State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

Section 125 of the Internal Revenue Code (IRS) provides guidelines for a Qualifying Life Event (QLE) status change. Employees must upload documents into eBenefits or provide supporting documentation to their Health Benefits Representative to verify the QLE in accordance with State Health Plan rules within 30 days of the QLE or 60 days of becoming entitled to or losing eligibility for Medicaid or the Children’s Health Insurance Program (CHIP). Employees are also required to provide documentation of a dependent’s eligibility when added to the Plan due to a New Hire event, a QLE, or during Open Enrollment. Please refer to the chart on page 2 for the list of acceptable documents.

<table>
<thead>
<tr>
<th>Qualifying Life Events</th>
<th>Required Documentation from Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>Refer to chart on page 2.</td>
</tr>
<tr>
<td>Birth</td>
<td>Refer to chart on page 2.</td>
</tr>
<tr>
<td>Court Order*</td>
<td>Refer to chart on page 2.</td>
</tr>
<tr>
<td>Death of a Dependent</td>
<td>Death Certificate / Obituary</td>
</tr>
<tr>
<td>Dependent Gains Medicaid Coverage</td>
<td>Written notification showing effective date of Coverage or ID card with an effective date.</td>
</tr>
<tr>
<td>Divorce</td>
<td>Divorce Decree / Judgment</td>
</tr>
<tr>
<td>Enroll in 12-Month Reduction in Force (RIF)</td>
<td>See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Guardianship or Legal Custody of a Child</td>
<td>Refer to chart on page 2.</td>
</tr>
<tr>
<td>Legal Separation</td>
<td>Separation Agreement or affidavit (sworn, notarized statement) from employee to validate legal separation.</td>
</tr>
<tr>
<td>Loss of Medicaid or CHIP Coverage</td>
<td>Written notification showing termination date and current notification date. Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Loss of Other Coverage</td>
<td>Certificate of creditable coverage or written notification from employer listing affected members and the effective date. Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Marriage (Employee)</td>
<td>Refer to chart on page 2.</td>
</tr>
<tr>
<td>Military Leave</td>
<td>See your HBR to process event. Requires copy of Active Duty documentation, including date active duty begins.</td>
</tr>
<tr>
<td>Newly Eligible for Coverage</td>
<td>Refer to chart on page 2 for adding dependents.</td>
</tr>
<tr>
<td>Now Eligible for Other Coverage</td>
<td>Written notification from employer, Medicaid or CHIP showing effective date or Insurance Card with an effective date and notification date.</td>
</tr>
<tr>
<td>Return from Family and Medical Leave (FMLA)</td>
<td>Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Return from Leave of Absence</td>
<td>Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Return from Military Leave</td>
<td>Requires copy of Active Duty documentation that includes date active duty ends. Refer to chart on page 2 below for additional requirements when adding a dependent.</td>
</tr>
<tr>
<td>Significant Change in Cost of Existing Coverage</td>
<td>See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
</tbody>
</table>

