

# State of Florida Qualifying Status Change Event Matrix

Effective January 1, 2018

Definition <sup>1</sup>	Required Documentation and/or HR Action <sup>2</sup>	Health and Supplemental Plans	Basic <sup>3</sup> , Optional <sup>4</sup> & Dependent <sup>5</sup> Life	Healthcare FSA/Limited Purpose FSA	Dependent Care FSA
<b>A. Change in Enrollee's Legal Marital Status</b>					
<b>Marriage</b>					
<p>1. Legally recognized marriage between two persons under any state or foreign law at the time the marriage was entered into by the parties. Common law marriages, domestic partnerships, civil union partnerships or other relationships do not constitute marriage.</p> <p>60-day QSC window<sup>6</sup> Effective date of election<sup>7</sup></p>	<p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	<p>Enrollee may enroll in or increase to a family tier for newly eligible spouse and any eligible dependents</p>	<p>Basic – Enrollee may enroll or cancel</p> <p>Optional/Dependent – Enrollee may enroll, cancel, increase or decrease</p>	<p>Enrollee may enroll or increase election</p>	<p>Enrollee may enroll or increase election to accommodate newly-eligible dependents or, if eligibility is lost because new spouse does not work, may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account</p>
<b>Loss of Spouse</b>					
<p>2. Legal divorce</p>	<p>Copy of final judgment that defines insurance coverage before changes can be made</p> <p>Court ordered custody is required to cover previously eligible dependents made ineligible by the divorce before changes can be made</p> <p>See pages 13 &amp; 14 for documentation requirements to verify dependent eligibility</p>	<p>Enrollee must remove spouse and other dependents made ineligible by the event and may decrease coverage tier if no other covered dependents, but cannot cancel</p>	<p>Basic – Enrollee may enroll or cancel</p> <p>Optional/Dependent – Enrollee may enroll, cancel, increase or decrease</p>	<p>Enrollee may decrease annual election to no less than the greater of the amount contributed through payroll deduction or the amount of claims submitted as of the date the request is approved; may enroll or increase election</p>	<p>Enrollee may enroll or increase election to accommodate newly eligible dependents or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account if eligibility is lost (e.g., because dependents now reside with ex-spouse)</p>

<sup>1</sup> Throughout this document: all allowable election changes must be consistent with the qualifying event, based on a gain or loss of eligibility.

<sup>2</sup> Throughout this document: upon request enrollees may be required to submit documentation to establish dependent eligibility before or after enrollment. See page 13 for documents required to verify each dependent relationship.

<sup>3</sup> Throughout this document: enrollment is automatic for full-time Salaried FTE employees upon hire; part-time Salaried FTE may choose to enroll and pay a pro-rated premium; OPS employees may choose to enroll and pay the full monthly premium.

<sup>4</sup> Throughout this document: OPS employees are not eligible to participate in optional life.

<sup>5</sup> Throughout this document: only employees enrolled in basic life are eligible to enroll in dependent (spouse and/or child) life coverage, which may require underwriting.

<sup>6</sup> Throughout this document: a Qualifying Status Change (QSC) event window is defined as the period of time to provide required documentation and make allowable changes to benefits, as defined by the IRS. All QSC windows are 60 days from and including the event unless otherwise specified.

<sup>7</sup> Throughout this document except where otherwise indicated: the effective date of coverage shall depend on the date of the qualifying event, the date the election is made, and receipt of premium. For health insurance, see QSC Event #10 for salaried employees and see #11 for OPS employees; for supplemental plans, optional life, and dependent life, the first day of the month following a full payroll deduction; for basic life, the first day a full-time salaried employee is actively at work, or the first day of the month following full payroll deduction once an election is made by part-time salaried and OPS employees; for health care FSA, limited purpose FSA, and dependent care FSA, the date of enrollment; for HSA, the day a payroll deduction can be taken and deposited into the HSA Advantage™ account.

