

QUALIFYING LIFE AND WORK EVENT TIMELINE

ADDING DEPENDENTS

Qualifying Event	Notification Period	Effective Date of Change	Accepted Supporting Documents
Marriage/Domestic Partnership	Within 31 days of date of marriage	Date of marriage	Copy of marriage certificate or Declaration of Domestic Partnership filed with the Secretary of Nevada.
Birth	Within 31 days of date of birth	Date of birth	Copy of live birth confirmation
Adoption or placement for adoption	Within 31 days of date of adoption or placement for adoption	Date of the child's adoption or placement for adoption	Copy of adoption decree signed by the judge
Dependent loses coverage	Within 31 days of loss of coverage	Date following last day of coverage	Certificate of creditable coverage or COBRA offering. Additional documentation may be required if surnames differ
Gain dependent status	Within 31 days of gaining child status	First day of the event i.e. loss or gain of coverage	As applicable: • Copy of birth certificate • Certificate of creditable coverage • Permanent legal guardianship papers • Copy of participant's marriage certificate • Proof of disabled dependent child documents
Change required under terms of a Qualified Medical Child Support Order (QMCSO)	Upon receipt of QMCSO from Court	Date of QMCSO	Receipt of QMCSO

REMOVING DEPENDENTS

Qualifying Event	Notification Period	Effective Date of Change	Accepted Supporting Documents
Divorce/Annulment/Dissolution of Domestic Partnership	Within 60 days from the stamp date of the Court	Date of divorce	Copy of the divorce decree/annulment signed by the judge/domestic partnership termination form
Dependent gains other coverage	Within 31 days of gaining coverage	First day the dependent becomes covered under other coverage	Copy of the confirmation of coverage letter or letter from employer or new health plan carrier
Loss of dependent eligibility status	Within 31 days of losing eligibility status	First day of the event, i.e. loss or gain of coverage	As applicable: ▪ Copy of confirmation of coverage letter from new health plan carrier ▪ Copy of military orders ▪ Copy of a divorce decree if it stipulates that participant must provide health care coverage for a dependent
Death of covered person	Within 31 days of date of death	Date of death	Copy of death certificate
Cancellation of coverage for a dependent who becomes entitled to coverage under Medicaid or Medicare	Within 31 days of date of coverage under Medicaid or Medicare	Date Medicaid or Medicare becomes effective	▪ Certificate of creditable coverage from Medicaid ▪ Copy of Medicare Card

MISCELLANEOUS CHANGES

Qualifying Event	Notification Period	Effective Date of Change	Accepted Supporting Documents
Change of Employee's residence	Within 31 days of date of change	Date of Address Change	None
Becoming eligible for Medicare Parts A and/or B	Within 31 days of receipt of notice of eligibility for Medicare	Date Medicare becomes effective	Copy of Medicare card
Life insurance beneficiary change	Not applicable	Date form is executed	None
Extension of Coverage for Disabled Dependent Child	Within 31 days of child's attainment of limiting age	Not applicable	Certification of Dependent Disability. Physician letter, medical records and/or income tax returns may be requested.

CHANGING MEDICAL PLANS

Qualifying Event	Notification Period	Effective Date of Change	Required Supporting Documents
Employee's retirement	Within 31 days of retirement date	Date of retirement	Retiree Health Benefits Program Application
Change of Employee's residence	Within 31 days of date of change	Date of Address Change	NOTE: Change of health plan permitted for HMO members moving outside of the HMO provider network area
Open Enrollment	Mid Oct – Mid Nov	January 1	Certification through ESS