

QUALIFIED LIFE EVENT AND MID-YEAR CHANGES

All benefit elections made during initial enrollment or annual open enrollment remain in effect during the entire Plan Year; however, there may be times when an employee may experience a change in their family or work status that may allow for certain benefits to be changed mid-year. These changes are called qualified life events and are governed by the IRS regulations of Section 125 Cafeteria Plans and HIPAA Special Enrollment Rights.

Required documentation must be provided to ADOA Human Resources Division-Benefits within 31 days¹ of the qualifying life event. Documents and forms received after the 31 days will not be processed and changes will need to be made during the next Open Enrollment period. Election changes must be consistent with the change in status event. In most cases, elections shall take effect on the first pay period following receipt of all completed forms and required documentation. Election changes made pursuant to a birth, adoption, placement for adoption of a child, or change in legal guardianship, the election change shall take effect as of the date of the birth, adoption, placement for adoption, or change in legal guardianship.

REQUIRED DOCUMENTATION - Must be completed in full and submitted to ADOA Human Resources Division-Benefits at benefitsissues@azdoa.gov

- Declaration of Change Form
- Benefit Options Enrollment Form
- Flexible Spending Accounts Enrollment Form (if applicable)
- HSA Payroll Deduction Authorization Form (if applicable)
- Supporting Documentation (see chart below)

ANYTIME CHANGES - Changes that are allowed at any time throughout the plan year without a qualifying event.

- Decline STD coverage
- Reduce Supplemental Life to \$35K for those enrolled with larger amount
- Decline Dependent Life
- Update Life insurance beneficiary

PREMIUMS - No refunds of premiums will be provided if notification of QLE is received beyond 31 days of the event. If there is a change in premiums, new amounts will be deducted beginning the next pay period following receipt of required documentation.

¹ Changes must be made within 60 days of eligibility for premium assistance under Medicaid or Children's Health Insurance Program (CHIP) or loss of Medicaid/CHIP coverage.

HIPAA SPECIAL ENROLLMENT

Applies to eligible employees who declined healthcare benefits at initial enrollment or open enrollment but lost other coverage or who acquired a new spouse/dependent. The life and disability programs are not subject to HIPAA Special Enrollment requirements. In a HIPAA Special Enrollment situation, eligible employees are able to elect new coverage for their eligible family members. Changes that can occur with HIPAA Special Enrollment include:

- Tier structure (i.e. EE+Spouse to Family)
- Plan type (i.e. Triple Choice Plan to High Deductible Health Plan, etc.)
- Network vendor (i.e. BCBSAZ to UHC).

Note: Changing tier structure and plan type will impact the plan deductible and out-of-pocket maximum. Should an employee change their tier structure and/or plan type, but keep the current network, the plan accumulators will automatically apply to the updated tier and plan levels. Should an employee change their network vendor, the accumulators will not be transferred to the new network vendor.

PERMITTED CHANGES FOR HIPAA SPECIAL ENROLLMENT						
QUALIFIED LIFE EVENT	Medical, Dental, and/or Vision	Life and Disability	Healthcare FSA	Dependent Care FSA	SUPPORTING DOCUMENTATION (copies are sufficient)	COVERAGE EFFECTIVE DATE
<ul style="list-style-type: none"> ● Loss of other coverage 	<ul style="list-style-type: none"> ● Elect coverage ● Add spouse and/or dependents who lost coverage 	<ul style="list-style-type: none"> ● See Anytime Changes 	<ul style="list-style-type: none"> ● Elect healthcare FSA 	<ul style="list-style-type: none"> ● Elect dependent care FSA 	<ul style="list-style-type: none"> ● Evidence of previous coverage 	<ul style="list-style-type: none"> ● The first pay period following receipt of required documentation
<ul style="list-style-type: none"> ● Eligibility for premium assistance under Medicaid or CHIP (AHCCCS) ● Loss of eligibility for Medicaid or CHIP coverage <p>IMPORTANT NOTE: Changes must be made within 60 days.</p>	<ul style="list-style-type: none"> ● Elect coverage ● Add spouse and/or dependents who lost coverage 	<ul style="list-style-type: none"> ● See Anytime Changes 	<ul style="list-style-type: none"> ● Elect healthcare FSA 	<ul style="list-style-type: none"> ● Elect dependent care FSA 	<ul style="list-style-type: none"> ● Notice of eligibility for premium assistance ● Evidence of previous CHIP/Medicaid coverage 	<ul style="list-style-type: none"> ● The first pay period following receipt of required documentation

Information provided in this document is intended solely as a guide and is a partial listing of eligible events and corresponding changes. If you have questions regarding benefit changes, contact the Arizona Department of Administration-Human Resources Division-Benefits at 602-542-5008, toll-free 800-304-3687, or via email at benefitsissues@azdoa.gov.

