

QUALIFYING LIFE EVENTS

You must have a **Qualifying Life Event (QLE)** in order to add or remove insurance coverage outside of Annual Enrollment. Below is a list of qualifying life events and the documentation that is required to add/delete for each event.



You have **30 days** from the date of the QLE to make changes. After 30 days, you will need to wait until Annual Enrollment for any changes.

1. To **add a dependent**, you will need to attach 2 documents:
  - a. Dependent Verification document (see the [Dependent Verification Job Aid](#) for more information).
  - b. QLE document that corresponds to your specific event, if applicable
2. To **remove a dependent**, attach the QLE document listed below that corresponds to your specific event.

| EVENT                  | ACTION | DOCUMENTATION   |
|------------------------|--------|---|
| Birth/Adoption         | Add    | <ul style="list-style-type: none"> <li>• Existing Child - Birth Certificate</li> <li>• Newborn - Birth Letter from hospital showing the employee as the parent</li> <li>• Adoption - Adoption decree naming employee as the adoptive parent</li> <li>• Step-child - Marriage license and child's birth certificate</li> <li>• Legal Custody - Signed legal judgement granting the employee legal custody</li> </ul> |
| Death of Dependent     | Remove | Certified death certificate   |
| Divorce                | Remove | Divorce decree signed by Judge  |
| Gain of Other Coverage | Remove | Proof of gain of other coverage that includes effective date of coverage and name(s) of covered individuals<br><br>Example: letter from employer on company letterhead or insurance company that coverage is through  |
| Loss of Other Coverage | Add    | Proof of loss of coverage that includes termination date of coverage and name(s) of covered individuals<br><br>Example: letter from employer on company letterhead or insurance company that coverage was through   |
| Marriage               | Add    | Marriage certificate  |
|                        | Remove | Marriage certificate AND proof of other coverage that includes effective date of coverage and name(s) of covered individuals  |