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 3 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 3.</td>
</tr>
<tr>
<td>Birth</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>Court Order (Court Orders may only be used to add dependents and cannot be used to drop dependents.)</td>
<td>Refer to chart on page 3.</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 3.</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. If you or your dependents change your country of permanent residence by moving to or from the United States a signed written statement documenting the event and proof of the date you or your dependent changed your county of permanent residence is required. <strong>Please note:</strong> Losing individual coverage doesn’t qualify as a qualifying life event if you voluntarily drop coverage, if you lose coverage because you didn’t pay your premiums, or if you lose coverage because you didn’t provide required documentation when asked for more information.</td>
</tr>
<tr>
<td>Marriage (Employee)</td>
<td>Refer to chart on page 3.</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 3 for adding dependents.</td>
</tr>
<tr>
<td>Event</td>
<td>Requirement</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------------------------------------------------------------------------</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. If you or your dependents change your country of permanent residence by moving to or from the United States a signed written statement documenting the event and proof of the date you or your dependent changed your county of permanent residence is required.</td>
</tr>
<tr>
<td>Return from Family and Medical Leave (FMLA)</td>
<td>Refer to chart on page 3 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Return from Leave of Absence</td>
<td>Refer to chart on page 3 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 3 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 3 for additional requirements for adding a dependent.</td>
</tr>
</tbody>
</table>
### State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

<table>
<thead>
<tr>
<th>Dependent Verification Requirements</th>
<th>Required Documentation from Employee</th>
</tr>
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</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 (QMCOSO)**  
*Defined as any recognized child(ren) you are required to cover under the Plan due to a Qualified Medical Child Support Order (QMCOSO).* | • 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:

- Paternity Results
- Birth Certificate Application
- Immunization Records
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

Confirmation Statement
LEGAL SEPARATION WITH NOTARY

SPECIAL CIRCUIT COURT OF THE DISTRICT OF COLOMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH – ADOPTION

EX PARTES IN THE MATTER OF
The Petition of
(Petitioners’ Initials)
FOR ADOPTION OF MINOR CHILD

JUDGE

FINAL DEGREE OF ADOPTION

Upon consideration of the Petition for Adoption filed by [current name of adopter],
the adoptee of a minor child born [current name of child] in [current name of
child] and upon the report and recommendation of the Child and Family Services
Agency of the District of Columbia, it appears to the satisfaction of the court: (1)
that the court has jurisdiction pursuant to D.C. Code Ann § 19-501 (2012); (2)
that the adoptee is physically, mentally, and otherwise suitable for adoption by
the petitioners; (3) that the petitioners are fit and able to give the child a
healthy and safe home; (4) that the adoption will be for the best interests of the
adoptee; (5) that the adoptee has resided with the petitioners since [current name
of child], if this is a foreign adoption, replaces with [that the adoptee has been in
the legal care and control of petitioner by virtue of an adoption or, if applicable,
a guardianship in [current name of child] on [current name of child], and has resided
with them since that date], which is more than six months preceding the date of
this

If there are no petitioners, modify the number accordingly.

SEPARATION AGREEMENT AND RELEASE IN FULL

This Separation Agreement and Release in Full (this “Agreement”) is made and entered into by
and between the City of Charlotte, a North Carolina Municipal Corporation (“City”), and
Randall W. Lemrick (“Employee”). This Agreement is effective as of October 2, 2013
(“Effective Date”).

PRELIMINARY STATEMENT

Employee was hired by City on or about March 22, 2010, and has worked most recently as a
Charlotte Mecklenburg Police Officer. On September 14, 2015, Employee was suspended
without pay. Subsequently to Employee’s suspension, the City Manager made a determination,
pursuant to a City Council resolution adopted December 12, 1997 and recorded at Resolutions
Book 117, pages 141-142, that the City could not, and did not, maintain, a civil law suit
against Employee.

Employee and City now desire to terminate their employment relationship in a definitive manner
and to settle and resolve any and all claims they may have against each other. City, in exchange
for the release provided by Employee below, and Employee’s agreement with various covenants
set forth herein, 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 hereunder
set forth, and for other good and valuable consideration, the receipt and sufficiency of which are
hereby acknowledged, Employee and City, intending to be legally bound, hereby agree to the
termination of their employment relationship in accordance with the terms and conditions
herein set forth:

1. TERMINATION FROM EMPLOYMENT. Employee hereby voluntarily resigns as an
employee of the City, and Employee and City confirm Employee’s termination from employment with
City, effective as of October 2, 2015 (the “Termination Date”).

2. NO ADIMINS OF LIABILITY OR WAIVER. This Agreement and the payments
provided herein do not constitute an admission of any wrongdoing, unlawful conduct or liability
by the City.

3. EXECUTIONS AND BENEFITS PROVIDED TO 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 up through and including the Termination Date, payable in one lump
   sum, on October 16, 2015, in accordance with City’s generally applicable policies
   and procedures.

said cause may be had without further notice.

Dated_______________________ 20__

SIGNATURE:

STATE OF_______________________

County of_______________________

I, __________________________, a Notary Public in and for said County and State, do

hereby certify that __________________________, personally known to me to be
the same person whose name is subscribed to the foregoing waiver of summons, appeared
before me this day in person, and acknowledged that he agreed said appearance as his free
and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal_______________________ 20__

_______________________

NOTARY PUBLIC
Medicaid Termination Letter

Court Appointed Guardian

Medicaid Approval Letter

Property/Vehicle Tax
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,

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.

Insurance Card w/ Effective Date

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Monthly Bill

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Divorce Decree

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