

**A Brief Summary of Common Change of Status Events and  
the Mid-Year Enrollment Changes Allowed Under the Medical Plan**

Mid-year changes are only those permitted in accordance with Section 125 of the Internal Revenue Code.

This chart is only a summary of some of the permitted medical plan changes.

This chart should NOT be referenced for Health FSA or Dependent Care Account Plan (DCAP).

If you experience the following Event...	You may make the following change(s) within 30 days of the Event...	YOU MAY <b>NOT</b> make these types of changes...
<b>Family Events</b>		
Marriage	<ul style="list-style-type: none"> <li>Enroll yourself, if applicable</li> <li>Enroll your new Spouse and other eligible dependents</li> <li>Drop health coverage (to enroll in your Spouse's plan)</li> </ul>	<ul style="list-style-type: none"> <li>Drop health coverage and not enroll in Spouse's plan; if you do, you won't receive coverage.</li> </ul>
Divorce	<ul style="list-style-type: none"> <li>Remove your Spouse from your health coverage</li> <li>Enroll yourself (and your children) if you or they were previously enrolled in your Spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> <li>Drop health coverage for yourself or any other covered individual</li> </ul>
Gain a child due to birth or adoption	<ul style="list-style-type: none"> <li>Enroll yourself, if applicable</li> <li>Enroll the eligible child and any other eligible dependents</li> </ul>	<ul style="list-style-type: none"> <li>Drop health coverage for yourself or any other covered individuals</li> </ul>
Child requires coverage due to a QMCSO*	<ul style="list-style-type: none"> <li>Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled)</li> </ul>	<ul style="list-style-type: none"> <li>Make any other changes, except as required by the QMCSO</li> </ul>
Loss of a child's eligibility (e.g., child marries or reaches the maximum age for coverage)	<ul style="list-style-type: none"> <li>Remove the child from your health coverage</li> <li>Child will be offered COBRA with timely notification of event</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> <li>Drop health coverage for yourself or any other covered individuals</li> </ul>
Death of a dependent (Spouse or child)	<ul style="list-style-type: none"> <li>Remove the dependent from your health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Drop health coverage for yourself or any other covered individuals</li> </ul>
Covered person has become entitled to (or lost entitlement to) Medicaid or Medicare	<ul style="list-style-type: none"> <li>Drop coverage for the person who became entitled to Medicare or Medicaid.</li> <li>Add the person who lost Medicare/Medicaid entitlement.</li> </ul>	<ul style="list-style-type: none"> <li>Drop health coverage for yourself or any other covered individuals</li> </ul>
<b>Employment Status Events</b>		
Spouse becomes eligible for health benefits in another group health plan	<ul style="list-style-type: none"> <li>Remove your Spouse from your health coverage, with proof of other plan coverage</li> <li>Remove your children from your health coverage, with proof of other plan coverage</li> <li>Drop coverage for yourself only with proof that Spouse added you to the Spouse's new group health plan</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> <li>Add any eligible dependents to your health coverage</li> </ul>
Spouse loses employment or otherwise becomes ineligible for health benefits in another plan	<ul style="list-style-type: none"> <li>Enroll your Spouse and, if applicable, eligible children in your health plan</li> <li>Enroll yourself in a health plan if previously not enrolled because you were covered under your Spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>Drop health coverage for yourself or any other covered dependents</li> </ul>
You lose employment or otherwise become ineligible for health benefits	<ul style="list-style-type: none"> <li>Enroll in your Spouse's plan, if available</li> <li>Elect temporary COBRA coverage for the Qualified Beneficiaries (you and your covered dependents)</li> </ul>	
<b>Proof of a status change is required to make a corresponding change in coverage/enrollment. *Qualified Medical Child Support Order</b>		