

QUALIFIED LIFE EVENTS

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QUALIFIED LIFE EVENTS

Announcing a New
Qualified Life Events
Chart!

It is posted on
Benefits website

<http://benefitoptions.az.gov/bsd%20eligibility%202.html>

and Benefits Liaison
website

<http://www.benefitoptions.az.gov/liaison/default.asp>



QUALIFIED LIFE EVENT AND MID-YEAR CHANGES

IMPORTANT

Information provided is intended solely as a guide and is a partial listing of eligible events and corresponding changes. These changes are governed by the IRS regulations of 125 Cafeteria Plans and must be made within 31 days of the qualifying life event. Supporting documentation must be provided with a request for election changes in accordance with A.R.S. § 38-651.

ANYTIME CHANGES - Changes that are allowed at any time throughout the plan year:

- Decline STD coverage.
- Reduce Supplemental life to \$35K for those enrolled with larger amount
- Decline Dependent life
- Life insurance beneficiary changes

QUALIFIED LIFE EVENT	SAMPLE CHANGE PERMITTED	REQUIRED DOCUMENTS (copies are sufficient)
CHANGE IN LEGAL MARITAL STATUS		
Marriage	<ul style="list-style-type: none"> • Add spouse and/or newly eligible dependent(s) to medical, dental and/or vision coverage in which employee is enrolled • Elect or increase dependent life insurance • Elect short-term disability coverage (longer waiting period may apply) • Elect or increase medical flexible spending and/or dependent care account • Elect or increase employee supplemental life insurance up to \$20K annual max (not permitted if already increased by \$20K in current plan year) • Decline any and/or all coverages now provided by spouse's coverage 	<ul style="list-style-type: none"> • Legal marriage certificate for spouse • Birth certificate for newly eligible child(ren) • Evidence of new coverage under spouse
Divorce, Legal Separation, Annulment or Death of spouse	<ul style="list-style-type: none"> • Elect any and/or all coverages previously provided to member by spouse's coverage • Decrease supplemental life to pre-tax amount of \$35K if applicable • Remove spouse from all current coverage (mandatory) • Decline dependent life if spouse is only eligible dependent 	<ul style="list-style-type: none"> • Divorce decree • Notice of legal separation • Notice of legal annulment • Evidence of previous coverage under spouse • Death certificate



DECLARATION FOR CHANGE

NEW DECLARATION FOR CHANGE FORM!

Find new form at
below link

<http://benefitoptions.az.gov/bd%20eligibility%202.html>



DECLARATION FOR CHANGE

Note: This form must be submitted, along with the State of Arizona Active Employee Enrollment/Change Form and all required documentation within 31 days of the Qualified Life Event. Effective dates for QLEs are generally the pay period start date following your agency's receipt of your completed forms. You are responsible for any payroll deductions from the effective date of the change.

INSURED INFORMATION					
Name- Last		First		MI	Date of Birth
Employee EIN	Employee SSN	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Agency		
Street	City	State	Zip	County	
Home Phone	Cell Phone	Email			

QUALIFYING STATUS CHANGE		Date of Event
Legal Marital Status		
<input type="checkbox"/> Marriage Required Documentation: Legal marriage certificate, Birth certificate for newly eligible child(ren), Evidence of new coverage under spouse		
<input type="checkbox"/> Divorce/Legal Separation/Annulment Required Documentation: Divorce decree, Notice of legal separation/legal annulment, Evidence of previous coverage under		
<input type="checkbox"/> Death of Spouse Required Documentation: Death Certificate		
Change in Number of Dependents		
<input type="checkbox"/> Birth Required Documentation: Birth certificate.		
<input type="checkbox"/> Adoption Required Documentation: Legal Adoption Paperwork		
<input type="checkbox"/> Guardianship Required Documentation: Guardianship Papers		
<input type="checkbox"/> Change in custody Required Documentation: Legal court orders		
<input type="checkbox"/> Court Ordered Coverage of Dependents Required Documentation: Legal court orders		
<input type="checkbox"/> QMSCO Required Documentation: Copy of QMSCO		
<input type="checkbox"/> Death of Dependent and/or Spouse Required Documentation: Death Certificate		
<input type="checkbox"/> Removal of Foster Child/Custody/Guardianship Required Documentation: Legal Court Orders		
Change in Employment Status or Spouse or Dependent's Coverage		
<input type="checkbox"/> Gain/Loss of Other Coverage Provided by Spouse Required Documentation: Evidence of previous or new coverage		
<input type="checkbox"/> Initiation of Leave without Pay Status Required Documentation: Evidence in change in pay status		
<input type="checkbox"/> Return to Work after Approved Leave without Pay Status Required Documentation: Proof of change		



QLE REMINDER

Members need to complete and submit a new enrollment form, Declaration for Change form and required documentation **within 31 days** in order for a mid-year change to be allowed.



Thank you

Questions?

**Arizona Department of Administration
Benefit Services Division**

**Website: www.benefitoptions.az.gov
Email: benefitsissues@azdoa.gov
(602) 542-5008/1-800-304-3687**

