	No Changes	N/A	N/A	N/A
Change in student status	<b>Employees</b>	No Changes	No Changes	No Changes	No Changes	No Changes	Increase/Decrease	N/A	Increase/Decrease ***	No Changes
	<b>Dependents</b>	Add or Delete	Add or Delete	Add or Delete	N/A	Add or Delete	Add or Delete	N/A	N/A	N/A
Part-time to Full-time(80)	<b>Employees</b>	Add	Add	Add	Increase/Decrease ***	Increase/Decrease ***	Add/Delete	Change*	Increase/Decrease ***	Increase/Decrease ***
	<b>Dependents</b>	Add	Add	Add	N/A	Increase or Decrease	No Changes	N/A	N/A	N/A
Full-time(80) to Part-time	<b>Employees</b>	Delete	Delete	Delete	No Change	No Changes	No Changes	Change**	Increase/Decrease ***	Increase/Decrease ***
	<b>Dependents</b>	Delete	Delete	Delete	N/A	No Changes	No Changes	N/A	N/A	N/A
Day Care: 1. Fee Increase 2. Change in Providers 3. Schedule Change	<b>Employees</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Increase/Decrease ***
	<b>Dependents</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Increase\***-increase by one level

**Increase/Decrease\*\*\*:** May reduce contributions to \$0.00

**Change\***-must add LTD if change is > 60 hours bi-weekly, or complete proof of other coverage

**Change\*\***-must delete LTD if change is <60 hours bi-weekly

Revised: 08/09