

LIFE EVENT REFERENCE CHART

EVENT	CHANGES PERMITTED	DOCUMENTS REQUIRED
New marriage/domestic partnership	<ul style="list-style-type: none"> • Add spouse or domestic partner • Add children of the partner • Add previously eligible children if spouse/partner is added • Change plans (e.g., Health Net, Kaiser, Blue Shield) -only if you are adding spouse or domestic partner • May waive coverage • Tier A to B change if adding dependents 	<ul style="list-style-type: none"> • Marriage certificate or domestic partner registration • Birth certificate, paperwork from adoption, legal guardianship or foster placement of new dependents • Social Security Number for all enrolling • Must provide proof of other group coverage
Legal Separation, divorce or termination of a Domestic Partnership	<ul style="list-style-type: none"> • Delete spouse or domestic partner • Change plans if deleting spouse or domestic partner • Enroll in plans only if you and/or dependents lost other coverage • Tier A to B change if adding dependents • Must delete stepchildren or children of former partner 	<ul style="list-style-type: none"> • Copy of final judgment or domestic partnership termination • Copy of legal separation notice • Proof of loss of other group coverage
New baby; a child placed for adoption, new stepchildren, legal guardianship, and/or a foster child	<ul style="list-style-type: none"> • Add newly eligible dependent • Add previously eligible, but not yet enrolled dependents • Change plans (e.g., Health Net, Kaiser, Blue Shield) – only if adding new dependent • Tier A to B change 	<ul style="list-style-type: none"> • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Social Security number for all enrolling Note: if the Social Security Number is not available, enroll the child and provide it later
Losing a dependent such as reaching age 26; end of a legal guardianship, foster relationship, or stepchildren when parents divorce, domestic partnership termination, or separation	<ul style="list-style-type: none"> • Delete dependent • Change plans (e.g., Health Net, Kaiser, Blue Shield) only if deleting a dependent • Must keep all other currently covered dependents enrolled 	<ul style="list-style-type: none"> • Court provided proof of the change in the relationship

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Employee and/or dependents gaining other group coverage	<ul style="list-style-type: none"> • Delete self and/or spouse and dependents • Change plans (e.g., Health Net, Kaiser, Blue Shield) 	<ul style="list-style-type: none"> • Proof of other group coverage for each individual being deleted
Employee and/or dependents lose other group coverage	<ul style="list-style-type: none"> • Add self and/or spouse and dependents that lost coverage • Change plans (e.g., Health Net, Kaiser, Blue Shield) • Add previously eligible dependents • Tier A to B change 	<ul style="list-style-type: none"> • Proof of loss of group coverage • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, domestic partnership registration • Social Security Numbers for all enrolling
A Court Order or Qualified Medical Support Order (QMSO)	<ul style="list-style-type: none"> • Add self if previously waived • Add dependent(s) per court order • Plan selection will be determined by court order; if not ordered, employee may make a plan selection; if no selection is made the default plan will be implemented • Tier A to B change 	<ul style="list-style-type: none"> • Copy of Court Order or QMSO • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Social Security Number for all enrolling <p>Note: if the employee has waived coverage, the employee AND the child will be added (even if a birth certificate, etc. is not provided)</p>
Change in dependent's residence to outside of a service area.	<ul style="list-style-type: none"> • Delete dependent that moved • Change plans (e.g., Health Net, Kaiser, Blue Shield) • Cannot drop other dependents 	<ul style="list-style-type: none"> • Proof of the move (e.g. utility bill in the dependent's name, new drivers' license, etc.)
Change in dependent's residence to inside of a service area	<ul style="list-style-type: none"> • Add dependent that moved • Add all other previously eligible dependents • Change plans (e.g., Health Net, Blue Shield, Kaiser) • Cannot drop other dependents • Tier A to B change 	<ul style="list-style-type: none"> • Proof of the move (e.g. new drivers' license, etc.) • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Social Security Number for all enrolling
Enrolled in Medicare	<ul style="list-style-type: none"> • Delete self and/or dependents gaining coverage 	<ul style="list-style-type: none"> • Proof of gain of coverage for each individual to be deleted

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A loss of Medicare	<ul style="list-style-type: none"> • Add self and/or dependents losing coverage • Add previously eligible dependents • Tier A to B change 	<ul style="list-style-type: none"> • Proof of loss of coverage • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, domestic partner registration • Social Security Numbers for all enrolling
<p>A HIPAA special enrollment event – gain or loss of either Medi-Cal or SCHIP</p> <p>*has up to 60 days to notify the County</p>	<ul style="list-style-type: none"> • Add or delete self and dependents • To delete dependents they must have other coverage • Add previously eligible, but not yet enrolled dependents • Change plans (e.g., Health Net, Kaiser, Blue Shield) • Tier A to B change 	<ul style="list-style-type: none"> • Proof of loss of coverage • Proof of gain of coverage • Birth certificate, paperwork from adoption, legal guardianship or foster placement • Marriage certificate, DP Registration

There may be other special events that may permit changes. Please contact the Benefits Office if you have any questions.

Changes must be made on-line within 30 days of the event. Documentation must be submitted to the Benefits Office within 7 days of the on-line change. If the employee cannot submit the documentation within that timeframe, the employee must contact the Benefits Office within the timeframe.