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3. Death of spouse	Copy of death certificate  Judgment showing court ordered custody is required to cover previously eligible dependents made ineligible by the death before changes can be made	Enrollee must remove spouse and other dependents made ineligible by the event and may decrease election if no other covered dependents, but cannot cancel	Basic – Enrollee may enroll or cancel  Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved; may enroll or increase election	Enrollee may enroll or increase election to accommodate newly eligible dependents
<b>B. Change in Number of Enrollee's Eligible Dependents</b>					
<b>Dependent Gains Eligibility</b>					
4. Birth of child, adoption, or placement in the home for purposes of adoption in compliance with applicable state and federal laws	Adoption or placement for adoption - documentation is required before changes can be made. See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Enrollee may enroll in or increase to the family coverage tier  Health plan only: if requested, enrollment or an increase in coverage may be retroactive to the first day of the month and the effective date for the child is as follows: <ul style="list-style-type: none"> <li>• Coverage for the enrollee's newborn is effective as of the date of birth</li> <li>• Coverage for the adopted child is effective as of the date of the adoption or placement</li> </ul> Other eligible dependents may be added the first day of the month following the month the newborn or adopted child is enrolled	Basic – Enrollee may enroll or cancel  Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may enroll or increase election for newly eligible dependents	Enrollee may enroll or increase election to accommodate newly eligible dependents and any other eligible dependents who were not previously covered; Enrollee may drop or decrease contributions if spouse ceases to work following a birth or adoption

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<b>Dependent Loses Eligibility</b>					
5. Dependent no longer meets eligibility requirements (e.g., end of the month in which dependent turns 13 for DCRA or end of the calendar year in which dependent turns 26 for insurance plans)	Based on the event; e.g., affidavit, letter from employer, etc.  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Enrollee must remove the ineligible dependent and may decrease election only if no other covered dependents, but cannot cancel	Basic – No changes allowed  Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Enrollee may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
6. Death of dependent	Copy of death certificate	Enrollee may decrease election if no other covered dependents, but cannot cancel	Basic – No changes allowed  Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Enrollee may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
<b>Placement, Judgments, Decrees or Orders</b>					
7. Court order that requires coverage for the enrollee's child, for legal guardianship, or for foster child in compliance with applicable state law	Official document from the courts, see page 14 for documentation requirements for legal guardianship or foster child – documentation required before changes can be made	Enrollee may enroll or increase election	Basic – Enrollee may enroll or cancel  Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may increase election for newly eligible dependent as required under the order	No changes allowed
8. Court order that requires enrollee's ex-spouse to provide coverage for the child or that allows enrollee to cancel coverage for the child	Official document from the courts or other authorized authority before changes can be made	Enrollee may decrease election if no other covered dependents, but cannot cancel	Basic – Enrollee may cancel  Optional/Dependent – Enrollee may cancel or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	No changes allowed
9. National Medical Support Order	Official document from a governmental entity before changes can be made	Health, dental and vision plans only: enrollee may enroll or increase election	No changes allowed	No changes allowed	No changes allowed

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	See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility				
<b>C. Change in Employment Status of Enrollee, Spouse or Dependent that Affects Eligibility</b>					
<b>Commencement of Employment or Other Change in Employment Status that Triggers Eligibility</b>					
10. Salaried FTE New Hire  The earliest effective date for health insurance is the first day of the month following the election.	Appointment PAR <sup>8</sup> required before changes can be made  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Employee may enroll in single or a family coverage tier	Basic – full-time enrollee automatically enrolled; part-time enrollee may enroll and pay prorated premium  Optional/Dependent – Enrollee may enroll	Enrollee may enroll	Enrollee may enroll
11. OPS new hire reasonably expected to work 30 hours or more per week in all positions  The earliest effective date for health insurance is the first day of the month following the election.	Appointment PAR required before changes can be made  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Employee may enroll <sup>9</sup> and add eligible dependents	Basic – Enrollee may enroll and pay monthly premium  Optional – not eligible  Dependent – Enrollee may enroll	Enrollee may enroll	Enrollee may enroll
12. OPS employee Employment Status Change –employee’s work hours are expected to increase to an average of 30 hours or more per week  The earliest effective date for health insurance is the first day of the month following the election.	Appointment PAR required before changes can be made  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Enrollee may enroll and add eligible dependents	Basic – Enrollee may enroll and pay monthly premium  Optional – not eligible  Dependent – Enrollee may enroll	Enrollee may enroll	Enrollee may enroll

<sup>8</sup> Throughout this document: a PAR is defined as a Personnel Action Request that is entered and completed in the People First system to trigger benefit eligibility.