PERMITTED CHANGES FOR HIPAA SPECIAL ENROLLMENT

QUALIFIED LIFE EVENT	Medical, Dental, and/or Vision	Life and Disability	Healthcare FSA	Dependent Care FSA	SUPPORTING DOCUMENTATION (copies are sufficient)	COVERAGE EFFECTIVE DATE
<ul style="list-style-type: none"> ● Marriage ● Birth ● Adoption ● Placement for adoption <p>IMPORTANT NOTE: Newborns are not automatically added to the policy. Required documentation must be submitted in order to effectively add them to the policy for coverage.</p>	<ul style="list-style-type: none"> ● Elect coverage for newly acquired spouse and/or dependent child(ren) ● Decline coverage provided by spouse’s coverage 	<ul style="list-style-type: none"> ● Elect short-term disability ● Elect supplemental life insurance up to \$20K ● Elect dependent life insurance, any amount ● Update beneficiary information 	<ul style="list-style-type: none"> ● Elect or increase healthcare FSA 	<ul style="list-style-type: none"> ● Elect or increase dependent care FSA 	<ul style="list-style-type: none"> ● Legal marriage certificate ● Stepchild(ren) require both birth and legal marriage certificates ● Birth certificate (crib card or hospital verification letter are accepted for enrollment until a birth certificate is issued) ● Legal adoption, guardianship or court order paperwork 	<ul style="list-style-type: none"> ● The first pay period following receipt of required documentation for marriage ● Date of the event for birth, adoption, and placement for adoption

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OTHER QUALIFIED LIFE EVENTS

Events that may allow for certain benefits to be changed mid-year. Changes that can occur include, Tier structure (i.e. Family to EE+Spouse). Note: Changing tier structure will impact the plan deductible and out-of-pocket maximum.

PERMITTED CHANGES FOR OTHER QUALIFIED LIFE EVENTS						
QUALIFIED LIFE EVENT	Medical, Dental, and/or Vision	Life and Disability	Healthcare FSA	Dependent Care FSA	SUPPORTING DOCUMENTATION (copies are sufficient)	COVERAGE EFFECTIVE DATE
CHANGE IN FAMILY STATUS						
<ul style="list-style-type: none"> • Divorce • Legal Separation • Annulment • Death of spouse <p>IMPORTANT NOTE: Spouse must be removed from the plan regardless of a court order to continue their coverage. COBRA benefits are an available option for spouses dropped from coverage.</p> <p>See Divorce, Legal Separation and Annulment Process for more information.</p>	<ul style="list-style-type: none"> • Elect coverages previously provided by spouse's coverage • Remove spouse from all current coverage (mandatory) • Remove step child(ren) from all current coverage unless there is evidence of adoption by the employee 	<ul style="list-style-type: none"> • Elect short-term disability • Elect supplemental life insurance up to \$20K • Elect dependent life insurance, any amount • Reduce supplemental life to pre-tax amount of \$35K • Decline dependent life if spouse is the only eligible dependent • Update beneficiary information 	<ul style="list-style-type: none"> • Reduce healthcare FSA 	<ul style="list-style-type: none"> • Reduce dependent care FSA only if eligible dependent is removed 	<ul style="list-style-type: none"> • Divorce decree • Notice of legal separation • Notice of legal annulment • Evidence of previous coverage under spouse • Legal adoption papers • Legal guardianship papers • Death certificate 	<ul style="list-style-type: none"> • Coverage ends the date of the event • Premiums are not refunded • If there is a change in premiums, new amounts will be deducted the first pay period following receipt of required documentation

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CHANGE IN FAMILY STATUS						
<ul style="list-style-type: none"> ● Guardianship ● Change in custody for child(ren) or stepchildren ● Court ordered coverage of dependents (QMCSO) <p>IMPORTANT NOTE: Coverage cannot be declined for QMCSO unless court ordered.</p>	<ul style="list-style-type: none"> ● Add coverage for eligible dependent child(ren) ● For QMCSO, elect mandated court ordered coverages 	<ul style="list-style-type: none"> ● Elect short-term disability coverage ● Elect supplemental life insurance up to \$20K ● Elect dependent life insurance, any amount 	<ul style="list-style-type: none"> ● Elect or increase healthcare FSA 	<ul style="list-style-type: none"> ● Elect dependent care FSA 	<ul style="list-style-type: none"> ● Legal adoption papers ● Legal guardianship papers ● Stepchild(ren) require both birth and legal marriage certificates ● Legal court orders ● Qualified Medical Child Support Order (QMCSO) 	<ul style="list-style-type: none"> ● The date of the event
<ul style="list-style-type: none"> ● Death of dependent ● Removal of foster child ● Removal of custody or guardianship 	<ul style="list-style-type: none"> ● Remove dependent from all coverage 	<ul style="list-style-type: none"> ● Reduce supplemental life to pre-tax amount of \$35K ● Decline dependent life if no remaining eligible dependents ● Update beneficiary information 	<ul style="list-style-type: none"> ● Reduce healthcare FSA 	<ul style="list-style-type: none"> ● Reduce dependent care FSA only if eligible dependent is removed 	<ul style="list-style-type: none"> ● Death certificate ● Legal court orders 	<ul style="list-style-type: none"> ● Coverage ends the date of the event ● Premiums are not refunded ● If there is a change in premiums, new amounts will be deducted the first pay period following receipt of required documentation

