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.
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>
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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 (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
Acceptable Documentation for Dependents:

- 1040 Tax Form
- Tax Transcript
- Tax Form Signature Page
- Qualified Medical Child Support Order
Adoption Decree

Legal Separation w/ Notary

Beneficiary Designation
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

Coverage 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