



## ELIGIBLE CHANGES IN STATUS for Employees and Pensioners

**Qualifying Events and Special Enrollment Rights** The federal law, Health Insurance Portability Accountability Act (HIPAA), allows you and your eligible dependents to enroll in health coverage under certain conditions. Exceptions will also be made for you and your dependents if you lose health coverage offered through your spouse's or domestic partner's employer. You or your dependents may also be able to enroll in other benefits at the time of an eligible change.

Eligible changes must be made within 60 days of the qualifying event, and you must provide the documents noted below.

Qualifying Event	Documentation Required	Effective Date
Birth	Copy of birth certificate (Mother's copy is acceptable)	Date of birth
Adoption	Copy of adoption documents, copy of Social Security card if available	Date of adoption or legal custody
Marriage	Copy of marriage certificate, copy of spouse's Social Security card	Date of marriage
Divorce	Copy of divorce decree signed by judge	30 days after the date the judge signs the divorce decree
Legal separation (or annulment)	Copy of legal filing	30 days after the date the judge signs the legal filing
Death of Spouse, Domestic Partner or Dependent Child	Copy of death certificate	Day after date of death
Legal custody or guardianship	Copy of custodial papers signed by judge, copy of Social Security card	Date of custody or guardianship
Qualified Medical Child Support Order or judgement	Copy of signed legal order or judgement	Date of order or judgement
Loss of dependent's eligibility (does <b>not</b> include a loss due to failure to pay premiums including COBRA)	Written documentation from dependent's employer or insurance company – on company letterhead – providing names of covered participants, date coverage ended, reason why coverage ended and what coverage was lost (i.e. medical, dental, vision)	Day after loss of coverage
Loss of coverage due to loss of dependent's employment (voluntary and non-voluntary)	Written documentation from dependent's employer or insurance company – on company letterhead – providing names of covered participants, date coverage ended, reason why coverage ended and what coverage was lost (i.e. medical, dental, vision)	Day after loss of coverage
Loss of coverage due to loss of dependent's employer contribution (total contribution, not partial)	Written documentation from dependent's employer or insurance company – on company letterhead – providing names of covered participants, date contribution amount changed, date coverage ended and what coverage was lost (i.e. medical, dental, vision)	Day after loss of coverage
Loss of coverage due to dependent exhausting lifetime benefit maximum	Written documentation from dependent's employer or insurance company – on company letterhead – providing names of covered participants, date coverage ended, stating coverage ended due to lifetime max had been met and what coverage was lost (i.e. medical, dental, vision)	Day after loss of coverage
Loss of TennCare (does <b>not</b> include a loss due to failure to pay premiums)	Written documentation from TennCare providing the names of covered participants, date coverage ended and reason why coverage ended	Day after loss of coverage
Gained other coverage	Written documentation from employer or insurance company – on company letterhead – noting other coverage and date gained.	Date gained other coverage