

Qualified Status Changes

Qualified status changes (QSCs) for *insurance plans* include the following:

- You marry or establish a domestic partnership through affidavit
- Your spouse or domestic partner dies; or you divorce or dissolve your domestic partnership
- Your biological child is born, you adopt a child or a child is placed with you for adoption
- A dependent child dies
- A child becomes eligible as a dependent for coverage under your benefits
- A child is no longer eligible as a dependent for coverage under your benefits
- Your employment status changes
- Your spouse's or domestic partner's employment status changes
- The cost or coverage of your benefit changes
- You, your spouse or domestic partner, or dependent child loses other benefit coverage
- You or your spouse or domestic partner receives a national medical support order
- You or your spouse or domestic partner moves out of the plan's service area.

QSCs for *dependent care flexible spending accounts* include the following:

- You marry
- Your spouse dies, or you divorce or have a legal separation or annulment
- Your biological child is born, you adopt a child or a child is placed with you for adoption
- A dependent child dies
- A child becomes eligible as a dependent for coverage under your benefits
- A child is no longer eligible as a dependent for coverage under your benefits

- Your employment status changes
- Your spouse's employment status changes
- You experience a change in cost or coverage of dependent care.

QSCs for *healthcare flexible spending accounts* include the following:

- You marry
- Your spouse dies, or you divorce or have a legal separation or annulment
- Your biological child is born. You adopt a child or a child is placed with you for adoption
- A dependent child dies
- A child becomes eligible as a dependent for coverage under your benefits
- A child is no longer eligible as a dependent for coverage under your benefits
- Your employment status changes
- Your spouse's employment status changes.

Reference Charts for Qualified Status Changes

The following reference charts list the qualified status change, examples of the change, and actions allowed by the change. This is a summary only. Any error or omission is unintentional. If a discrepancy exists between the information in this document and state or federal rule or law, the rule or law will prevail.

Note: In all cases, your benefit election changes must be made within 60 days of the event and be on account of and consistent with a change in status that affects eligibility for coverage.

Note: Except where noted in the chart, all coverage changes will be effective beginning on the first of the month following the date the agency receives the required completed forms or pebb.benefits confirmation, and the QSC, whichever is later.

Reference Charts for Qualified Status Changes

QSC	Marriage or establishment of Domestic Partnership by Affidavit	Death of Spouse or Domestic Partner, Divorce or Dissolution of Domestic Partnership	
Examples	You legally marry or you establish a domestic partnership by completing and submitting an Affidavit of Domestic Partnership.	Your spouse or domestic partner dies; you divorce or annul your marriage; you dissolve a domestic partnership. Note: legal separation does not make your spouse ineligible for PEBB coverage, although you may remove the spouse from coverage.	
Benefits	Allowed Actions		
Medical & Dental*	Enroll, add newly eligible individual to your current plans or change to opt-out when gaining other group medical coverage as defined by PEBB. Tag-along rule applies. ¹	Enroll if event results in involuntary loss of other group coverage. Remove ineligible individuals from your current plans. Ineligible individuals may choose continuation coverage through COBRA or Portability.	
Basic Life	No change	No change	
Optional Employee Life	Enroll, increase, decrease or cancel coverage.	Enroll, increase, decrease or cancel coverage.	
Spouse, Domestic Partner Life	Enroll a spouse or domestic partner. If you enroll a spouse who was previously enrolled as a domestic partner, guarantee issue is not available a second time.	You must cancel. ²	
Dependent Life	Enroll	You must cancel if spouse or domestic partner was your only dependent.	
AD&D	Enroll, increase, decrease or cancel coverage.	Enroll, increase, decrease or cancel coverage. Must cancel dependent coverage if spouse or domestic partner was your only dependent.	
Disability	STD: Enroll, cancel coverage.	LTD: Enroll, increase, decrease, cancel coverage.	STD: Enroll, cancel coverage. LTD: Enroll, Increase, decrease, cancel coverage.

* Dependents added because of a QSC are not subject to the ODS waiting periods. Refer to the PEBB Benefit Booklet, Volume I.