<sup>9</sup> Throughout this document: OPS employees must meet the 30-hour per week average for subsequent 12-month measurement periods to continue coverage or to be eligible to enroll.

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<p>13. OPS employee works 30 or more hours on average per week during new hire measurement period</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	<p>Work hours recorded in the People First system during a new hire measurement period that begins the first day of the month following the hire date – required before changes can be made</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	<p>Enrollee may enroll and add eligible dependents</p>	<p>Basic – Enrollee may enroll and pay monthly premium</p> <p>Optional – not eligible</p> <p>Dependent – Enrollee may enroll</p>	<p>Enrollee may enroll</p>	<p>Enrollee may enroll</p>
<p>14. OPS employee moves to a salaried FTE position with no break in service<sup>10</sup></p>	<p>Appointment PAR required before changes can be made</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	<p>If enrolled as an OPS employee, no changes allowed</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll unless #24</p> <p>If not eligible as an OPS employee, treat as a new hire (#10)</p>	<p>Basic – If eligible, but not enrolled as OPS and appointment to full-time salaried FTE automatically enrolled</p> <p>If eligible and enrolled as OPS, coverage continues</p> <p>If not eligible as an OPS employee, treat as a new hire (#10)</p> <p>Optional – Enrollee may enroll, if enrolled in basic life</p> <p>Dependent – If not enrolled cannot enroll</p>	<p>If enrolled as an OPS employee, election continues</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll</p> <p>If not eligible as an OPS employee, treat as new hire (#10)</p>	<p>If enrolled as an OPS employee, election continues</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll</p> <p>If not eligible as an OPS employee, treat as a new hire (#10)</p>
<p>15. Salaried FTE or OPS employee commences LWOP and returns</p>	<p>LWOP PAR required before changes can be made</p> <p>Return from LWOP PAR if returning the employee from LWOP before changes can be made</p>	<p>If enrolled at the time of LWOP, same elections with same employee contributions automatically continue through the LWOP period and upon return to work; if the stability period ends while an OPS</p>	<p>Basic – no changes allowed; enrollment continues through the LWOP period and upon return to work. Premiums are payable by the employee while</p>	<p>May decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved</p>	<p>May decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved</p>

<sup>10</sup> Throughout this document a break in service for OPS employees is defined as, termination of employment or unpaid leave (other than FMLA, jury duty or military leave) that exceeds 13 consecutive weeks (26 for employees of academic institutions); or a break between four weeks and 13 (26) weeks if the period of service prior to the break is less than the period of the break.

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		employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage terminates the last day of the stability period	on LWOP unless salaried FTE on FSWP or Military Leave  Optional/Dependent – no changes allowed  For all life coverage, if the stability period ends while an OPS employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage terminates the last day of the stability period		
16. Salaried FTE termination (meaning last day worked) and rehire <i>within</i> one full calendar month	Appointment PAR if return from termination is required  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Same elections continue. If not enrolled, must have an appropriate QSC event (e.g. marriage) to enroll during the remainder of the stability period			
17. OPS employee return from break in service	Appointment PAR required before changes can be made	Treat as OPS new hire #11			
18. Salaried FTE termination (meaning last day worked) and return <i>after</i> one full calendar month	Appointment PAR required before changes can be made  See pages 13 & 14 for definitions for eligible	If no break in coverage, no changes allowed  If break in coverage, treat as new hire #10	Basic – if appointed to a full-time salaried (FTE 1.0) position, enrollee automatically enrolled	Enrollee may enroll or continue election if personal payments made during termination; otherwise, may not enroll	May enroll

