

Qualifying Life Events

When your life changes—such as marriage, divorce, birth or adoption, a change in your or your spouse’s employment—chances are your benefits will need to change, too. You have 31 days from the date of your **Qualifying Life Event (QLE)** to request benefit changes. (Note: For certain QLEs, such as death of a spouse, you have 60 days to request changes. See chart below)

Under IRS regulations, any changes you make must be consistent with, and correspond to, the qualifying life event. For example, if you are divorcing and have been covered under your spouse’s medical plan, it would be consistent to elect medical coverage under a Mission Health Plan. However, if you didn’t lose coverage as the result of the divorce, it would not be consistent for you to elect medical coverage.

You MUST provide supporting documentation within 31 days of your QLE (60 days in some instances—see below) in order to make changes, cancel, and/or add dependents to your benefit plan coverages. If you do not provide adequate documentation, changes will NOT be made.

Here is an overview of qualifying life events and how you may change coverage (for more details about the requirements for changing benefits, see the Summary Plan Description for the Mission Health System, Inc. Health and Welfare Benefits Plan):

| Qualifying Life Event | Changes are allowed for the following benefits: | You can*: | You must provide this supporting documentation: |
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| Marriage <i>(changes must be requested within 31 days of marriage)</i> | Health/Rx, Dental, Vision, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> Add coverage for yourself (if not already covered) and, if desired, add coverage for your spouse and any eligible child(ren), including stepchild(ren) If you are already enrolled in health coverage, change from one health plan option to another one (this applies to health plan coverage only) Drop coverage for anyone enrolling in spouse's plan with proof of other coverage | Marriage certificate Proof of other health plan coverage (if dropping coverage under this plan) |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> Enroll or increase contribution for newly eligible spouse or child(ren) Stop or decrease contributions if employee or child(ren) become covered under new spouse's health coverage or health FSA | Marriage certificate Proof of other health plan coverage or other explanation of reason for change |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> Enroll or increase for newly eligible child(ren) Drop or decrease contributions if new spouse is not employed or has a DCAP election or need for dependent care decreases for any other reason | Explanation of reason for change |
| | Life/AD&D & Dependent Life | <ul style="list-style-type: none"> Increase or decrease coverage for Supplemental Life (within limits and providing evidence of insurability) and/or add Spouse Dependent Life | Marriage certificate |
| | Short Term Disability and Long Term Disability | <ul style="list-style-type: none"> Increase or decrease coverage | Marriage certificate |

| Qualifying Life Event | Changes are allowed for the following benefits: | You can*: | You must provide this supporting documentation: |
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| Divorce <i>(If your spouse or step-child is covered under health coverage, you must notify us of the divorce no later than 31 days after the divorce is final; changes must be requested within 31 days of the divorce)</i> | Health/Rx, Dental, Vision, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • Add coverage for yourself with documentation of loss of coverage • Add child(ren) to your coverage with documentation of loss of coverage • You must remove spouse and any covered child who is no longer your stepchild within 31 days. If you fail to remove, coverage will be terminated retroactively and you will be liable for any benefits paid for your former spouse or any former stepchild after the retroactive termination date | Divorce decree Proof of coverage loss |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • Start, stop, increase or decrease contributions (Note: to start or increase contributions, you must have lost coverage under your spouse's health plan or health FSA) | Divorce decree Proof of coverage loss |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • Start, stop, increase or decrease contributions, if consistent with changes to your need for dependent care because of the divorce | Divorce decree Explanation of change in need for dependent care |
| | Life/AD&D & Dependent Life | <ul style="list-style-type: none"> • Enroll, increase (within limits and providing evidence of insurability), drop or decrease Supplemental Life/AD&D & Dependent Life coverage | Divorce decree |
| | Short Term Disability and Long Term Disability | <ul style="list-style-type: none"> • Enroll, increase (within limits and providing evidence of insurability), drop or decrease Supplemental STD and/or LTD coverage | Divorce decree |
| Birth, Adoption, or Placement for Adoption <i>(changes must be requested within 31 days of the birth, adoption, or placement))</i> | Health/Rx, Dental, Vision, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • Add coverage for new child(ren) (and yourself and your spouse) • For health coverage only, if already covered, change from one health coverage option to another • Drop coverage for yourself and anyone else enrolled in spouse's plan | Birth certificate or adoption papers Proof of other coverage |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • Enroll or increase contributions • Decrease if employee or child(ren) become eligible under spouse's health insurance coverage | Birth certificate or adoption papers Proof of other coverage |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • Enroll or increase contributions if need for dependent care increases • Decrease or stop contributions, if need for outside dependent care decreases (e.g., your spouse stops working to care for children) | Birth certificate or adoption papers Explanation of change |
| | Life/AD&D & Dependent Life | <ul style="list-style-type: none"> • Enroll or increase (within limits and providing evidence of insurability) or drop Supplemental Life/AD&D and/or Dependent Life coverage | Birth certificate or adoption papers |
| | Short Term Disability and Long Term Disability | <ul style="list-style-type: none"> • Enroll or increase (within limits and providing evidence of insurability), drop or decrease Supplemental STD &/or LTD coverage | Birth certificate or adoption papers |