¹ Tag-along rule: HIPAA special enrollment rights allow other eligible individuals to tag-along with the coverage addition for one eligible individual. This means if one eligible individual's change in status allows the addition to your current plan, other eligible individuals who were not previously enrolled on your coverage may be added at this time. The coverage effective date is the same for all dependents added because of this event.

² You may roll over life insurance to spouse or domestic partner who is a PEBB eligible state employee.

Reference Chart for Qualified Status Changes

QSC	Dependent Birth, Adoption or Placement for Adoption		Death of Dependent	
Examples	You or your domestic partner adds dependents by birth, adoption or placement for adoption with you. Your biological newborn effective date is moment of birth; for adoption, date of decree or placement pending completion of proceedings.		You or your domestic partner loses a dependent through death of a dependent child, spouse or domestic partner.	
Benefits	Allowed Actions			
Medical & Dental	Add newly eligible child to your current plans. Tag-along rule applies. ¹		Remove deceased individual from your current plans.	
Basic Life	No change		No change	
Optional Employee Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Spouse, Domestic Partner Life	Increase		Decrease if deceased was other than spouse or domestic partner. You must cancel if deceased was your spouse or domestic partner.	
Dependent Life	Enroll		You must cancel if deceased was your only dependent.	
AD&D	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage. You must cancel dependent coverage if deceased was your only dependent.	
STD & LTD	STD: Enroll or cancel coverage.	LTD: Enroll, increase, decrease or cancel coverage.	STD: Enroll or cancel coverage.	LTD: Enroll, increase, decrease or cancel coverage.
QSC	Dependent Child Satisfies Eligibility Requirements for PEBB Coverage		Dependent Child Ceases to Satisfy Eligibility Requirements for PEBB Coverage	
Examples	You, your spouse's or your domestic partner's unmarried child satisfies eligibility requirements. ²		Child marries, establishes domestic partnership, reaches age 19 (may continue with additional criteria) ² or age 24.	
Benefits	Allowed Actions			
Medical & Dental	Add unmarried child who meets PEBB criteria to your current plans.		You must remove an ineligible child. Child may continue coverage through COBRA or Portability only if you notify your agency within 60 days of ineligibility. ³	
Basic Life	No change		No change	
Optional Employee Life	No change		No change	
Spouse, Domestic Partner Life	No change		No change	
Dependent Life	Enroll		You must cancel coverage if the dependent child was your only dependent.	
AD&D	Enroll, increase or decrease coverage.		Increase or decrease coverage. Must cancel dependent coverage if the child is your only dependent.	
STD & LTD	STD: No change	LTD: No change	STD: No change	LTD: No change

¹ Tag-along rule: HIPAA special enrollment rights allow other eligible individuals to tag-along with the coverage addition for one eligible individual. This means if one eligible individual's change in status allows the addition to your current plan, other eligible individuals who were not previously enrolled on your coverage may be added at this time. The coverage effective date is the same for all dependents added because of this event.

² The dependent must meet one of the following eligibility criteria:

- Will attend or has attended school as a full-time student (as defined by the school) any part of at least five months of this calendar year (which need not be consecutive) as a full-time student. This dependent is eligible for coverage until the end of the current calendar year.
- Meets the gross income test for this calendar year. You can find the definition of "dependent child" in IRS Publication 17. When the dependent exceeds the gross income allowed, the dependent's coverage ends the first of the following month.
- Is incapable of self-sustaining employment by reason of mental retardation or physical handicap, PEBB and carrier approval required.

³ See Continuation Coverage in the 2006 Benefit Booklet, Volume 1.