*Court Orders may only be used to add dependents and cannot be used to drop dependents.
<table>
<thead>
<tr>
<th>Dependent Verification Requirements</th>
<th>Required Documentation from Employee</th>
</tr>
</thead>
</table>
| **Legal Married Spouse**  
*Defined as legally married spouse and includes same and opposite gender spouses.* | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the spouse (may be joint or separate as long as the spouse is listed) & signed page or official tax transcript  
**OR**  
Official Marriage Certificate**  
PLUS one of the following to show current joint tenancy:  
• Current joint lease or lease showing residency  
• Current joint of one of the below, or two separate of any of the below showing the same address, one listing the employee and the other listing the spouse:  
  • Monthly bill or financial statement  
  • Current year’s property/vehicle tax or registration bill  
  • Current insurance statement or bill  
  • Designation of the spouse as a primary beneficiary of the employee’s life insurance or retirement benefits and listing primary residence |
| **Biological Child under the age of 26**  
*Defined as your biological child and includes child of same gender spouse.* | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as dependent & signed page or official tax transcript  
**OR**  
• Birth Certificate or Mother’s Copy with subscriber’s name listed as parent  
• Verification of Facts within 6 months of birth |
| **Stepchild under the age of 26**  
*Defined as your stepchild.* | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child as dependent & signed page or official tax transcript  
**OR**  
• Birth Certificate or Mother’s Copy with subscriber’s name listed as parent  
**AND** Marriage Certificate (indicating employee’s spouse is married to employee)  
• Verification of Facts within 6 months of birth |
| **Adopted Child under the age of 26**  
*Child you have legally adopted or has been placed with you for adoption or in anticipation of legal adoption.* | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child or adopted child as dependent & signed page or official tax transcript  
**OR**  
• International adoption papers from country of adoption  
• Official adoption agreement for the dependent being added from the adoption agency showing intent to adopt |
| **Foster Child under the age of 26**  
*Defined as your foster child or child placed with you for foster care.* | • Official State Agreement for placement specific to the dependent(s) being added |
| **Child under the age of 26 for whom the Subscriber is Court Appointed Guardian**  
*Defined as a child for whom the subscriber has become the child’s court-ordered guardian or has been awarded legal and physical custody of the child, pursuant to a valid court order.* | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as a dependent & signed page or official tax transcript  
**OR**  
• Court documents signed by a judge verifying legal custody of the child |
| **Child under age 26 for whom the Plan has received a Qualified Medical Child Support Order (QMCSO)**  
*Defined as any recognized child(ren) you are required to cover under the Plan due to a Qualified Medical Child Support Order (QMCSO).* | • Court documents signed by a judge  
• Medical support orders issued by a State |

*Most recent tax form from the previous year. If not available, the year prior will be accepted along with a letter indicating you have an extension. **Employees that have been married less than a year are able to submit a marriage certificate only.*
Unacceptable Documentation for Dependents:

- Birth Certificate Application
- Paternity Results
- Immunization Records
- Hospital Birth Certificate
- Birth Certificate
- Social Security Card
- Driver's License
- Passport
- Hospital Birth Certificate
- Vaccine Administration Record for Children and Teens

Vaccine Administration Record for Children and Teens

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Dose Group</th>
<th>Local Reactions</th>
<th>Systemic Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample
Acceptable Documentation for Dependents:

- 1040 Tax Form
- Tax Transcript
- Tax Form Signature Page
- Qualified Medical Child Support Order
Verification of Facts for Dependents under 6 months of age

Affidavit Out of Wedlock

Lease Agreement

Mother's Copy of Birth Certificate
Adoption Decree

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH – ADOPTION

EX PARTE IN THE MATTER OF

Adoption Case No. A._____

THE PETITION OF

(Petitioners’ initials)

FOR ADOPTION OF MINOR CHILD

JUDGE

FINAL DECREES OF ADOPTION

Upon consideration of the Petition for Adoption filed by [current name of applicant] for the adoption of a minor child born [current name of child], it appears to the satisfaction of the court that said court has jurisdiction pursuant to D.C. Code Ann. § 16-201 (2001). It appears that the adoption is physically, mentally, and emotionally suitable for adoption by the petitioner. It appears that the petitioner is fit and able to give the adoptee a proper home and education. It appears that the adoption will be for the best interests of the adoptee. It appears that the adoptee has resided with the petitioner since [current name of adoptee] if he is a foreign adoptee, replace with. It appears that the adoptee has been in the legal care and control of the petitioner by virtue of an adoption [or, if applicable, a guardianship] since [current name of adoptee], and has resided with them since that date, which is more than six months preceding the date of this

Beneficiary Designation

LEGAL SEPARATION AGREEMENT AND RELEASE IN FULL

This Agreement and Release is in full (this "Agreement") made and entered into by and between the City of Charlotte, a North Carolina Municipal Corporation ("City"); and Ronald W. Kermel ("Employee"). This Agreement is effective as of October 1, 2013 ("Effective Date").

PRELIMINARY STATEMENT

Employee was hired by City on or about March 31, 2006, and has worked most recently as a Charlotte Mecklenburg Police Officer. On September 18, 2012, Employee was suspended without pay. Subsequent to Employee’s suspension, the City Manager made a determination with respect to Employee’s conduct, which was reviewed and adopted by the Charlotte-Mecklenburg School Board at its regular meeting on December 12, 2012 and recorded in minutes of the School Board meeting on December 13, 2012, pages 143-146, that the City would not define, or pay for the defense of, a civil lawsuit against Employee.