| Qualifying Life Event | Changes are allowed for the following benefits: | • You can*: | You must provide this supporting documentation: |
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| Judgment, Order or Decree (Including Qualified Medical/Rx Child Support Order - QMSCO) <i>(changes must be made according to order)</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> Coverage is automatically added for child(ren) if required by the order Coverage may be dropped at your request for a child if the order requires another person to provide coverage for that child (with proof of other coverage) | Court order, judgment or decree Proof of other coverage if coverage is being dropped |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> Enroll or increase contributions | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> No change allowed | |
| | Life/AD&D | <ul style="list-style-type: none"> No change allowed | |
| | Short Term Disability and Long Term Disability | <ul style="list-style-type: none"> No change allowed | |
| Death <i>(changes must be made within 60 days)</i> | Health/Rx, Dental, Vision, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> Drop coverage for deceased Add coverage for yourself and/or child(ren) if coverage is lost under another plan because of the death | Death certificate Proof of loss of other coverage |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> Stop, start, decrease or increase contributions (with explanation of how the death affects the need for this benefit) | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> Stop, start, decrease or increase contributions (with explanation of how the death affects the need for this benefit) | |
| | Life/AD&D & Dependent Life | <ul style="list-style-type: none"> Drop Dependent Life coverage; Enroll or increase (within limits and providing evidence of insurability) or drop Supplemental Life/AD&D | |
| | Short Term Disability and Long Term Disability | <ul style="list-style-type: none"> Enroll or increase (within limits and providing evidence of insurability), drop or decrease Supplemental STD &/or LTD coverage | |

| Qualifying Life Event | Changes are allowed for the following benefits: | • You can*: | |
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| Unpaid Family Medical Leave | Health/Rx, Dental, Vision, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • At the beginning of leave, you can drop coverage for yourself and/or spouse and/or child(ren) • Maintain coverage by paying premiums during unpaid leave or upon return to work • Coverage in effect at the time the leave began will be reinstated when return from leave (unless changes are permitted for some other reason, such as another qualifying life event or open enrollment) | |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • At the beginning of leave, you can drop coverage • Maintain coverage by continuing contributions during unpaid leave or upon return to work • Coverage in effect at the time the leave began will be reinstated upon return from leave during the same plan year (unless changes are permitted for some other reason, such as another qualifying life event or open enrollment) | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • Coverage ends (employee must be actively at work to maintain a DCSA) • Coverage reinstated if returns same plan year | |
| | Life/AD&D | <ul style="list-style-type: none"> • At the beginning of leave, you can drop coverage for yourself and/or spouse and/or child(ren) • Maintain coverage by paying premiums during unpaid leave or upon return to work • Coverage in effect at the time the leave began will be reinstated when return from leave (unless changes are permitted for some other reason, such as another qualifying life event or open enrollment) | |
| | Short Term Disability and Long Term Disability | <ul style="list-style-type: none"> • At the beginning of leave, you can drop coverage • Maintain coverage by paying premiums during unpaid leave or upon return to work • Coverage in effect at the time the leave began will be reinstated when return from leave (unless changes are permitted for some other reason, such as another qualifying life event or open enrollment) | |

