

# Qualifying Event Checklist

Employee Name

Job Title

Change in Legal Marriage Status	Date of Change	Required Documentation
<input type="checkbox"/> Marriage		Marriage certificate
<input type="checkbox"/> Divorce/Annulment		Divorce decree/Court ruling verifying annulment
<input type="checkbox"/> Legal separation		Court order verifying legal separation
<input type="checkbox"/> Death of spouse		Long form death certificate
<input type="checkbox"/> Domestic partnership		Domestic partner certificate

Change in Dependents	Date of Change	Required Documentation
<input type="checkbox"/> Birth		Birth certificate
<input type="checkbox"/> Death		Long form death certificate
<input type="checkbox"/> Adoption		Court order for adoption/placement for adoption

Gain or Loss of Other Group Coverage	Effective Date	Required Documentation
<input type="checkbox"/> Medical		Carrier verification of new group policy with effective date
<input type="checkbox"/> Dental		Carrier verification of new group policy with effective date
<input type="checkbox"/> Vision		Carrier verification of new group policy with effective date

Change in Employment Status of Employee or Spouse	Effective Date	Required Documentation
<input type="checkbox"/> Loss of employment		Termination documentation or unemployment application
<input type="checkbox"/> Termination/Rehire within 30 days		Employee change/Termination form
<input type="checkbox"/> Change in part-time or full-time status		Employer documentation stating changes in time-status and benefit eligibility
<input type="checkbox"/> Leave of absence		Employer documentation stating employee has commenced or returned from leave
<input type="checkbox"/> Military leave that qualifies under the Uniformed Services Employment & Reemployment Act of 1994 (employee or spouse)		Copy of the order or other notification indicating call to duty for uniformed services

Change in Status Affecting Dependent Eligibility	Date of Change	Required Documentation
<input type="checkbox"/> Attained age 26		Birth certificate

Change in Residence Affecting HMO Eligibility of Employee/Spouse/Dependent	Date of Change	Required Documentation
<input type="checkbox"/> Explain:		Employee change/Termination form (for employee) or Out of Area Dependent PPO Enrollment Form (for spouse/dependent)

Initial Entitlement to Medicare or Medicaid	Effective Date	Required Documentation
<input type="checkbox"/> Medicare/Medicaid eligibility		Government verification that coverage was gained or lost

Other	Effective Date	Required Documentation
<input type="checkbox"/> Significant coverage reduction or cost increase		Carrier verification indicating coverage reduction or cost increase
<input type="checkbox"/> Change of custody, judgment, court order or decree requiring medical coverage		Court documentation or Qualified Medical Child Support Order

Employee Signature

Date