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CHANGE IN EMPLOYEE’S, SPOUSE’S OR DEPENDENT’S EMPLOYMENT STATUS OR WORK HOURS						
<ul style="list-style-type: none"> • Employment commencement (i.e. spouse or dependent begins employment or obtains new coverage) 	<ul style="list-style-type: none"> • Decline any/all coverages now provided to member by spouse's coverage • Remove spouse or dependent from any/all coverage now provided through their employment 	<ul style="list-style-type: none"> • See Anytime Changes 	<ul style="list-style-type: none"> • No changes permitted 	<ul style="list-style-type: none"> • No changes permitted 	<ul style="list-style-type: none"> • Evidence of new coverage under spouse • Spouse’s evidence of new coverage 	<ul style="list-style-type: none"> • The first pay period following receipt of required documentation
<ul style="list-style-type: none"> • Employment termination (i.e. spouse ends employment or loses coverage) <p>[see loss of other coverage under HIPAA Special Enrollment]</p>	<ul style="list-style-type: none"> • Elect any/all coverages previously provided to member and/or eligible dependents by spouse's coverage 	<ul style="list-style-type: none"> • See Anytime Changes 	<ul style="list-style-type: none"> • Elect or increase healthcare FSA if spouse had coverage provided through their employer 	<ul style="list-style-type: none"> • Elect or increase dependent care FSA if spouse had coverage provided through their employer 	<ul style="list-style-type: none"> • Evidence of previous coverage under spouse (i.e. letter from employer or letter of creditable coverage) 	<ul style="list-style-type: none"> • The first pay period following receipt of required documentation

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CHANGE IN EMPLOYEE'S, SPOUSE'S OR DEPENDENT'S EMPLOYMENT STATUS OR WORK HOURS						
<ul style="list-style-type: none"> Initiation of leave without pay status (partial or total) 	<ul style="list-style-type: none"> Decline or reduce coverage tier of current medical, dental and/or vision 	<ul style="list-style-type: none"> See Anytime Changes <p>IMPORTANT NOTE: Declining supplemental life and/or dependent life will void waiver of premium eligibility.</p>	<ul style="list-style-type: none"> Reduce healthcare FSA <p>IMPORTANT NOTE: If healthcare FSA contributions are reduced, expenses incurred during unpaid leave will not be reimbursed.</p>	<ul style="list-style-type: none"> Reduce dependent care FSA only if eligible dependent is removed 	<ul style="list-style-type: none"> Verification of approved leave or change in work hours 	<ul style="list-style-type: none"> The first pay period following receipt of required documentation
<ul style="list-style-type: none"> Return to work after approved leave, if coverage was modified at initiation of leave 	<ul style="list-style-type: none"> Re-elect previous level of medical, dental and/or vision coverage 	<ul style="list-style-type: none"> Re-elect previous level of supplemental life if previously declined Re-elect previous level of dependent life if previously declined If supplemental or dependent life was previously reduced, no increase permitted 	<ul style="list-style-type: none"> Re-elect previous level of healthcare FSA, reduced by dollar amount of annual election not contributed during unpaid leave 	<ul style="list-style-type: none"> Increase dependent care FSA only if eligible dependent previously removed is added 	<ul style="list-style-type: none"> Verification of declination of previous coverage Verification of current payments <p>IMPORTANT NOTE: Premiums must be current or may not re-elect any coverage until the next open enrollment period.</p>	<ul style="list-style-type: none"> The first pay period following receipt of required documentation