| Qualifying Life Event | Changes are allowed for the following benefits: | • You can*: | You must provide this supporting documentation: |
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| Change in Medicare, CHIP or Medicaid Entitlement <i>(changes must be requested within 60 days)</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> Drop coverage for self or child(ren) who gain coverage Add coverage for self or child(ren) who lose coverage For loss of Medicaid or CHIP entitlement, may change health coverage from one option to another Add coverage if premium assistance becomes available | Proof of the change in Medicare, CHIP or Medicaid entitlement |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> Enroll or increase contributions with loss of eligibility for Medicare, CHIP, or Medicaid Drop or decrease contributions if become entitled to Medicare, CHIP, or Medicaid | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> No change allowed | |
| | Life/AD&D | <ul style="list-style-type: none"> No change allowed | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> No change allowed | |
| Enrollment in Coverage under Another Employer-Sponsored Plan with a Different Period of Coverage from Mission's Period of Coverage (the Calendar Year) <i>(changes must be requested within 31 days of the loss of</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> Drop coverage for anyone who becomes covered under another plan, such as if you become covered under your spouse's plan | Proof of enrollment in other coverage |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> No change allowed | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> Stop or decrease contributions to coordinate with changes under another employer's plan | |
| | Life/AD&D & Dependent Life | <ul style="list-style-type: none"> Drop or decrease Supplemental Life/AD&D coverage | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> No change allowed | |
| Loss of Coverage under Another Employer-Sponsored Plan with a Different Period of Coverage from Mission's Period of Coverage (the Calendar Year) <i>(changes must be requested within 31 days of the loss of</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> Enroll for coverage for self, spouse and/or children who were dropped from similar coverage under another employer's plan | Proof of loss of other coverage |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> No change allowed | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> Enroll or increase coverage to coordinate with changes under another employer's plan | |
| | Life/AD&D & Dependent Life | <ul style="list-style-type: none"> Enroll or increase Supplemental Life/AD&D and/or Dependent Life (within limits and providing evidence of insurability) | |
| | Short Term Disability and | <ul style="list-style-type: none"> Enroll or increase Supplemental STD and/or LTD (within limits and | |

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| <i>coverage)</i> | Long Term Disability | providing evidence of insurability) | |
| Qualifying Life Event | Changes are allowed for the following benefits: | • You can*: | You must provide this supporting documentation: |
| Gain Coverage under Another Employer-Sponsored Plan Due to Change in Spouse's or Dependent's Employment <i>(changes must be requested within 31 days of the gain of coverage)</i> | Health/Rx, Dental, Vision | • Drop coverage for self, spouse and/or child(ren) if covered under newly available plan | Proof of coverage gain |
| | Health Care Flexible Spending Account | • No change allowed | |
| | Dependent Care Flexible Spending Account | • No change allowed | |
| | Life/AD&D & Dependent Life | • Drop or decrease supplement life and/or dependent life coverage | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | • No change allowed | |
| Loss of Other Coverage Due to Your, your Spouse's or your Dependent's Loss of Eligibility Under Another Employer's Health Plan <i>(for health coverage, a loss of eligibility includes exhaustion of COBRA coverage at the end of the maximum COBRA coverage period or the employer terminating a health plan or stopping all contributions to the plan)</i> <i>(changes must be requested within 31 days of the loss of coverage)</i> | Health/Rx, Dental, Vision | • Enroll or increase coverage for self, spouse and/or child(ren) • Change from one health coverage option to another health coverage option (applies only to health coverage) | Proof of coverage loss |
| | Health Care Flexible Spending Account | • Increase or start contributions | |
| | Dependent Care Flexible Spending Account | • No change allowed | |
| | Life/AD&D | • No change allowed | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | • No change allowed | |

| Qualifying Life Event | Changes are allowed for the following benefits: | • You can*: | You must provide this supporting documentation: |
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| Loss of Coverage Due to a Child Losing Eligibility under the Mission Health Plans (for example, he/she reaches age 26) <i>(changes must be requested within 31 days of the loss of coverage)</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> • Must drop coverage for child who loses eligibility | |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • No change allowed | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • No change allowed | |
| | Life/AD&D | <ul style="list-style-type: none"> • Drop or decrease supplement life coverage | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • Not applicable | |
| You or Your Spouse or Dependent Gain Coverage Under Medicare and You Wish to Drop Coverage <i>(changes must be requested within 60 days of the gain of coverage)</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> • Drop coverage for anyone who gained coverage under Medicare | Proof of coverage gain |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • Decrease or stop contributions | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • No change allowed | |
| | Life/AD&D | <ul style="list-style-type: none"> • No change allowed | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • No change allowed | |
| Gain Eligibility Under Medicaid <i>(changes must be requested within 60 days of gain of eligibility)</i> | Health/Rx, Dental, Vision | <ul style="list-style-type: none"> • Drop coverage for self, spouse and/or child(ren) covered by Medicaid (health coverage only) | Proof of coverage gain |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • Decrease or stop contributions | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • No change allowed | |
| | Life/AD&D | <ul style="list-style-type: none"> • No change allowed | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • No change allowed | |

