

## State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

Section 125 of the Internal Revenue Code (IRS) provides guidelines for a Qualifying Life Event (QLE) status change.

Employees must upload documents into eEnroll or provide supporting documentation to their Health Benefits Representative to verify the qualifying life event in accordance to State Health Plan policy within 30 days of the QLE or 60 days of becoming entitled to or losing eligibility for Medicaid or the Children's Health Insurance Program (CHIP). Employees are also required to provide documentation of a dependent's eligibility when added to the Plan due to New Hire event, QLE, or Open Enrollment. Please refer to the chart on page 2 for the list of acceptable documents.

Qualifying Life Events	Required Documentation from Employee
Adoption	Refer to chart on page 2.
Birth	Refer to chart on page 2.
Court Order	Refer to chart on page 2.
Death of a Dependent	Death Certificate
Dependent Gains Medicaid Coverage	Written notification showing effective date of Coverage.
Divorce	Divorce Decree / Judgment
Enroll in 12-Month Reduction in Force (RIF)	See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements for adding a dependent.
Guardianship or Legal Custody of a Child	Refer to chart on page 2.
Legal Separation	Separation Agreement or affidavit (sworn, notarized statement) from employee to validate legal separation.
Loss of Dependent Child Status	None required for dependent turning 26 since dependent is auto-removed. Military requires copy of Active Duty documentation, including date active duty begins.
Loss of Medicaid or CHIP Coverage	Written notification showing termination date. Refer to chart on page 2 for additional requirements for adding a dependent.
Loss of Other Coverage	Certificate of creditable coverage or written notification from employer. Refer to chart on page 2 for additional requirements for adding a dependent.
Marriage (Employee)	Refer to chart on page 2.
Military Leave	See your HBR to process event. Requires copy of Active Duty documentation, including date active duty begins.
Newly Eligible for Coverage	Refer to chart on page 2 for adding dependents.
Now Eligible for Other Coverage	Written notification from employer, Medicaid or CHIP showing effective date.
Return from Family and Medical Leave (FMLA)	Refer to chart on page 2 for additional requirements for adding a dependent.
Return from Leave of Absence	Refer to chart on page 2 for additional requirements for adding a dependent.
Return from Military Leave	Requires copy of Active Duty documentation that includes date active duty ends. Refer to chart on page 2 below for additional requirements when adding a dependent.
Significant Change in Cost of Existing Coverage	See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements for adding a dependent.

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Dependent Verification Requirements	Required Documentation from Employee
<p><b>Legal Married Spouse</b>  <i>Defined as legally married spouse and includes same and opposite gender spouses.</i></p>	<ul style="list-style-type: none"> <li>Page 1 of employee's most recent Federal income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the spouse (may be joint or separate as long as spouse is listed)</li> </ul> <p><b>OR</b>            Official Marriage Certificate** <b>PLUS</b> one of the following to show current joint tenancy:</p> <ul style="list-style-type: none"> <li>Proof that employee and spouse are both listed on a lease or share the rent of a home (i.e. monthly bill)</li> <li>Current billing statement for motor vehicle payment or other financial loan showing employee and spouse at the same address</li> <li>Designation of the spouse as a primary beneficiary of the employee's life insurance or retirement benefits and listing primary residence</li> <li>Utility bill listing the employee and spouse for the same address, or two separate utility bills for the same location, one listing the employee and one listing the spouse</li> </ul>
<p><b>Biological Child under the age of 26</b>  <i>Defined as your biological child and Includes child of same gender spouse.</i></p>	<ul style="list-style-type: none"> <li>Page 1 of employee's most recent Federal income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as dependent</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Birth Certificate with subscriber's name listed as parent</li> </ul>
<p><b>Stepchild under the age of 26</b>  <i>Defined as your stepchild.</i></p>	<ul style="list-style-type: none"> <li>Page 1 of employee's most recent Federal income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child as dependent</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Birth Certificate <b>AND</b> Marriage Certificate (indicating employee's spouse is married to employee)</li> </ul>
<p><b>Adopted Child under the age of 26</b>  <i>Child you have legally adopted, or have been placed with you for adoption or in anticipation of legal adoption.</i></p>	<ul style="list-style-type: none"> <li>Page 1 of employee's most recent Federal income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child or adopted child as dependent</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>International adoption papers from country of adoption</li> <li>Papers from the adoption agency showing intent to adopt</li> </ul>
<p><b>Foster Child under the age of 26</b>  <i>Defined as your foster child or child placed with you for foster care.</i></p>	<ul style="list-style-type: none"> <li>Evidence of a legitimate foster child relationship, identifying the foster child by name and setting forth all relevant aspects of the relationship</li> </ul>
<p><b>Child under the age of 26 for whom the Subscriber is Court Appointed Guardian</b>  <i>Defined as a child for whom the subscriber has become the child's court-ordered guardian or has been awarded legal and physical custody of the child, pursuant to a valid court order.</i></p>	<ul style="list-style-type: none"> <li>Page 1 of subscriber's 1040 from 2016 Federal Income Tax Return* as filed with the IRS, listing the child as a dependent</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Court documents signed by a judge verifying legal custody of the child</li> </ul>
<p><b>Child under age 26 for whom the Plan has received a Qualified Medical Child Support Order (QMCSO)</b>  <i>Defined as any recognized child(ren) you are required to cover under the Plan due to a Qualified Medical Child Support Order (QMCSO)</i></p>	<ul style="list-style-type: none"> <li>Court documents signed by a judge</li> <li>Medical support orders issued by a State</li> </ul>

\*Most recent tax form from the previous year. If not available, the year prior will be accepted along with a letter indicating you have an extension. \*\* Employees that have been married less than a year are able to submit a marriage certificate only.