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	dependents and documentation requirements to verify dependent eligibility		Optional/Dependent – Enrollee may enroll	twice in same calendar year	
<b>Termination of Employment or Other Change in Employment Status that Causes Loss of Eligibility</b>					
19. Full-time (FTE of 0.75 – 1.0) salaried FTE to OPS (regardless of benefits eligibility) with no break in service	Appointment and Separation PARs required before changes can be made  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	If enrolled, election continues for the stability period: <ul style="list-style-type: none"> <li>The plan year if employed for more than one year</li> <li>The new hire stability period if employed less than one year</li> </ul> If not enrolled as a full-time FTE, not eligible to enroll	Basic – If enrolled, election continues  Optional – if enrolled, election automatically cancelled  Dependent – If enrolled, election continues	If enrolled, election continues	If enrolled, election continues
20. Part-time (FTE less than 0.75) salaried FTE to OPS (regardless of benefits eligibility) with no break in service	Appointment and Separation PARs required before changes can be made	If employee was measured at less than 30 hours, the benefits are terminated when moving to OPS. Eligibility is then determined at the next 12-month measurement period  If the employee is in the new hire measurement period and the OPS appointment is full-time equivalent (at least 30 hours per week), the benefits are transferred and the employee may qualify for changes under #12			
21. Termination of enrollee's employment, including retirement as a vested employee (see s. <a href="#">110.123(2)(g), F.S.</a> )	Separation PAR required before changes can be made  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	All elections end	All elections end	Election ends	Election ends
Continuation options if enrolled		May continue health, dental and vision through COBRA	May port optional life	May continue by completing the FSA Options When Employment Ends form and submitting payment	
Continuation options if enrolled upon retirement		Retirees may continue health as a retiree and dental and vision through COBRA if previously enrolled	Retirees may enroll in retiree life insurance or spouse life coverage <sup>11</sup> , if eligible, but may not port optional life	May continue by completing the FSA Options When Employment Ends form and submitting payment	

<sup>11</sup> Retirees may enroll in retiree life within 31 days of losing eligibility for spouse life coverage, provided there is no break in coverage.

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22. Death of Enrollee	Copy of death certificate within 60 days of the death or PAR to enroll in health plan as a surviving spouse	All elections end	All elections end	Election ends	Election ends
Surviving spouse benefits if spouse enrolled upon death of enrollee	Enrollment within 60 days of receipt of notification of benefits (surviving spouse package)	Spouse may continue health coverage and may COBRA the dental and vision		Surviving spouse may file claims incurred up through the date of death or use balance from leave payout to continue through the end of the calendar year	
<b>D. Change in Place of Residence of Employee, Spouse, or Dependent that Triggers a Loss of Eligibility</b>					
23. Enrollee or dependent moves outside of HMO service area	For Enrollee: home and work county code change in the People First system – required before changes can be made  For dependent: moves to college or otherwise out of the service area, documentation proving change in address – required before changes can be made  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	Enrollee must work or reside in the HMO service area to make a new HMO election; otherwise, must change to the PPO	No changes allowed	No change allowed, even if underlying health coverage change occurs	No change allowed
<b>E. Significant Cost Changes</b>					
24. Premium increase or decrease to enrollee of at least \$20 per month as a result of change in pay plan (e.g., Career Service or OPS employee to SES), Salaried FTE (e.g., part-time to full-time),	PAR showing salaried FTE or classification required before changes can be made  System premium update required before changes can be made	<b>Cost decrease:</b> Enrollee may enroll or increase coverage level for health plan only  <b>Cost increase:</b> Enrollee may decrease or cancel coverage level for health plan only and	Optional Life only <b>Cost decrease</b> due to salary reduction: enrollee may increase corresponding election	No change permitted	Election change may be made whenever there is a change in provider or a change in hours of dependent care; no change can be made when the cost change is imposed by a



