

# Life Event Grid

Experiencing certain life events allow you to make changes to your insurance benefits. When these life events occur, only changes related to the event are allowed. Some life events will require supporting documentation in addition to the necessary form. After you have submitted your enrollment forms, we may ask you documentation to verify your dependent's eligibility. The enrollment of your dependent is provisional until the documentation is received.

## Timing is everything

Requests to enroll in coverage must be received within 30 days of the life event, including the date of the life event.

Requests to remove or reduce coverage must be received within 60 days of the life event, including the date of the life event.

All requests to change pre-tax accounts must be received within 30 days of the life event, including the date of the life event.

If the necessary materials are not received in the SEGIP office by the end of your enrollment period, your next opportunity to change your coverage is the annual Open Enrollment or upon another qualified life event. Do not delay submitting your application to add or drop coverage while waiting for missing supporting documentation. You will be given additional time to submit missing documentation, within reason, if you request it.

Life Event	Allowable Changes	Form(s) Needed	Supporting Documentation Needed for Enrollment
Birth/Adoption	Enroll child and spouse in Medical, Dental	<a href="#">Application to Change Insurance Coverage</a>	Birth: N/A
	Elect Child Life	<a href="#">Optional Application</a>	Adoption: Final copy of court documentation confirming adoption
	Pre-tax: Enroll in or increase MDEA, DCEA	<a href="#">Change in Participation Form</a>	
	Drop medical, dental coverage	<a href="#">Change in Participation Form</a>	Proof of other coverage
Death of dependent	Disenroll dependent from Medical, Dental	<a href="#">Application to Change Insurance Coverage</a>	N/A
	Pre-tax: Decrease or terminate MDEA, DCEA	<a href="#">Change in Participation Form</a>	
Decrease in employer contribution from full contribution to partial	Decrease or disenroll from Medical and Dental coverage	Personal Enrollment Form that is mailed to state employee	N/A

Dependent Care Expense Plan addition by spouse	Pre-tax: Decrease or terminate DCEA account	<a href="#">Change in Participation Form</a>	N/A
Dependent Care Expense Plan elimination or reduction by spouse	Pre-tax: Enroll in or increase DCEA account	<a href="#">Change in Participation Form</a>	N/A
Divorce	Disenroll spouse and step-children from Medical, Dental *If children in common are being covered with Ex-Spouse, the Ex-Spouse will remain on the coverage as a dependent until children in common are no longer covered  Pre-tax: Decrease or terminate MDEA account	<a href="#">Application to Change Insurance Coverage</a>  <a href="#">Change in Participation Form</a>	Copy of final divorce decree
Employment status change that causes <u>gain</u> of other group coverage.  This includes new hire, increase in hours, Open Enrollment, etc.	Disenroll impacted person(s) from Medical, Dental  Pre-tax: Adjust MDEA or DCEA as applicable	<a href="#">Application to Change Insurance Coverage</a>  <a href="#">Change in Participation Form</a>	Letter from employer including: - Employment status change that caused the gain of coverage - Date of employment status change - Coverage(s) gained - Name(s) of person(s) gaining coverage - Coverage effective date
Employment status change that causes <u>loss</u> of other group coverage  This includes separation, reduction in hours, Open Enrollment, etc.	Enroll impacted person(s) in Medical, Dental  Pre-tax: Enroll in MDEA, increase or decrease DCEA accounts	<a href="#">Application to Change Insurance Coverage</a>  <a href="#">Change in Participation Form</a>	Letter from employer including: - Employment status change that caused the loss of coverage - Date of employment status change - Coverage(s) lost - Name(s) of person(s) losing coverage - Coverage termination date
Exhaustion of COBRA under another group plan	Enroll impacted person(s) in Medical, Dental	<a href="#">Application to Change Insurance Coverage</a>	COBRA exhaustion letter
Increase in employer contribution from partial contribution to full	Enroll in or increase Medical and Dental coverage	Personal Enrollment Form that is mailed to state employee	N/A
Marriage	Enroll spouse and step-children in Medical, Dental	<a href="#">Application to Change Insurance Coverage</a>	Enrollment: N/A

