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>
</tr>
</thead>
</table>
| **Legal Married Spouse**<br>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**<br>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**<br>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**<br>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**<br>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**<br>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)**<br>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:

1. 1040 Tax Form
2. Tax Transcript
3. Tax Form Signature Page
4. Qualified Medical Child Support Order
Verification of Facts for Dependents under 6 months of age

Lease Agreement

Affidavit Out of Wedlock
Adoption Decree

LEGAL SEPARATION WITH NOTARY

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. Kerrick ("Employee"). This Agreement is effective as of October 3, 2015 ("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 18, 2013, Employee was suspended without pay. Subsequent to Employee’s suspension, the City Manager made a determination, pursuant to a City Council resolution adopted December 12, 1977 and recorded at Resolutions Book 13, page 141-142, 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 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 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 hereinafter 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 terms and conditions hereinafter set forth:

1. Termination from Employment. Employee hereby voluntarily resigns as an employee of the City, and Employee confirms Employee’s termination from employment with City, effective as of October 3, 2015 ("Termination Date").

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

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 up through and including the Termination Date, payable in one lump sum, gross payment, on October 16, 2015, in accordance with City’s generally applicable policies and procedures.

Given under my hand and Notarial Seal. 

NOTARY PUBLIC
STATE OF NORTH CAROLINA

COUNTY

IN THE COURT OF THE GENERAL COURT OF JUDICIAL CKEMERS

LETTERS OF APPOINTMENT

The Court in the matter of the guardianship of [name], deceased, has appointed [name] as Guardian of the Person and Estate of [name], deceased. The Court has appointed [name] as Attorney-in-Fact for the Guardian. The Guardian is authorized to act under the laws of North Carolina, including the provisions of the North Carolina Uniform Guardianship Act.

The Guardian is required to perform the following duties:

1. Take care of all personal and real property of the ward.
2. Pay all debts and expenses of the ward.
3. File an annual report with the court.
4. Attend court proceedings as necessary.

The Guardian is required to file a bond with the court.

The Guardian is subject to the jurisdiction of the court.

Dated: [Date]

[Signature]

[Name of Guardian]

[Name of Attorney-in-Fact]

[Name of Court]

[Address]

[County]

[State]

[Zip Code]

Government and Family Services
Divorce Decree

In the Matter of the Marriage of
Jane Doe

And

John Doe

In the District Court

County, TX

Final Decree of Divorce

On the 1st day of January, the Court finds that the pleadings of Plaintiff and is in due form and contain all the

Appearance

Plaintiff, Jane Doe, appeared in person and answered the need for trial.

Respondent, John Doe, appeared in person and answered the need for trial.

Although duly and properly cited to appear in answer, failed to appear or answer and wholly make default.

Has made a formal appearance and was duly notified of trial but failed to appear or wholly make default.

Failed to attend court service of citation within 10 days and did not otherwise appear.

Thereafter, the record of the trial was signed by the parties with the consent of the Court.

A record of the testimony was duly reported by the Court reporter.

Judgment and Order

The Court finds that the pleadings of Plaintiff and is in due form and contain all the

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 #: 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

[Insurance card image]