| Other | Changes are allowed for the following benefits: | • You can*: | You must provide this supporting documentation: |
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| Change in employment status with Mission from full-time (.875-1.0 fte) to part-time (.5-.874 fte) | Health, Dental | If the amount you have to pay for coverage increases because of a change to part-time: <ul style="list-style-type: none"> • Change from one health plan option to a lower cost option, if a lower cost option is available. (Note that your eligible out-of-pocket expenses that were incurred will go toward your new plan's out-of-pocket expenses, but a new plan deductible will have to be met.) • Drop coverage if there is no available plan that is less expensive. | |
| Change in employment status with Mission from part-time (.5-.874 fte) to full-time (.875-1.0 fte) | Health, Dental | If the amount you have to pay for coverage decreases because of a change to full-time: <ul style="list-style-type: none"> • Add health plan coverage if not enrolled or change from one health plan option to a higher cost option, if a higher cost option is available. (Note that your eligible out-of-pocket expenses that were incurred will go toward your new plan's out-of-pocket expenses, but a new plan deductible will have to be met.) | |
| Loss of Coverage Under Medicaid, CHIP or NC Health Choice <i>(changes must be requested within 60 days of the loss of coverage)</i> | Health, Dental, Vision | <ul style="list-style-type: none"> • Enroll or add health plan coverage for self, spouse and/or child(ren) previously covered by Medicaid, CHIP or NC Health Choice • Change from one health plan option to a different option following a loss of eligibility for Medicaid or CHIP | Proof of coverage loss |
| | Health Care Flexible Spending Account | <ul style="list-style-type: none"> • Increase or start contributions | |
| | Dependent Care Flexible Spending Account | <ul style="list-style-type: none"> • No change allowed | |
| | Life/AD&D | <ul style="list-style-type: none"> • No change allowed | |
| | Short Term Disability and Long Term Disability, Critical Events, Hospital Indemnity | <ul style="list-style-type: none"> • No change allowed | |

| Other | Changes are allowed for the following benefits: | • You can*: | You must provide this supporting documentation: |
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| Revoking Health Coverage Because of a Reduction in Hours (below 30 hours) to Enroll in Other Coverage (Other coverage must be effective no later than the first day of the second month after coverage is dropped) | Health Plan Coverage Only <i>(This event does not allow changes for any other benefits. This event applies only if you were working over 30 hours per week and your hours drop below 30 hours per week.)</i> | <ul style="list-style-type: none"> Drop health coverage for self and anyone else covered under your coverage to enroll in coverage under another employer’s plan or in Marketplace coverage Change from one health plan option to a lower cost option, if a lower cost option is available | Documentation of other medical coverage for <u>all</u> affected persons |
| Special Enrollment Period for Marketplace Coverage | Health Plan Coverage Only <i>(This event does not allow changes for any other benefits)</i> | <ul style="list-style-type: none"> Drop health coverage for yourself and anyone else covered under your coverage to enroll in Marketplace coverage during a special enrollment period for Marketplace coverage | Documentation of special enrollment period and intention to enroll for <u>all</u> affected persons |
| Changes Affecting Dependent Care Flexible Spending Account <i>(changes must be requested within 31 day of the event)</i> | Dependent Care Flexible Spending Accounts Only | <ul style="list-style-type: none"> Start or increase contributions if you gain an eligible dependent who requires dependent care (e.g., you become responsible for providing care for a disabled parent) Stop or reduce contributions if a dependent is no longer eligible (e.g., your child reaches age 13) Increase or decrease contributions in response to an increase or decrease in the amount charged by your dependent care provider (other than a relative) Start, stop, increase or reduce contributions if your need for dependent care for eligible individuals increases or decreases because of a change in hours of employment for you or your spouse or because of a change in dependent care provider. | Documentation of change in eligibility Documentation of change in costs Explanation of change in need for eligible dependent care |

***Note: Dependents must meet eligibility requirements to be covered under Mission Health plans. Eligible dependents cannot be covered under Mission's health coverage unless the employee also is covered (except as permitted under COBRA).**