

During last fall's open enrollment, you made an election to waive or enroll in coverage for the entire plan year 1/1/xx – 12/31/xx.

A mid-year election change may be allowed if the qualifying event has occurred in the last 30 days and you (1) have a qualifying event such as birth, marriage, divorce, adoption/legal guardianship, court ordered medical coverage, death, loss of coverage or eligibility due to change in employment status, etc., and (2) want to change your election consistent with the occurrence of that event.

Before your request can be approved, you are required to send supporting documentation (see below for a list of acceptable documentation) of your qualifying life event to [cbunch@archindy.org](mailto:cbunch@archindy.org) within 30 days of the effective date of the change in your status due to the qualifying life event or if the qualifying event results in change in eligibility for coverage under another group health plan (i.e. your spouse gets a new job and elects group health coverage) within 30 days of the effective date of coverage under the other group health plan. **Qualifying events apply to both joining our coverage as well as dropping our coverage mid-year.**

If you have had a qualifying event that has occurred with an effective date of more than 30 days ago, you are not eligible until the next open enrollment to make any changes to your plans. If you anticipate having a qualifying event in the future, you can follow this process no more than 15 days prior to the effective date of the change resulting from the event.

**Note – for birth and marriage:** these 2 events are not eligible qualifying events UNLESS you, the employee, are currently enrolled in the coverage at the time of marriage or birth. For example, if you currently do not have insurance with the Archdiocese and you get married, that marriage event is not an eligible event to start your own coverage and then add a spouse because you're not currently enrolled. Marriage is only an eligible event if requesting to add a new spouse to a current, existing policy. Same applies to newborn – you must currently have yourself enrolled in the Archdiocese coverage to be able to add a newborn.

Eligible qualifying events:

Qualifying Event	Documentation needed
1. Change in legal marital status (e.g., marriage, divorce, legal separation or annulment)	Official document such as marriage license or divorce decree
2. Change in number of dependents (e.g., birth, adoption, placement for adoption)	Birth certificate or final adoption documentation
3. Involuntary loss of other coverage	Letter from insurance or employer w/exact effective date
4. Significant cost change - going on or off our plan is a significant cost savings	Letter from insurance or employer w/exact effective date
5. An addition or significant improvement of a benefit package option	Letter from insurance or employer w/exact effective date
6. On account of orders, such as qualified medical child support orders (QMCSOs)	Official document such as court order
7. Enrollment into Medicare	Medicare ID card so long as it shows effective date
8. Death	Death certificate

Documentation examples must be provided in **ONE (1) single document** – not a series of multiply documents to be pieced together:

- A. If you lost coverage and want to enroll in our plan, the **one** document
  - 1. must come from the insurance provider or employer
  - 2. must specifically list your name and any others you plan to cover as having been a covered individual(s)
  - 3. must state specifically that you and your dependents (if applicable) were enrolled in a medical and/or dental plan
  - 4. must state the termination date
  - 5. must be document such as a letter on letterhead (not an email or verbal confirmation)
  
- B. If you're gaining coverage elsewhere and you want to drop our plan, the **one** document
  - 1. must come from the insurance provider or employer (for Medicare, your ID card will suffice as long as it has the effective date on it)
  - 2. must specifically list your name as being enrolled in a medical and/or dental plan
  - 3. must state the enrollment date
  - 4. must be document such as a letter on letterhead (not an email or verbal confirmation)
  
- C. Newborn
  - 1. Birth certificate or hospital confirmation
  - 2. Not a reason for the employee to newly enroll in coverage
  - 3. Not a reason to add a spouse to a plan
  - 4. It's only a reason to add a newborn to an existing policy