

LIFE STATUS CHANGES & INSURANCE

Terms and Conditions



IRS Section 125 Restrictions

Dependents can only be added or deleted mid-year if a qualified life status change occurs which is consistent with the benefits change that is being made. Notify the District HR Benefits Office of the qualified life status change by completing the required forms within **30 calendar days** of the qualified event. If you fail to notify the District HR Benefits Office within 30 calendar days of the qualified event, you must wait until the next Open Enrollment period in which you are eligible to make the change. Qualified life status changes include marriage, divorce or legal separation, the birth or adoption of a child, a dependent ceasing to be a dependent, death of a dependent, a change in employment status for you, your spouse or your dependent child.

Requested Documentation

The District HR Benefits Office reserves the right to require proof of dependency upon request. When you sign this form, you agree to provide such documentation upon request.

Late Enrollee

If you have an eligible dependent who you did not enroll when you were initially eligible or during an Annual Open Enrollment Period (and does not qualify for any of the Special Enrollment provisions), you may enroll the eligible dependent in your medical insurance plan (only) as a Late Enrollee. Coverage for a Late Enrollee will begin the first day of the month following the date the HR Benefits Office receives the required Insurance Change form.

Release of Information

The District HR Benefits Office will not release any information about you except: 1) when you request it in writing, or 2) when the release is necessary to process or review a claim.

TO ADD A DEPENDENT TO YOUR CURRENT COVERAGE

Marriage

To be covered, your new legal spouse must be added to your coverage within 30 calendar days of your date of marriage. The effective date of coverage will be retroactive to the date of marriage. Attach a copy of the marriage certificate to this form.

Birth

Your new child must be added within 30 calendar days of birth. The effective date of coverage will be retroactive to the date of birth.

Adoption

Your adopted child must be added to your coverage within 30 calendar days of the adoption or placement for adoption. Coverage will be effective the date of the adoption. The District HR Benefits Office must verify the date of adoption by reviewing the adoption documentation. For U.S. adoptions, attach the court signed petition for adoption or adoption decree. For international adoptions, attach a copy of the visa or passport page that identifies the date of U.S. entry and a copy of the adoption orders signed by a magistrate or other government official.

Legal Guardianship

When you accept legal guardianship of a child, the child should be added to your coverage within 30 calendar days of the date the petition is signed by the court. A copy of the signed court order must be provided to the District HR Benefits Office for review. Coverage becomes effective on the date the court order is effective, or on the date the child moves into your home, whichever is later.

Job Change or Termination with Loss of Benefits Eligibility – Spouse or Dependent Child

If your spouse or dependent child experiences an employment status change that results in loss of eligibility for coverage, your spouse or dependent child may be added to your coverage within 30 calendar days of the loss of coverage. Your spouse or dependent child must meet established dependent eligibility criteria. Coverage will commence on the date in which the loss of benefits eligibility occurred. A copy of the signed letter from the dependent's employer must be on official company letterhead verifying the loss of coverage date and the type of coverage lost.

FTE Status Change – Granite Employee

If your FTE status changes from part-time to full-time, within 30 calendar days of the FTE status change you may enroll in medical insurance coverage. Coverage will be cancelled on the date in which the FTE status change occurs. The Insurance Enrollment form should be used.

TO DROP A DEPENDENT FROM YOUR CURRENT COVERAGE

Death of a Dependent

Provide the date of death of the dependent on this form.

Divorce/Legal Separation

Your spouse and applicable dependent children must be dropped within 30 calendar days from your divorce or legal separation. The effective date of the deletion will be the date your divorce or legal separation was recorded with the Court. Attach a copy of the recorded divorce stamp found on the first/last page of your divorce or legal separation decree.

Loss of Dependent Status – Dependent Child

If your child marries and/or is no longer claimed as your dependent for federal IRS income tax reporting purposes and/or reaches established plan age maximums, the dependent child no longer meets the definition of an eligible dependent. Delete dependent within 30 calendar days of the loss of dependent status. Coverage will be cancelled on the date in which the dependent is no longer deemed an eligible dependent.

Job Commencement or Change with Gain of Benefits Eligibility – Dependent Child

If your dependent child becomes newly eligible for benefits through their employer and no longer meets the definition of an eligible dependent, the child must be removed within 30 calendar days of the coverage effective date under the dependent child's employer plan. Coverage will be cancelled on the date in which the dependent child becomes newly eligible for benefits through their employer. A copy of the signed letter from the dependent's employer must be on official company letterhead verifying the newly eligible effective date of coverage.

Job Commencement or Change with Gain of Benefit Eligibility – Spouse

If your spouse becomes newly eligible for benefits through their employer, you may cancel coverage within 30 calendar days of the coverage effective date under the spouse's employer plan. Coverage will be cancelled on the date in which your spouse becomes newly eligible for benefits through their employer. A copy of the signed letter from the spouse's employer must be on official company letterhead verifying the newly eligible effective date of coverage.

FTE Status Change – Granite Employee

If your FTE status changes from full-time to part-time, within 30 calendar days of the FTE status change you may drop medical insurance coverage. Coverage will be cancelled on the date in which the FTE status change occurs.