Reference Charts for Qualified Status Changes				
QSC	Employment Status Change¹		Employment Status Change¹	
Examples	Your spouse or domestic partner begins employment.		Your spouse or domestic partner ends employment.	
Benefits	Allowed Actions			
Medical & Dental	1. Opt-out if spouse or domestic partner enrolls you in other group coverage as defined by PEBB. 2. Remove dependents from PEBB coverage who spouse or domestic partner enrolls in other group coverage as defined by PEBB.		1. Enroll if event results in involuntary loss of other group coverage as defined by PEBB. 2. Add dependents to your current plan who involuntarily lose other group coverage as defined by PEBB.	
Basic Life	No change		No change	
Optional Employee Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage. ²	
Spouse, Domestic Partner Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage. ²	
Dependent Life	Cancel coverage.		Enroll	
AD&D	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Disability	STD: Enroll, cancel coverage.	LTD: Enroll, increase, decrease, cancel coverage.	STD: Enroll, cancel coverage.	LTD: Enroll, increase, decrease, cancel coverage.
QSC	Employment Status Change¹		Employment Status Change¹	
Examples	Change in work hours: your work hours are reduced or increased, such as a switch between part-time and full-time or vice versa.		You begin an unpaid leave of absence.	
Benefits	Allowed Actions			
Medical & Dental	1. If opted out: enroll if your cost of coverage decreases or if you lose other group coverage. 2. Add eligible individuals to your current plan if your cost of coverage decreases. 3. Remove individuals from coverage if your cost of coverage increases. 4. Change plans if your cost of coverage is affected. 5. Change to opt out if your cost of coverage increases and you can have other group coverage as defined by PEBB. 6. Decline coverage if your cost of coverage increases. 7. If declined, enroll if your cost of coverage decreases.		If active coverage is lost, each qualified beneficiary can make a separate coverage election through COBRA.	
Basic Life	No change		No change	
Optional Employee Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Spouse, Domestic Partner Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Dependent Life	Enroll or cancel coverage.		Enroll or cancel coverage.	
AD&D	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Disability	STD: Enroll or cancel coverage.	LTD: Enroll, increase, decrease or cancel coverage.	STD: Enroll or cancel coverage.	LTD: Enroll, increase, decrease or cancel coverage.

¹ State employees who return to regular paid status within 12 months of the coverage end date because of any cause have automatic reinstatement of the insurance coverage options they had in effect prior to losing benefit eligibility. Exceptions to reinstatement are flexible spending accounts and long term care insurance. Employees may make enrollment changes when they return to eligible status.

² You may roll over life insurance to spouse or domestic partner who is a PEBB eligible state employee.

Reference Charts for Qualified Status Changes				
QSC	Employment Status Change¹		Employment Status Change¹	
Examples	You return from an unpaid leave of absence.		Your spouse or domestic partner's work hours are reduced or increased; the individual begins or returns from an unpaid leave of absence.	
Benefits	Allowed Actions			
Medical & Dental	Change plans only if leave of absence extended beyond 30 days.		1. If opted out, enroll if you lose other group coverage. 2. Add previously eligible individuals to your current plan if the individuals lose other group coverage. 3. Change plans only if the unpaid leave of absence results in loss of eligibility. 4. Remove individuals from PEBB coverage who gain other group coverage.	
Basic Life	No change		No change	
Optional Employee Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Spouse, Domestic Partner Life	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Dependent Life	Enroll or cancel coverage.		Enroll or cancel coverage.	
AD&D	Enroll, increase, decrease or cancel coverage.		Enroll, increase, decrease or cancel coverage.	
Disability	STD: Enroll or cancel coverage.	LTD: Enroll, increase, decrease or cancel coverage.	STD: Enroll or cancel coverage.	LTD: Enroll, increase, decrease or cancel coverage.
QSC	Employment Status Change¹		Employment Status Change¹	
Examples	You, your spouse or your domestic partner begins or returns from strike or lockout.		You have a change in worksite that results in gaining or losing eligibility for a plan.	
Benefits	Allowed Actions			
Medical & Dental	1. If opted out, enroll in plans if you lose other group coverage because of spouse's or domestic partner's employment status change. 2. Add previously eligible to your individuals who lose other group coverage to your current plan. 3. If declined, enroll if you lose other coverage.		Change plans only if your change in worksite results in a gain or loss of eligibility for a plan.	
Basic Life	No change		No change	
Optional Employee Life	Enroll if you lose other coverage.		Enroll, increase, decrease or cancel.	
Spouse, Domestic Partner Life	Enroll if you lose other coverage.		Enroll, increase, decrease or cancel.	
Dependent Life	Enroll if you lose other coverage.		Enroll, increase, decrease or cancel.	
AD&D	Enroll if you lose other coverage; increase, decrease or cancel.		Enroll, increase, decrease or cancel.	
Disability	STD: Enroll if you lose other coverage or cancel coverage.	LTD: Enroll if you lose other coverage, increase, decrease or cancel coverage.	STD: Enroll if you lose other coverage or cancel coverage.	LTD: Enroll if you lose other coverage, increase, decrease or cancel coverage.

