

Mid-Year Qualified Life Event (QLE) Form



To add/remove dependent(s) to health insurance elections

→ If you experience a life event mid-year, any change to your coverage must be consistent with the qualifying life event, and be requested **within 31 days of the life event date**. Otherwise, effective 1/1/14 there is an annual open enrollment to add qualifying dependents to your health insurance without a QLE. Proof of dependency is required when adding qualifying dependents- Marriage Certificate for spouse, Birth Certificate for children.

What is a Qualifying Life Event (QLE)?

The City's insurance enrollment is conducted annually because certain benefits allow you to make changes only once per year. Generally, these are benefit plans governed under the Internal Revenue Code (IRC) Section 125 where your employee contributions are set up to be deducted pre-tax. The City has set up your health, dental, vision, health savings account (HSA) and flexible spending accounts (medical & dependent care) under IRC Section 125. A Qualifying Life Event is an event defined by the Internal Revenue Service (IRS) in Section 125 that allows you to change your medical elections mid-year.

EXAMPLES OF VALID SUPPORTING DOCUMENTATION

LIFE EVENT	To ADD a dependent(s)*	To REMOVE a dependent(s)	Effective Date of change, if within 31 day timeframe
Marriage* * Effective 1/1/14, includes same-sex, Legal marriages	Copy of Legal Marriage Certificate or copy of Legal Declaration of Marriage. <i>This does not include common law.</i>	n/a	Benefit changes are effective as of the date of the event, so if that payroll has been missed, the change in charges will need to be back billed on the next available payroll.
Birth/Adoption/Legal Custody of a Child	Birth Certificate, Hospital certificate or discharge paperwork (must provide newborn's name and date of birth), or Court Documents (must include the effective date of the custody of child)	n/a	
Death of Dependent	n/a	Copy of Death Certificate	
Change in employment status, that causes a change in insurance coverage.	COBRA Paperwork and/or Certificate of Credible Coverage. Documentation of dependency - birth certificate (for child) or marriage certificate (for spouse).	No employee action required for supporting documents	Benefit changes are effective as of the date of the event, if that payroll has been missed, the change in charges will need to be back billed on the next available payroll. Removal is typically the 1 st of the month following.
Divorce	n/a	Court Documents (<i>must include the effective date of the divorce</i>)	For Divorce, benefits end as of the 1 st of the month following the date of the divorce. It is critical to notify Human Resources immediately of the divorce being finalized. Please provide an address of the spouse for COBRA purposes.

In order to ADD dependents to your existing plan coverage mid-year, the employee must already have the existing coverage elected and a QLE. However, if you can provide proof that you, as the employee lost that coverage as part of the QLE, you may be able to add that election mid-year.

IMPORTANT: Any dependents added must meet eligibility requirements per the plan and proof of dependency is required.



Employee: If you have a mid-year Qualifying Life Event (QLE) that affects **ANY** of your City health insurance benefits, it is **your responsibility** to complete this form and delivery to Human Resources *within 31 days of the qualifying event* date in order to make the mid-year change. Please Note: if you miss the 31-day timeframe, you will be able to enroll that dependent during the next annual open enrollment period with an effective date of the 1st of the year of coverage. Documentation of QLE is typically required, as previously described. If you have any questions, please call HR/Benefits Coordinator Ph: 657-8265 or Email: LinternL@billingsmt.gov

Employee Name: _____ Qualifying Life Event (QLE) is: _____ QLE Date: _____				(City) Effective Date of change: _____			
Dependent full Name, including, middle initial	SS number*	Date of Birth	Relationship to employee	Medical Plan (EBMS) <input type="checkbox"/> Standard <input type="checkbox"/> HDHP	Dental Plan (EBMS)	(separate form if \$ changes) <input type="checkbox"/> Medical Flex/Health FSA <input type="checkbox"/> Dependent Care (Daycare) Flex <input type="checkbox"/> Health Savings Account* <small>*If applicable, it is the employee's responsibility to update beneficiary information for H S A thru miBenefits, HSA, My Accounts.</small>	Vision Plan (VSP)
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
			<input type="checkbox"/> Spouse <input type="checkbox"/> Male Child <input type="checkbox"/> Female Child	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
Did you provide proof of QLE? <input type="checkbox"/> No <input type="checkbox"/> Yes				If REMOVING dependent(s), do they have other insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If you are Removing dependent(s), please provide mailing address for COBRA health insurance notice*: <input type="checkbox"/> Employees address or <input type="checkbox"/> Other Address: _____ <small>*if you mark, they have other insurance, a COBRA notice will not be mailed, except for divorce QLE, we are required to mail the notice.</small>							
<small>*For a birth, you will not have the SSN within the 31 days from the birth. Please turn this form in ASAP and when the SSN is received, get the number to me for our system and EBMS.</small>							

By signing below, I understand that if I have a change in premium based on the QLE date; Payroll will catchup premiums at the next available payday for payrolls missed. If I was receiving the Employee only, HDHP premium kickback, the City will need to process a "miscellaneous health insurance" deduction to take those monies back; however, the actual funds you received will stay in your HSA or Flex account.

Employee Signature: _____ **Date:** _____ **Phone #:** _____ **Email:** _____

HR PAYROLL: