

QUALIFIED LIFE EVENTS AND MID-YEAR CHANGES

Unless otherwise noted, you must notify Human Resources within 31 days of your life event and also complete your enrollment change no later than the 31st day from your life event.

If you have passed the required time to notify Human Resources, you may complete your enrollment change at the next open enrollment period which is generally in the fall and effective on January 1st.

Qualified Life Event	Acceptable Documentation (copies are sufficient)
CHANGE IN NUMBER OF DEPENDENTS	
Birth, adoption or legal guardianship	<ul style="list-style-type: none"> • Birth certificate or application for a birth certificate • Adoption record or placement for adoption • Legal guardianship document • Court order or child support order
Court-Ordered Coverage	<ul style="list-style-type: none"> • Formal court order
Loss of Dependent (legal guardianship or change in relationship)	<ul style="list-style-type: none"> • Formal court order
Death of Dependent	<ul style="list-style-type: none"> • Death certificate
CHANGE IN LEGAL MARITAL STATUS	
Marriage	<ul style="list-style-type: none"> • Marriage license
Domestic Partnership	<ul style="list-style-type: none"> • State of California Declaration of Domestic Partnership form • State of California Revocation of Termination of Domestic Partnership
Divorce or Legal Separation <i>Within 60 days</i>	<ul style="list-style-type: none"> • Divorce or annulment papers • Legal separation document
Death of Spouse (or Domestic Partner)	<ul style="list-style-type: none"> • Death certificate
CHANGE IN SPOUSE'S OR DEPENDENT'S EMPLOYMENT STATUS OR WORK HOURS	
Dependent's loss of other employer-sponsored group coverage or government program	<ul style="list-style-type: none"> • Proof of loss of group coverage (letter from employer or letter of credible coverage) • COBRA documentation showing length of coverage
CHANGE IN RESIDENCE	
Change in dependent's residence outside the service area	<ul style="list-style-type: none"> • Proof of new address
ENTITLEMENT AND/OR CANCELLATION OF MEDICARE, MEDI-CAL OR CHIP	
Gain or loss of Medi-cal or CHIP	<ul style="list-style-type: none"> • Proof of gain or loss of coverage
Loss of Medicare	<ul style="list-style-type: none"> • Proof of loss of coverage