¹ State employees who return to regular paid status within 12 months of the coverage end date because of any cause have automatic reinstatement of the insurance coverage options they had in effect prior to losing benefit eligibility. Exceptions to reinstatement are flexible spending accounts and long term care insurance. Employees may make enrollment changes when they return to eligible status.

Reference Charts for Qualified Status Changes

QSC	Change in employer's plan cost or coverage	Gain, Loss of Other Coverage
Examples	Change in cost of current plan; significant curtailment or cessation of coverage, such as overall reduction in coverage, addition or elimination of benefit options; changes in your employer's plan or your spouse's, domestic partner's or dependent's employer's coverage including different open enrollment periods.	Your spouse, domestic partner or dependent involuntarily gains or loses other coverage because of: 1) Gain or loss of Medicare or Medicaid 2) End of COBRA continuation through previous employer 3) Loss of eligibility for other group coverage.
Benefits	Allowed Actions	
Medical & Dental	<ol style="list-style-type: none"> 1. If opted out, enroll eligible individuals in a newly introduced plan. 2. Enroll eligible individuals in your current plan whose cost of coverage increases or whose current coverage is reduced or eliminated. If opted out, you may enroll in any plan. 3. Change plans if you experience a change in cost of coverage. 4. Make changes in your plan consistent with your spouse's or domestic partner's open enrollment election. 5. Opt out if your gain coverage under your spouse's or domestic partner's group medical plan. 6. Decline coverage if your cost of coverage increases. 7. If declined, enroll if your cost of coverage decreases. 	<p>Gain other coverage: Remove individual from coverage or you may opt out if you were enrolled in your spouse's or domestic partner's other group coverage.</p> <p>Lose other coverage: Add previously eligible individual to your current plan or enroll if opted out. If declined, you may enroll.</p> <p>Tag-along rule applies¹</p>
Basic Life	No change	No change
Optional Employee Life	Actions consistent with cost or plan changes	No change
Spouse, Domestic Partner Life	Actions consistent with cost or plan changes	No change
Dependent Life	Actions consistent with cost or plan changes	No change
AD&D	Actions consistent with cost or plan changes	No change
STD & LTD	Actions consistent with cost or plan changes	No change
QSC	National Medical Support Notice (NMSN)	Move Out of Service Area
Examples	In compliance with a judgment, decree or order resulting from a divorce, legal separation, annulment or change in custody including issuance of NMSN requiring enrollment of dependent children on existing medical and/or dental plans.	You or your spouse or domestic partner moves out of the plan service area and loses eligibility for that plan.
Benefits	Allowed Actions	
Medical & Dental	<ol style="list-style-type: none"> 1. If enrolled, add dependent child to current plan. 2. If opted out or declined, enroll eligible individuals in plans. 3. Remove dependents from current plan if allowed by NMSN. 	Change enrollment for self and all currently enrolled eligible dependents to a PEBB plan offered in the new service area.
All others	No change	No change

¹ Tag-along rule: HIPAA special enrollment rights allow other eligible individuals to tag-along with the coverage addition for one eligible individual. This means if one eligible individual's change in status allows the addition to your current plan, other eligible individuals who were not previously enrolled on your coverage may be added at this time. The coverage effective date is the same for all dependents added because of this event.