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legislative premium mandates, Optional Life age banding, etc.	Refer to <a href="#">the Group Life Insurance Benefits Summary Brochure</a> page 2 that shows age-banding requirements  See pages 13 & 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility	enroll in a different benefit option providing similar coverage, if available	<b>Cost increase</b> due to salary or age band increase: enrollee may decrease or cancel corresponding election		dependent care provider who is a relative of the enrollee
<b>F. Curtailment of Enrollee's Benefit Package Option</b>					
25. Significant reduction of enrollee's coverage (with or without loss of coverage) as a result of changes to state or federal laws, regulations, or policies; or the termination of a plan.	DSGI approval	<b>Without Loss of Coverage:</b> Enrollee may cancel election and make new election for similar coverage  <b>With Loss of Coverage:</b> Enrollee may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available	No changes allowed	No changes allowed	No changes allowed
<b>G. Gain or Loss of Other Group Coverage</b>					
26. Gain eligibility for other group coverage, e.g., change in spouse's employment status, spouse's open enrollment, Medicare <sup>12</sup> , Military Leave <sup>13</sup> , or the Marketplace	As applicable, proof of other group coverage, letter from employer  Proof of gain of coverage is required for a change to be made before the QSC event date.	Enrollee may cancel election for self and/or dependents if Enrollee and dependents are added to other similar coverage	If Enrollee and dependents are added to other similar coverage:  Enrollee may cancel  Optional/Dependent Life- Enrollee may cancel or decrease	No changes allowed	No changes allowed

<sup>12</sup>Throughout this document: if enrolling in Capital Health Plan or Florida Health Care Plans, retirees must first contact the HMO to enroll in its Medicare Advantage plan

<sup>13</sup>Throughout this document: if on Military Leave, an enrollee may continue or cancel within 60 days of commencement of leave and may re-enroll within 90 days of discharge

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	<p>PAR for Military Leave, military orders sent to human resource office</p> <p>Medicare card if due to disability or normal retirement age</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>				
<p>27. Lose eligibility for other group coverage, including Medicare, Medicaid, Military Leave or as a result of change in spouse's employment status</p>	<p>Proof of loss of coverage is required for a change to be made before the QSC event date.</p> <p>PAR for Military Leave, military orders sent to human resource office</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	<p>Enrollee may enroll or increase coverage in plans for which the loss of eligibility occurred</p>	<p>Enrollee may enroll</p> <p>Optional/Dependent Life- Enrollee may enroll or increase coverage in plans for which the loss of eligibility occurred</p>	<p>Employee may enroll or increase election to reflect loss of eligibility.</p>	<p>Enrollee may enroll or increase election if spouse or dependent loses eligibility. Enrollee may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account to reflect loss of eligibility for coverage (e.g., if spouse stops working)</p>
<p>28. Dependent becomes eligible for government subsidized health coverage (60-day window from the date of eligibility or the effective date whichever is later)</p>	<p>Copy of the letter from the health insurance provider (e.g., Healthy Kids)</p> <p>Proof of gain of coverage is required for a change to be made before the QSC event date.</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	<p>If no other covered dependents, enrollee may decrease health election (and dental and vision, if applicable) for subsidized dependents only, but cannot cancel</p>	<p>No changes allowed</p>	<p>No changes allowed</p>	<p>No changes allowed</p>

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29. Dependent becomes ineligible for government subsidized health coverage	<p>Copy of the letter from the health insurance provider (e.g., Healthy Kids)</p> <p>Proof of loss of coverage is required for a change to be made before the QSC event date.</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	Enrollee may increase health election and add dependents who lost eligibility for subsidy	No changes allowed	No changes allowed	No changes allowed
<b>H. Other Allowable Changes</b>					
30. Retirees, surviving spouses, COBRA and layoff enrollees may cancel or decrease the election to individual at any time (a QSC event is required to increase the coverage level to family)		Applies only to applicable plans under which the enrollee is currently covered	Applies to basic life coverage only	No changes allowed	No changes allowed
31. Active employees enrolled in an HDHP become eligible for Medicare	<p>Age in People First system, Medicare card required before changes are made</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	Health only: enrollee may remain in HDHP without an HSA or may enroll in a Standard plan with the same company	No changes allowed	No changes allowed	No changes allowed
32. Employees enrolled in a prepaid dental plan with no available dentist within a 30-mile radius of the home address ( <a href="#">PC 11-002</a> )	<p>Written verification from the dental plan before changes can be made</p> <p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	Dental plan enrollee may change to another dental plan with dentist that are accepting patients	No changes allowed	No changes allowed	No changes allowed

