

QUALIFYING EVENT

CHANGE

DOCUMENTS

Unless Otherwise Stated, All Cases Use
Retiree Health Insurance Enrollment/
Change Form

Change In Employee's Legal Marital Status

Gain Spouse due to:
• **Marriage**

Marriage:
ADD: Employee may enroll or increase coverage level for newly eligible Spouse and Dependent children. Plan option change may be made.

DROP: Employee may terminate or decrease Employee's or Dependent's coverage ONLY when such coverage becomes effective or is increased under the Spouse's plan. (Gain of Other Coverage). Employee may not drop health insurance coverage and choose a waiver HRA mid-year.

Additional Documents:

- Health Insurance
- Marriage Certificate
- Notification from employer, on employer's letterhead or electronically, identifying the coverage effective date and the person(s) covered by the policy; or a copy of the new health insurance ID card(s) for each covered person, with coverage effective date; or an email from the employer with HR signature block; or a self-service enrollment confirmation that states the employer name, effective date and person(s) covered.

Lose Spouse due to:
• **Divorce**
• **Legal Separation**
• **Annulment**
• **Death**

ADD: May elect coverage for Employee, or Dependents who lose eligibility under Spouse's plan if such individual loses eligibility as a result of the divorce, legal separation, annulment, or death. (Loss of Coverage including loss of TRICARE).

DROP: Employee may terminate election ONLY for Spouse. Plan option change may be made.

Additional Documents:

- Health Insurance
- Divorce Decree/Court Order/Death Certificate
- Notification from employer on letterhead or electronically, that includes person(s) covered and coverage termination date; letter from insurance company with type of coverage, reason for termination, date of termination, and person(s) covered; or termination letter from governmental agency providing previous coverage.

Change In Number of Employee's Dependents

Gain dependent due to:
• **Birth**
• **Adoption**
• **Placement for adoption**

ADD: Employee may enroll or increase coverage level for self, Spouse and newly eligible Dependent children. Plan option change may be made.

DROP: Employee may terminate or decrease Employee's or Dependent's coverage if Employee or Dependent becomes eligible under Spouse's plan.

Additional Documents:

- Health Insurance
- Birth Certificate/Court Order
- Notification from employer, on employer's letterhead or electronically, identifying the coverage Effective Date and the person(s) covered by the policy; or a copy of the new health insurance ID card(s) for each covered person, with coverage effective date.

Lose dependent due to:
• **Death (child)**

DROP: Employee may drop coverage only for the deceased Dependent. Plan option change may be made.

Additional Documents:

- Health Insurance
- Death Certificate

Event causing employee's dependent to cease to satisfy eligibility requirement

DROP: Employee may decrease or terminate election only for affected Dependent. Plan option change may be made.

Dependent ceases to satisfy eligibility requirements – Aging out (over 26)

DROP: Employee may decrease or terminate election only for affected Dependent. Plan option change may be made.

Automatic

Starting Employment or other change of employment status by Employee, Spouse, or Dependent that triggers eligibility

Starting employment by employee (new hire)

ADD: Provided that eligibility was gained for KEHP coverage, Employee may add coverage for Employee, Spouse, or Dependents.

Additional Documents:

- Health Insurance
- Employee self-service

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Starting employment by spouse or dependent

DROP: Employee may terminate or decrease coverage level if Employee, Spouse, or Dependent is added to Spouse's or Dependent's plan. Plan option change may be made.

Additional Documents:

- Health Insurance
- Notification from employer, on employer's letterhead or via electronically, identifying the hire date, the coverage effective date and the person(s) covered by the policy; or a self-serve enrollment confirmation that states the employer name, effective date, and person(s) covered and notification from employer, on employer's letterhead, identifying the hire date. A copy of the new health insurance ID card(s) for each covered person, with coverage effective date is not sufficient unless accompanied by some form of written verification from the employer identifying the hire date, coverage effective date and the person(s) covered by the policy.

Termination of Employment

By Employee, Spouse, or Dependent that causes loss of eligibility (or other change in employment status)

Termination of employee's employment

DROP: Employee, Spouse, and Dependent(s) coverage terminates.

Additional Documents:

- Health Insurance

Termination of spouse's or dependent's employment or other change in employment status resulting in a loss of eligibility

ADD: Employee may enroll or increase coverage level for an Employee, Spouse, or Dependent who lost eligibility under Spouse or Dependent employer's plan. (Loss of Coverage). Plan option change may be made.

Additional Documents:

- Health Insurance
- Notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date, the reason for coverage termination, and the person(s) covered by the policy; or letter form the insurance company showing the termination date, reason for termination, type of coverage, date of termination and person(s) covered. All forms of documentation should indicate that the reason for loss of coverage is the termination of the spouse's or dependent's employment.

Clean transfer from one participating employer to another with no break in service

No election changes permitted

Update Forms on file

Small break transfer 1-10 working days

No election changes permitted

Update Forms on file

Large break transfer 11 or more working days

Treat as new Employee. The new hire waiting period applies and Employee may make new elections.

Additional Documents:

- Health Insurance

Change in Coverage Under Other Employer Plan

Other employer plan decreases or ceases coverage

ADD: Employee may enroll or increase election for Employee, Spouse, or Dependents if Employee, Spouse or Dependents have elected or received corresponding decreased coverage under other employer plan.

DROP: Employee may decrease or terminate Employee's, Spouse or Dependent's coverage.