Reference Chart for Dependent Care FSA Qualified Status Changes

QSC	Allowed Actions
Marriage	<ol style="list-style-type: none"> 1) Enroll if marriage results in you gaining dependent children where you previously had none and your spouse is employed, disabled or a student. 2) Increase if marriage results in you gaining additional dependent children. 3) Cancel or decrease if marrying a spouse who works a different shift from you, allowing your new spouse to assume provision of some portion of dependent care. 4) Cancel if your new spouse is not gainfully employed, disabled or a student.
Death of Spouse, Divorce, Annulment, Legal Separation	<ol style="list-style-type: none"> 1) Enroll or increase if divorce or annulment from spouse who provided dependent care. 2) Enroll or increase if death of spouse who provided dependent care. 3) Decrease if divorce or annulment results in you losing care responsibility for one or more dependent children but you still need dependent care for other dependent children. 4) Cancel if divorce or annulment results in you losing care responsibility for all dependent children. 5) If legal separation may, enroll, increase or cancel consistent with the terms of the legal separation.
Birth, Adoption, Placement for Adoption or Affidavit of Dependency	<ol style="list-style-type: none"> 1) Enroll if birth, adoption, placement for adoption, or child added by affidavit results in need for dependent care where you previously had none. 2) Increase if birth, adoption, placement for adoption, or child added by affidavit results in increased need for dependent care. 3) Cancel if you or your spouse stops working after birth, adoption, placement for adoption or child added by affidavit adds an eligible child.
Death of Dependent Child	<ol style="list-style-type: none"> 1) Decrease if death of dependent results in decreased dependent care needs. 2) Cancel if death of your only dependent.
Change in Employment Status - Gain of Eligibility	<ol style="list-style-type: none"> 1) Enroll when commencement of employment by you or your spouse establishes eligibility for the program. 2) Decrease or cancel with commencement of employment such as your spouse returning to work on a different shift, which eliminates or decreases need for dependent care. 3) Enroll, increase, decrease or cancel when change in work hours from part-time to full-time or vice versa changes your dependent care needs. 4) Enroll when you or your spouse returns from leave of absence, resulting in the need for dependent care.
Change in Employment Status - Loss of Eligibility	<ol style="list-style-type: none"> 1) Enroll or increase when your spouse loses participation under the former employer's dependent care FSA through termination of employment, and your spouse is seeking employment or is disabled or a full-time student. 2) Cancel when your spouse terminates employment, is not seeking employment, is not disabled or is not a full-time student. 3) Cancel at termination of employment. You may request in writing that your final payroll deduction not be taken prior to preparation of final paycheck, or you may allow deduction from final paycheck. 4) Decrease when change in work hours from full-time to part-time decreases dependent care needs. 5) Cancel when change in work hours from full-time to part-time eliminates need for dependent care. 6) Cancel when you or your spouse commences leave of absence or leave without pay. You may continue deductions, however, cannot submit claims for expenses incurred during leave.
Dependent Children Satisfy Eligibility Requirements	<ol style="list-style-type: none"> 1) Enroll because of need for dependent care. 2) Increase because of need for more dependent care.
Dependent Children Cease to Satisfy Eligibility Requirements	<ol style="list-style-type: none"> 1) Decrease because of decreased need for dependent care. 2) Cancel when you lose only dependent. 3) Cancel when the only dependent turns age 13. 4) Decrease when one of the eligible dependents turns age 13.
Change in Cost	<ol style="list-style-type: none"> 1) Enroll or increase when change to new dependent care provider (relative or not) increases cost. 2) Increase when dependent care provider (not your relative) significantly increases the cost of care. 3) Cancel or decrease when change to new dependent care provider (relative or not) decreases cost.
Change in Coverage	<ol style="list-style-type: none"> 1) Enroll or increase when your enrolled spouse's employer ceases offering dependent care FSA. 2) Enroll or increase when spouse revokes dependent care FSA through employer that has a different open enrollment period from PEBB's. 3) Cancel or decrease when your spouse enrolls in a new employer-sponsored dependent care FSA option. 4) Cancel if no dependent care needed or decrease when dependent care need is significantly reduced for the remainder of the plan year due to a child entering the school system for the first time. 5) Increase when you increase the salary of a household employee (not your relative) who provides dependent care services. 6) Decrease when your spouse changes employment from a traditional full-time work setting to a self-employed arrangement; decreasing dependent care needs.
Other Changes	No changes allowed with Special Enrollment Rights; Judgment, Decree or Order; Change in Residence or Eligibility for Medicare or Medicaid.