	<p>Elect up to \$10,000 in Spouse Life Elect Child Life</p> <p><i>If other group coverage is being gained due to marriage:</i> Disenroll impacted person(s) from Medical, Dental</p> <p>Pre-tax: Enroll in or increase MDEA, DCEA accounts</p>	<p><a href="#">Optional Application</a></p> <p><a href="#">Application to Change Insurance Coverage</a></p> <p><a href="#">Change in Participation Form</a></p>	<p>Disenrollment: Letter from spouse's employer listing newly enrolled dependents due to marriage and effective dates of coverage(s)</p>
Medicaid/Medical Assistance enrollment	<p>Disenroll impacted person(s) from Medical, Dental</p> <p>Pre-tax: Decrease or terminate MDEA account if Medicaid enrollment only (not Medical Assistance)</p>	<p><a href="#">Application to Change Insurance Coverage</a></p> <p><a href="#">Change in Participation Form</a></p>	<p>Medical Assistance enrollment letter</p>
<p>Medicaid/Medical Assistance loss of coverage</p> <p>*60 day enrollment deadline exception</p>	<p>Enroll impacted person(s) in Medical, Dental</p>	<p><a href="#">Application to Change Insurance Coverage</a></p>	<p>Medical Assistance Termination Letter</p>
MnCare enrollment	<p>Disenroll impacted person(s) from Medical</p>	<p><a href="#">Application to Change Insurance Coverage</a></p>	<p>MnCare enrollment letter</p>
MnCare loss of coverage	<p>Enroll impacted person(s) in Medical</p>	<p><a href="#">Application to Change Insurance Coverage</a></p>	<p>MnCare Termination Letter</p>
Medicare entitlement	<p>Disenroll impacted person(s) from Medical</p> <p>Pre-tax: Decrease or terminate MDEA account</p>	<p><a href="#">Application to Change Insurance Coverage</a></p> <p><a href="#">Change in Participation Form</a></p>	<p>Medicare enrollment letter</p>
<p>Significant cost decrease in other group employer plan that causes the enrollment in other group coverage</p>	<p>Disenroll impacted person(s) from Medical, Dental</p>	<p><a href="#">Application to Change Insurance Coverage</a></p>	<p>Letter from employer including:</p> <ul style="list-style-type: none"> <li>- Explanation of the cost decrease</li> <li>- Date of change in premium</li> <li>- Coverage(s) gained</li> <li>- Name(s) of person(s) gaining coverage</li> </ul>

			- Coverage effective date
Significant cost decrease for daycare expenses (no change can be made when provider is a relative)	Pre-tax: Decrease or terminate DCEA account	<a href="#">Change in Participation Form</a>	N/A
Significant cost increase in other group employer plan that causes disenrollment from other group coverage	Enroll impacted person(s) in Medical, Dental  Pre-tax: Enroll or increase MDEA account	<a href="#">Application to Change Insurance Coverage</a>  <a href="#">Change in Participation Form</a>	Letter from employer including: - Explanation of the cost increase - Date of change in premium - Coverage(s) lost - Name(s) of person(s) losing coverage - Coverage termination date
Significant cost increase in daycare expenses (no change can be made when provider is a relative)	Pre-tax: Increase or disenroll DCEA account	<a href="#">Change in Participation Form</a>	N/A
Tricare enrollment	Disenroll impacted person(s) from Medical (Dental only if voluntary dental coverage was obtained through Tricare)	<a href="#">Application to Change Insurance Coverage</a>	Tricare enrollment letter
TriCare loss of coverage	Enroll impacted person(s) in Medical (Dental only if voluntary dental coverage was lost)	<a href="#">Application to Change Insurance Coverage</a>	Tricare Termination Letter

\*If you have questions about a life event not included on this list, contact SEGIP at 651-355-0100.