Additional Documents:

- Health Insurance
- Proof of change in other employer coverage

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Open enrollment under other employer plan/ different year

Employee may enroll or increase election for Employee, Spouse and Dependent(s). Corresponding changes can be made under employer's plan.

Additional Documents:

- Health Insurance
- Notification from employer on employer's letterhead or electronically, identifying Open Enrollment period and deadline, Effective Date of plan, Persons being added or dropped from the policy.

Open Or Special Enrollment At Marketplace

ADD: *Employee may elect coverage for Employee, Spouse, or Dependent(s) provided OE is after KEHP OE.*

DROP: *Employee may revoke election for Self, Spouse, and Dependent(s) provided the revocation corresponds to intended enrollment of Employee/Spouse/Dependent in coverage through the Exchange that is effective no later than the day after the last day of Employer-provided coverage.*

Additional Documents:

- Health Insurance
- Documentation from Exchange insurer or the Exchange showing the person(s) covered and the effective date of coverage and a confirmation printout or letter from the Exchange showing the coverage was purchased through the Exchange.

Coverage through the Exchange must be effective no later than the day after the last day of Employer-provided coverage.

Loss of Health Coverage

Loss of eligibility for health coverage sponsored by a governmental or educational institution (Medicaid, KCHIP, Medicare)

ADD: *Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependent if Employee, Spouse, or Dependent loses group health coverage sponsored by governmental or educational institution. Prospective change only.*

Additional Documents (if applicable):

- Medicaid & KCHIP
- MET form
- Medicare
- Notification from Medicare

Loss of eligibility for individual health coverage (marketplace)

ADD: *Employee may enroll or increase Coverage Level for Employee, Spouse, or Dependent if Employee, Spouse, or Dependent loses group health coverage sponsored by governmental or educational institution. Prospective change only.*

Additional Documents:

- Proof of loss of eligibility from Marketplace
- Health Insurance

Loss of group health coverage

ADD: *Employee may elect coverage for Employee, Spouse, or Dependent who has lost other coverage if: (a) The Employee or Dependent was covered under a group health plan or had Health Insurance coverage at the time coverage was previously offered to the Employee or Dependent.*

Additional Documents:

- Health Insurance
- Notification from employer, on employer's letterhead or via electronically, identifying the coverage termination date, the reason for coverage termination, and the person(s) covered by the policy; or a letter from the insurance company showing the termination date, reason for termination, type of coverage, date of termination and person(s) covered. The reason provided must be one that permits a QE. For instance, loss of coverage for the failure to pay premium is not a valid QE; however, the loss of coverage because the employer ceased to offer coverage is a valid QE.

Other

Special enrollment due to eligibility for state premium assistance subsidy from Medicaid or CHIP

ADD: *Employee may elect coverage for Employee or Dependent who has become eligible for premium assistance subsidy from Medicaid or CHIP. Plan Option change may be made.*

Additional Documents:

- Health Insurance

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<p>Order requiring coverage for child under employee's plan – signed by a judge</p>	<p>ADD: <i>Employee may change election to provide coverage for the child.</i></p>	<p>Additional Documents:</p> <ul style="list-style-type: none"> • Health Insurance • Court Order <p>See Dependent Eligibility Chart</p>
<p>Order requiring coverage for a dependent child, due to a new order releasing the employee – signed by a judge</p>	<p>DROP: <i>Employee may change election to terminate coverage for the child.</i></p>	<p>Additional Documents:</p> <ul style="list-style-type: none"> • Health Insurance • Order signed by a judge
<p>Employee, spouse, or dependent becomes entitled to Medicare or Medicaid</p>	<p>DROP: <i>Employee may elect to cancel or reduce coverage for Employee, Spouse, or Dependent as applicable.</i></p>	<p>Additional Documents:</p> <ul style="list-style-type: none"> • Health Insurance • Copy of Medicare card (showing Part A and B Effective Dates) or Initial eligibility letter from Medicare Office • Medicaid Eligibility/Termination (MET) Form signed by the Division of Medicaid Services – Cabinet for Health and Family Services
<p>Employee Starts Military Leave (Unpaid)</p> <p>Employee Returns From Military Leave (Unpaid)</p> <p>Employee's Spouse or Dependent begins Military Duty Leave</p> <p>Employee's Spouse or Dependent returns from Military Duty</p>	<p>Leave: <i>Employee on military leave may either terminate coverage or continue coverage. To continue coverage, the Employee must elect COBRA. If the Employee does not continue health plan coverage by electing COBRA while performing military service, coverage will be suspended while the employee is on approved military service leave.</i></p> <p>Return: <i>Employees returning from military service have the right to have their health benefits reinstated without any re-entry requirements (i.e. a waiting period).</i></p> <p>ADD: <i>Employee may add Spouse or Dependent that returns from military duty leave upon their loss of TRICARE.</i></p>	<p>Additional Documents:</p> <ul style="list-style-type: none"> • Military Issued Orders or two forms of supporting documentation of military leave. • Enlistment papers/orders showing date Employee, Spouse or Dependent was called to duty and a letter from TRICARE showing when the member gained coverage through TRICARE.
<p>Dependent ceases to satisfy eligibility requirements</p>	<p>DROP: <i>A Spouse or Dependent who is incarcerated in prison, jail, or a custodial facility after having been convicted of a crime or offense is not eligible for coverage under KEHP. Employee may decrease or terminate election only for affected Dependent (or Spouse in the event of incarceration). Plan option change may be made.</i></p> <p>ADD: <i>Dependents and Spouses who are released from prison, jail, or a custodial facility regain eligibility for coverage and may be added to the plan.</i></p>	