Reference Chart for Healthcare FSA Qualified Status Changes	
QSC	Allowed Actions
Marriage	1) Enroll due to gaining newly eligible spouse or dependent. 2) Increase due to gaining newly eligible spouse or dependent. 3) Cancel or decrease if employee or dependents become eligible under new spouse's healthcare FSA.
Spouse' Death, Divorce, Legal Separation, Annulment	1) Enroll or increase where coverage is lost under spouse's healthcare FSA. 2) Decrease if divorce, legal separation or annulment from your spouse, results in you losing healthcare cost responsibility for the spouse and/or dependent children.
Birth, Adoption, Placement for Adoption or Affidavit of Dependency	Enroll or increase.
Death of Dependent Child	Decrease if death of dependent results in decreased healthcare costs.
Change in Employment Status - Gain of Eligibility	1) Cancel or decrease when your spouse commences employment and you gain eligibility under your spouse's healthcare FSA. 2) Enroll when you or your spouse returns from leave of absence or leave without pay.
Change in Employment Status - Loss of Eligibility	1) Enroll or increase when your spouse's termination of employment eliminates eligibility for healthcare FSA. 2) Cancel at termination of employment. If you have a positive account balance, you may request in writing that your final payroll deduction not be taken prior to preparation of final paycheck, or you may allow deduction from final paycheck 3) Cancel when you or your spouse commences leave of absence or leave without pay.
Dependent Children Satisfy Eligibility Requirements	Enroll or increase.
Dependent Children Ceases to Satisfy Eligibility Requirements	Decrease or cancel.
Change in Judgment, Decree or Order	1) Increase when change requires coverage for the child under the employee's plan. 2) Decrease when the change cancels coverage for the child under the employee's plan.
Gain or Loss of Medicare or Medicaid	1) Enroll or increase if loss of Medicare or Medicaid coverage results in increased healthcare costs. 2) Cancel or decrease if gain of Medicare or Medicaid coverage results in decreased healthcare costs. 3) Increase if Medicare or Medicaid coverage is less comprehensive than employer's plan. 4) Cancel or decrease if Medicare or Medicaid coverage is more comprehensive than the employer's plan
Other Changes	No changes allowed with Special Enrollment Rights, Change in Residence, or Change in Cost or Coverage.

Reference Chart for Agency Transfer, Position Reclassification or Representation Change	
Benefits	Allowed Changes
All Benefits	No changes to current coverage. All benefit elections must be transferred from the losing agency to the gaining agency with no lapse in coverage. Coverage under the losing agency must continue through the end of the month following the transfer date.

Reference Chart for Retirement	
Benefits	Allowed Changes
Medical & Dental	PERS-eligible retiree and retiree's dependents have four options available to them upon retirement: 1) If the retiree is a PERS member and is not Medicare eligible, participation choices include the PEBB retiree health insurance plans, Public Employee's Retirement System (PERS) Health Insurance Plans, COBRA continuation of coverage or portability coverage. 2) If the retiree is a PERS member and not Medicare eligible, dependents who become eligible for Medicare before the insured retiree may still be eligible for the PERS Health Insurance Program. 3) If the retiree is a PERS member and Medicare eligible ¹ , participation choices are the PERS Health Insurance Medicare supplement plans or an individual Medicare supplement plan. 4) If the retiree is a PERS member and Medicare eligible ¹ , dependents may still be eligible for PEBB retiree plans
Life Insurance	Contact Standard Insurance Company (800) 242-1888 for information on converting life insurance. Contact PEBB regarding purchasing a Retiree Life Option.
AD&D, Disability	Conversion and portability plans not available.

¹ Except for those with end-stage renal disease.