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<p>33. At the end of the calendar year in which dependents turn 26, over-age health insurance is available for an additional premium through the end of the calendar year in which they turn 30, provided they meet these eligibility requirements:</p> <ul style="list-style-type: none"> <li>• Unmarried,</li> <li>• Have no dependents of their own,</li> <li>• Resident of Florida, or a full or part-time student</li> <li>• Not enrolled in other health insurance</li> </ul>	<p>See pages 13 &amp; 14 for definitions for eligible dependents and documentation requirements to verify dependent eligibility</p>	<p>Health only: may enroll if meets all eligibility requirements</p> <p>Must cancel if dependent loses eligibility for any one of the requirements</p>	<p>No changes allowed</p>	<p>No changes allowed</p>	<p>No changes allowed</p>
<p>34. Employees commence FMLA</p>	<p>Leave of Absence PAR required before changes are made</p>	<p>Enrollee may decrease election or cancel</p>	<p>Basic – Enrollee may cancel</p> <p>Optional/Dependent – Enrollee may decrease election or cancel</p>	<p>Enrollee may decrease annual election to no less than the greater of the amount contributed through payroll deduction or the amount of claims submitted as of the date the request is approved; will not be allowed to re-enroll upon return to employment in the same calendar year</p>	<p>Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved</p>
<p>35. OPS employee change in status so that employee changes positions and is no longer expected to average 30 or more hours per week and enrolls in another health plan that provides minimal essential coverage</p>	<p>PAR and proof of minimal essential coverage required before changes are made</p>	<p>Health only: enrollee may cancel health election only</p>	<p>No changes allowed</p>	<p>No changes allowed</p>	<p>No changes allowed</p>

## **Definition of an Eligible Dependent**

An eligible dependent is defined as:

Your spouse — The person to whom you are legally married.

Your child — Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26.

Your stepchild — The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26.

Your foster child — A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26.

Legal guardianship — A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.

Your over-age dependent — After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.

Your over-age dependent with a disability — Your covered child with intellectual or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability, and be dependent on you for care and financial support.

Newborn child of a covered dependent — A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the Plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.

Children of law enforcement, probation, or correctional officers — Children of law enforcement, probation, or correctional officers who were killed in the line of duty and who are attending a college or university beyond their 18th birthday.

Surviving spouse and dependents — The widow or widower of a deceased state officer, state employee, or retiree if the spouse was covered as a dependent at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before January 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered at the time of the enrollee's death and the coverage must have been continuous.

The following lists the types of eligible dependents and documents required to verify each relationship.

**FOR SPOUSE:**

- If married less than 12 months and you and your spouse have not filed a joint federal income tax return, a government-issued marriage certificate, **OR**
- If you and your spouse have been married for 12 or more months, a Tax Return Transcript of your most recently filed federal joint income tax return (can be obtained from <https://www.irs.gov/individuals/get-transcript> or you may call their automated phone transcript service at 800-908-9946 to order a tax return or tax account transcript be sent by mail.).

**FOR CHILDREN UP TO AGE 26:**

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR**
- A copy of the court order naming you or your spouse as the child's legal guardian or custodian.

**FOR UNMARRIED CHILDREN AGE 26 UP TO AGE 30:**

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian; **AND**
- A copy of the Affidavit of Adult Child, **AND**
- **One of the following documents :**
  - If the child is not a resident of Florida, a document confirming the child's enrollment in the Spring 2018 semester. The document must include the name of the child, the name of the school, and the school term.
  - A bill or statement in the child's name that is dated within the past 60 days and is mailed to the child at a Florida address.

**FOR DISABLED CHILDREN:**

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian, **AND**
- A copy of your 2016 Federal Tax Transcript listing the dependent as your tax dependent

*\*Note: If you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse as requested above.*

**FOR NEWBORN CHILDREN OF A COVERED DEPENDENT:**

- Proof that the enrollee's newborn grandchild is the biological child of his or her dependent