Qualified Life Event Supporting Documentation

Please submit the required documents as listed below for your Qualified Life Event (QLE). Copies are accepted.

**Common Events**

**Adoption / Placement for Adoption**
- Legal adoption, guardianship or court order paperwork.
- Stepchildren being adopted require both birth and legal marriage certificates.

**Birth**
- Birth certificate
- Crib card or hospital verification letter - accepted for enrollment until a birth certificate is issued.
  - **IMPORTANT NOTE:** Newborns are not automatically added to the policy. Required documentation must be submitted in order to effectively add coverage.

**Death of Employee or Dependent**
- Death certificate

**Divorce**
- Remove Spouse from Coverage
  - Divorce decree
  - **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.
- Remove Stepchildren from Coverage
  - If stepchildren are not adopted, they must be removed from coverage. Divorce decree is sufficient.
- Lost Coverage Under Ex-Spouse Due to Divorce
  - Divorce decree
  - Evidence of previous coverage under ex-spouse’s plan. Letter from the employer is sufficient.

**Legal Separation**
- Notice of legal separation

**Marriage**
- Legal marriage certificate
- Stepchildren being added to coverage require both birth and legal marriage certificates

**New Hires**
If you are adding a spouse or dependent please supply the following as applicable
- Spouse - Marriage certificate
- Child - Birth certificate
- Stepchild - Birth certificate and marriage certificate

*Additional life events documentation is listed on the next page.*

*More information is on benefitoptions.az.go/QLE.*
Other Events

Choose the applicable document for your QLE status. Copies are accepted.

### Change in Dependent Eligibility
- Dependent child reaches age 26
- No documentation is required
  - See [Age 26 Dependent Termination Process](#) for more information.

### Change in Family Status
<table>
<thead>
<tr>
<th>Status</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardianship</td>
<td>Legal adoption papers</td>
</tr>
<tr>
<td>Change in custody for child(ren) or stepchildren</td>
<td>Legal guardianship papers</td>
</tr>
<tr>
<td>Court ordered coverage of dependents (QMCSO)</td>
<td>Stepchild(ren) require both birth and legal marriage certificates</td>
</tr>
<tr>
<td>Foster children</td>
<td>Legal court orders</td>
</tr>
<tr>
<td></td>
<td>Qualified Medical Child Support Order (QMCSO)</td>
</tr>
</tbody>
</table>

### Lose or Gain Coverage
<table>
<thead>
<tr>
<th>Status</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of other coverage</td>
<td>Evidence of previous coverage</td>
</tr>
<tr>
<td>Eligibility for premium assistance under Medicare, Medicaid or CHIP</td>
<td>Notice of eligibility for premium assistance</td>
</tr>
<tr>
<td>(AHCCCS)</td>
<td>Evidence of previous Medicare, Medicaid or CHIP</td>
</tr>
<tr>
<td>Loss of eligibility for Medicare, Medicaid or CHIP coverage</td>
<td>Evidence of Medicare, Medicaid or CHIP enrollment</td>
</tr>
</tbody>
</table>

### Change in Employment Status or Work Hours
- Employment commencement (i.e. spouse or dependent begins employment or obtains new coverage)
- Employment termination (i.e. spouse ends employment or loses coverage)
- Initiation of leave without pay (LWOP) status, partial or total
- Return to work after approved leave, if coverage was modified at initiation of leave
- Evidence of new coverage under spouse
- Spouse's evidence of new coverage
- Evidence of previous coverage under spouse (i.e. letter from employer or letter of creditable coverage)
- Verification of approved leave or change in work hours
- Verification of declination of previous coverage
- Verification of current payments

### Change in Residence
<table>
<thead>
<tr>
<th>Status</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in place of residence affecting coverage availability</td>
<td>Evidence of change in residence</td>
</tr>
<tr>
<td>Change in country of residence affecting coverage availability</td>
<td>Evidence of arrival/departure from previous country of residence</td>
</tr>
</tbody>
</table>

### Questions or Issues
Please contact a Benefit Options representative by phone at 602-542-5008, toll-free 1-800-304-3687, email benefits@azdoa.gov or visit benefitoptions.az.gov.