Employee and City now desire to terminate their employment relationship in a mutually agreeable manner, and to settle and resolve all claims and other matters which may arise against each other. In exchange for the release provided by Employee below, and Employee’s agreement with various terms and conditions set forth herein, City has agreed to provide Employee with separation benefits that it may not otherwise be legally obligated to provide. This Agreement sets forth the parties’ understanding and agreement with respect to such employment separation, post-employment obligations, release of claims, and related matters.

AGREEMENT

NOW, THEREFORE, in consideration of the agreements and representations herein made and performed, the parties agree as follows:

1. Termination from Employment. Employee hereby resigns as an employee of the City, and City confirms Employee’s termination from employment with City, effective as of October 1, 2013 (the "Termination Date").

2. No Admission of Liability or Wrongdoing. This Agreement and the payments provided herein do not constitute an admission of any wrongdoing, unlawful conduct or liability by either party.

3. Payments and Benefits Provided by City. City agrees to pay or provide Employee with compensation, benefits and consideration under this Agreement as follows:

   (a) Back Pay. City shall pay Employee back pay from the date of Employee’s suspension through and including the Termination Date, as well as any lump sum, group payment, on October 1, 2013, in accordance with City’s generally applicable policies and procedures.

   (b) Separation Benefits. The City shall provide the following separation benefits to Employee: [list of benefits provided by City].

   (c) Benefits Provided by Employee. The City shall provide Employee with the following benefits during the term of this Agreement: [list of benefits provided by Employee].

   (d) Confidentiality. Employee shall keep confidential all information and documents received from City in connection with this Agreement and shall not disclose any such information or documents to any third party without the prior written consent of City.

   (e) Acknowledgment. Employee hereby acknowledges that Employee has received a copy of this Agreement and has had an opportunity to review it with legal counsel.

4. Release of Claims. Employee releases and waives all claims, rights and interests that Employee may have against City, its officers, directors, agents, employees, affiliates, successors and assigns, arising out of or related to Employee’s employment with City, including but not limited to any claims for breach of contract, discrimination, harassment, retaliation, or any other form of unfair treatment.

   (a) General Release. Employee shall execute a general release of claims in the form attached hereto as Exhibit A.

   (b) Confidentiality Agreement. Employee shall execute a Confidentiality Agreement in the form attached hereto as Exhibit B.

5. Miscellaneous. This Agreement constitutes the entire agreement between the parties and supersedes all prior understandings, agreements, negotiations, representations and warranties in connection with the subject matter hereof.

   (a) Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina, without giving effect to any choice of law or conflict of law provisions that would result in the application of the laws of any other jurisdiction.

   (b) Assignment. Employee may not assign or delegate any rights or obligations hereunder.

   (c) Amendment. This Agreement may be amended only in writing signed by both parties.

   (d) Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together represent one and the same instrument.

   (e) Severability. If any provision of this Agreement is held to be invalid or unenforceable by a court of competent jurisdiction, such provision shall be deemed severable and the remaining provisions shall remain in full force and effect.

   (f) Headings. The headings in this Agreement are for convenience only and shall not affect the meaning or interpretation of any provision hereof.

6. NOTARY PUBLIC

I, [Name], a Notary Public in and for said County and State, do hereby certify that [Employee], personally known to me to be the same person whose name is subscribed to the foregoing written instrument, appeared before me this day in person, and acknowledged that he signed said appearance as his free and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal this day of

[Notary Seal]

[NOTARY PUBLIC]
Loss of Other Coverage Letter

****This is an automatically generated email. Please do not respond as it will not be received****

University Name: North Carolina Central University

Enrollment Confirmation #

Coverage Period: Spring/Summer 2019

Dear [Name],

This email serves as notification that your enrollment in the North Carolina Central University Medical Insurance Plan for Spring/Summer 2019 is now Void.

As a result you DO NOT have coverage for Spring/Summer 2019, whose coverage period is 01/01/2019 through 07/31/2019.

Now Eligible for Other Coverage Letter

Insurance Card w/ Effective Date