

**ACADEMY SCHOOL DISTRICT 20  
QUALIFYING EVENTS (CHANGE OF STATUS) FORM**



**(Attach this form to an updated Insurance Enrollment/Change Form)**

Employee's Name: \_\_\_\_\_

Employee's Social Security #: \_\_\_\_\_

This change in status happened to:

- Self
- Spouse (Name): \_\_\_\_\_
- Dependent Child(ren) (Names): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Date of Change or Event (must be within the last 31 days, or 60 days when covered by Medicaid or CHIP): \_\_\_\_\_

The following changes are considered "qualifying events" by the IRS. Employees experiencing one of these events can make changes to their benefit elections if requested within thirty days of the effective date of the event. The requested benefit change must be consistent with the event, **and proof of the qualifying event may be required.**

**ADDING COVERAGE**

- Marriage
- Birth, adoption, or placement for adoption of a child
- Dependent child(ren) over the age of 19 returning to dependency status
- Dependent's loss of Military coverage
- Primary residence change outside of the HMO service area, resulting in loss of coverage
  
- Court-ordered coverage change resulting from a divorce, annulment, legal separation, or custody issue
- Loss of Medicaid or CHIP coverage
- Exhausted COBRA coverage
- Significant change in current health plan
- Change in, or termination of, employment resulting in a loss of health coverage
- Change in employment status (e.g., from part-time to full-time status), resulting in a significant decrease in costs
- Increase in hours or FTE, resulting in new eligibility for benefits
- End of approved FMLA leave of absence
- Spouse's open enrollment

**DROPPING COVERAGE**

- Marriage
- Death of dependent child(ren)
- Death of spouse
- Dependent child(ren) over the age of 19 losing dependency status
- Dependent's eligibility of Military coverage
- Primary residence change outside of the HMO service area, resulting in loss of coverage
  
- Court-ordered coverage change resulting from a divorce, annulment, legal separation, or custody issue
- Entitlement to Medicare or Medicaid
  
- Significant change in current health plan
- Change in employment resulting in new eligibility for health coverage
- Change in employment status (e.g., from full-time to part-time status), resulting in a significant increase in costs
- Decrease in hours or FTE, resulting in loss of eligibility for benefits
- Start of approved FMLA leave of absence
- Spouse's open enrollment

**READ CAREFULLY AND SIGN:**

I hereby certify that the information furnished in this form is true and complete to the best of my knowledge. I further certify that the benefit changes I am electing are consistent with the change in status for myself or my dependent(s). I understand that my new benefit elections will remain in effect through the end of the plan year (June 30), unless I experience another change in status. I understand that the IRS and my employer allow changes to benefit elections within thirty-one days of certain events. The changes to my benefits are consistent with an IRS event.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_