

HEALTH BENEFITS POLICY/GUIDELINES



QUALIFYING EVENTS OR STATUS CHANGES OUTSIDE OF OPEN ENROLLMENT

Effective date will be determined by the qualifying event date that allows for no break in service.

This table is not all inclusive and is subject to the INSURANCE CARRIER's approval, retro, and participation guidelines.

Employee/Retiree experiences the following qualifying event	Employee/Retiree MAY make the following change within 31 days of the qualifying event	REQUIRED Documentation: INSURANCE CARRIER Membership Change Form and applicable documents below
Birth, Adoption, or Legal Guardianship NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, if applicable • Enroll newly eligible child and any other eligible dependents • Change health plans when options are available 	<ul style="list-style-type: none"> • Birth certificate indicating parents' full names; or • Adoption/Guardianship documents issued by a court
Loss of Coverage Elsewhere NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of Loss of Coverage • Other enrollment forms/documents as applicable
Marriage or Commencement of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Enroll self, if applicable • Enroll spouse/domestic partner and any newly eligible dependent children • Change health plans when options are available 	<ul style="list-style-type: none"> • Marriage Certificate; or • Declaration of Domestic Partnership filed with the California Secretary of State; or • INSURANCE CARRIER Domestic Partnership Affidavit, if applicable (opposite-sex domestic partners) • Other enrollment forms/documents as applicable
Divorce or Termination of Domestic Partnership NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Drop spouse/domestic partner • Drop stepchildren gained from marriage or domestic partnership • Enroll self and any newly eligible dependent children who lost eligibility under spouse/domestic partner's plan • Change health plans when options are available 	<ul style="list-style-type: none"> • Final Divorce Decree; or • Dissolution of Domestic Partnership filed with the California Secretary of State; or • INSURANCE CARRIER Affidavit of Termination of Domestic Partnership (opposite-sex domestic partners) • Other enrollment forms/documents as applicable
Death of Dependent (spouse/ domestic partner or child) NOTE: HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> • Remove the dependent from coverage • Change health plans when options are available 	<ul style="list-style-type: none"> • Membership Change Form
Qualified Medical Child Support Order (QMCSO) requiring enrollment of dependent child	<ul style="list-style-type: none"> • Enroll self, if not already enrolled in coverage • Enroll dependent child named on the QMCSO to employee's health coverage • Change health plans when options are available 	<ul style="list-style-type: none"> • Membership Change Form • Birth Certificate indicating parents' full names; and • Qualified Medical Child Support Order (QMCSO) court document
Change in Employment Status (e.g., Part-time to Full-time, Full-time to Part-time, Hourly to Salaried, Unpaid Leave of Absence, Change in Bargaining Unit, etc.)	<ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Drop coverage, if applicable • Change health plans when options are available 	<ul style="list-style-type: none"> • Proof of employment change; and • Other enrollment forms/documents as applicable

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Gain or Loss of Entitlement to Medicare/Medicaid coverage by covered person

NOTE: HIPAA special enrollment rights may apply

- Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable
- Drop coverage for person who became entitled and enrolled in Medicare/Medicaid
- Change health plans when options are available

- Proof of Enrollment in or Loss of Coverage in Medicare/Medicaid (whichever applicable)
- Other enrollment forms/documents as applicable

DEPENDENT ELIGIBILITY DOCUMENTATION CHART

The following verification documents are required to enroll a dependent in health benefit plans. INSURANCE CARRIER requires the Social Security Numbers for all dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). • For newly married couples where prior year tax return is not available a marriage certificate will be accepted.
Domestic Partner**	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) • INSURANCE CARRIER Affidavit of Domestic Partnership (when applicable) (Enrolling a Domestic Partner may cause the employer contribution to become taxable) <p>** INSURANCE CARRIER eligibility for Domestic Partners is AB 205 compliant. AB 205 states that if your plan provides benefits for spouses, you must also provide the same benefits for domestic partners (e.g. dependent children, health benefits, COBRA, CalCOBRA, AB 528, etc.). Only same-sex domestic partners age 18 and older and opposite sex domestic partners when one or the other is age 62 or older are eligible under AB 205.</p>
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship
Disabled Dependents over age 26	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)