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CHANGE IN DEPENDENT ELIGIBILITY UNDER PLAN TERMS						
<ul style="list-style-type: none"> Dependent reaches age 26 <p>See Age 26 Dependent Termination Process for more information.</p>	<ul style="list-style-type: none"> Remove dependent who is no longer eligible (mandatory) 	<ul style="list-style-type: none"> Decline dependent life if no remaining eligible dependents 	<ul style="list-style-type: none"> Reduce healthcare FSA only if eligible dependent is removed 	<ul style="list-style-type: none"> Reduce dependent care FSA only if eligible dependent is removed 	<p>IMPORTANT NOTE: Does not apply to disabled dependents.</p>	<ul style="list-style-type: none"> Coverage ends on the last day of the birth month
CHANGE IN RESIDENCE						
<ul style="list-style-type: none"> Change in place of residence affecting coverage availability <p>Note: Not applicable to medical and vision coverage since plans are nationwide unless the situation involves moving in or out of the country.</p>	<ul style="list-style-type: none"> If enrolled in DHMO dental plan, may move to PPO dental plan if moving out of coverage area 	<ul style="list-style-type: none"> Elect short-term disability Elect supplemental life insurance up to \$20K Elect dependent life insurance, any amount See Anytime Changes 	<ul style="list-style-type: none"> No changes permitted 	<ul style="list-style-type: none"> No changes permitted 	<ul style="list-style-type: none"> Evidence of change in residence 	<ul style="list-style-type: none"> The first pay period following receipt of required documentation
<ul style="list-style-type: none"> Change in country of residence affecting coverage availability 	<ul style="list-style-type: none"> Elect or decline coverage for eligible spouse and/or dependent(s) to medical, dental, and/or vision in which member is enrolled 	<ul style="list-style-type: none"> Elect short-term disability Elect supplemental life insurance up to \$20K Elect dependent life insurance See Anytime Changes 	<ul style="list-style-type: none"> Elect or increase healthcare FSA 	<ul style="list-style-type: none"> Elect dependent care FSA Reduce dependent care FSA only if eligible dependent is removed 	<ul style="list-style-type: none"> Evidence of arrival/departure 	<ul style="list-style-type: none"> The first pay period following receipt of required documentation

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CHANGE IN SPOUSE, EX-SPOUSE OR DEPENDENT'S COVERAGE						
<ul style="list-style-type: none"> Loss of coverage that was provided by ex-spouse (COBRA) Loss of coverage provided through ex-spouse or their employer for eligible dependent child(ren) 	<ul style="list-style-type: none"> Elect coverage previously provided to member and eligible dependents Add dependent child(ren) who lost coverage under ex-spouse's plan or their own plan in which member was enrolled 	<ul style="list-style-type: none"> See Anytime Changes 	<ul style="list-style-type: none"> Elect or increase healthcare FSA 	<ul style="list-style-type: none"> Elect or increase dependent care FSA 	<ul style="list-style-type: none"> Evidence of previous coverage 	<ul style="list-style-type: none"> The first pay period following receipt of required documentation
<ul style="list-style-type: none"> Gain of coverage 	<ul style="list-style-type: none"> Decline any and/or all coverages now provided to member by spouse's coverage 	<ul style="list-style-type: none"> See Anytime Changes 	<ul style="list-style-type: none"> No changes permitted 	<ul style="list-style-type: none"> No changes permitted 	<ul style="list-style-type: none"> Evidence of new coverage Spouse's evidence of new coverage 	<ul style="list-style-type: none"> The first pay period following receipt required documentation
CHANGE IN COST OF BENEFITS FOR PLAN OR GROUP						
<ul style="list-style-type: none"> Rate changes outside of Open Enrollment Significant changes to coverage outside of Open Enrollment 	<ul style="list-style-type: none"> Elect or decline coverage 	<ul style="list-style-type: none"> See Anytime Changes 	<ul style="list-style-type: none"> No changes permitted 	<ul style="list-style-type: none"> No changes permitted 	<ul style="list-style-type: none"> ADOA required to notify members 	<ul style="list-style-type: none"> Date determined by ADOA

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ENTITLEMENT AND/OR CANCELLATION OF MEDICARE OR MEDICAID COVERAGE						
<ul style="list-style-type: none"> • Cancellation of coverage under Medicare or Medicaid (AHCCCS) <p>[see HIPAA Special Enrollment]</p>	<ul style="list-style-type: none"> • Elect coverage • Add spouse and/or dependents that lost coverage 	<ul style="list-style-type: none"> • See Anytime Changes 	<ul style="list-style-type: none"> • Elect healthcare FSA, if applicable 	<ul style="list-style-type: none"> • Elect dependent care FSA, if applicable 	<ul style="list-style-type: none"> • Evidence of previous Medicare or Medicaid coverage 	<ul style="list-style-type: none"> • The first pay period or month following receipt of required documentation
<ul style="list-style-type: none"> • Entitlement to Medicare or Medicaid 	<ul style="list-style-type: none"> • Decline coverage or remove dependent now covered by Medicare or Medicaid 	<ul style="list-style-type: none"> • See Anytime Changes 	<ul style="list-style-type: none"> • Elect healthcare FSA, if applicable 	<ul style="list-style-type: none"> • Elect dependent care FSA, if applicable 	<ul style="list-style-type: none"> • Evidence of Medicare or Medicaid enrollment 	<ul style="list-style-type: none"> • The first pay period or month following required documentation

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