

Qualifying Changes in Status

(Whenever the term 'Spouse' is indicated on this page it also includes a Civil Union Partner.)

QUALIFYING
CHANGE IN STATUS

| SPOUSE – Qualifying Changes in Status | | | | | | | | | |
|--|---------------------------------------|---|--------------------------|--------------------|------------|------------------------------|---------------------------|-----------------------|-------------------------------|
| | Corresponding HEALTH & DENTAL Options | | | | | | | | |
| Changes affecting the Spouse | Employee May Opt Out of Program | Employee may Enroll or Re-Enroll in the Program | Add Newly Acquired Child | Add Existing Child | Add Spouse | Terminate Dependent Coverage | Terminate Spouse Coverage | Change Health Carrier | Waive Health/ Dental Coverage |
| Coordination of spouse's open enrollment period * | O | X | | X | X | X | X | | P |
| Death of spouse | | X | | | | | X | | |
| Eligibility: Spouse loses eligibility for group insurance coverage | | X | | X | X | | | | |
| Eligibility: Spouse now provided with group insurance coverage | O | | | | | X | X | | P |
| Employment Status: Spouse gains employment | O | | | | | X | X | | P |
| Employment Status: Spouse loses employment | | X | | X | X | | | | |
| LOA: Spouse enters nonpay status | | | | X | X | | | | |
| LOA: Spouse returns to work from nonpay status | | | | | | X | X | | |
| Medicare eligibility: Spouse gains | | | | | | | X | | |
| Medicare eligibility: Spouse loses | | | | | X | | | | |
| Premium of spouse's employer increases 30% or greater, or spouse's employer significantly decreases coverage | | X | | X | X | | | | |
| Residence/Work location: Spouse's county changes | | | | | | | | X | |

* The employee's request to change coverage must be consistent with, and on account of, the spouse's election change.

| DEPENDENT (other than Spouse) – Qualifying Changes in Status | | | | | | | | | |
|---|---------------------------------------|---|--------------------------|--------------------|------------|------------------------------|---------------------------|-----------------------|-------------------------------|
| | Corresponding HEALTH & DENTAL Options | | | | | | | | |
| Changes affecting a Dependent (other than a Spouse) | Employee May Opt Out of Program | Employee may Enroll or Re-Enroll in the Program | Add Newly Acquired Child | Add Existing Child | Add Spouse | Terminate Dependent Coverage | Terminate Spouse Coverage | Change Health Carrier | Waive Health/ Dental Coverage |
| Death of Dependent | | | | | | X | | | |
| Eligibility: Dependent becomes eligible for State group coverage | | | | X | | | | | |
| Eligibility: Dependent loses eligibility for non-State group coverage | | | | X | | | | | |
| Eligibility: Dependent now eligible for non-State group coverage | | | | | | X | | | |
| LOA: Dependent enters nonpay status | | | | X | | | | | |
| LOA: Dependent returns to work from nonpay status | | | | | | X | | | |
| Medicare eligibility: Dependent gains | | | | | | X | | | |
| Medicare eligibility: Dependent loses | | | | X | | | | | |
| Residence/Work location: Dependent's county changes | | | | | | | | X | |

X = Eligible changes for all employees.

P = Eligible changes for Part-time employees.

O = Eligible changes for Full-time employees.

Existing Child = A child for which the employee had custody prior to the previous 60-day period, such as a natural or adopted child, adjudicated child, stepchild, child of a civil union partner or a child for which the employee is guardian.