

Life Event Matrix

You may make changes to certain benefit elections during the year only if you experience a life event. You may request changes that are consistent with your life event by making changes to your benefit elections within 30 days after the date of the event (60 days for birth and adoption for health and dental.) Depending upon the life event, you may be required to submit documentation of the event. If you do not make the changes in a timely manner, you will not be able to change your benefits until the next annual enrollment and change period. Contact your Human Resources Associate for assistance in making timely changes.

| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|---|---|---|--|---|--|
| Change in Your Legal Marital Status | | | | | |
| Marriage | <p>You may enroll in coverage and/or add eligible family members.</p> <p>You may change your health plan if you are adding eligible family members.</p> <p>You may cancel coverage if you become covered by your spouse's health plan. If eligible, you may elect the health insurance opt-out.</p> | <p>You may add your spouse and spouse's eligible family members to your existing dental plan.</p> <p>You may cancel your coverage if you become covered by your spouse's dental plan.</p> | <p>You may enroll, increase, or decrease your contribution.</p> <p>You may cancel your contribution if you become covered by your spouse's health FSA plan.</p> | <p>You may enroll or increase contribution if marriage increases dependent care expenses.</p> <p>You may decrease contributions if the family elects dependent care assistance under spouse's plan or marriage decreases dependent care expenses.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Common law marriage (You must complete the Affidavit of Common Law Marriage form.) | <p>You may enroll in coverage and/or add eligible family members.</p> <p>You may change your health plan if you are adding eligible family members.</p> <p>You may cancel coverage if you become covered by your spouse's health plan. If eligible, you may elect the health insurance opt-out.</p> | <p>You may enroll in coverage and/or add eligible family members.</p> <p>You may cancel your coverage if you become covered by your spouse's dental plan.</p> | <p>You may enroll, increase, or decrease your contribution.</p> <p>You may cancel your contribution if you become covered by your spouse's health FSA plan.</p> | <p>You may enroll or increase contribution if marriage increases dependent care expenses.</p> <p>You may decrease contributions if the family elects dependent care assistance under spouse's plan or marriage decreases dependent care expenses.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Domestic partnership (You must complete the Affidavit of Domestic Partnership form.) | <p>You may enroll in coverage and/or add the domestic partner and eligible domestic partner's family members.</p> <p>You may change your health plan if you are adding eligible family members.</p> <p>You may cancel coverage if you become covered by your partner's health plan. If eligible, you may elect the health insurance opt-out.</p> | <p>You may enroll in coverage and/or add the domestic partner and eligible domestic partner's family members.</p> <p>You may cancel your coverage if you become covered by your partner's dental plan.</p> | <p>You may enroll or increase your contribution if your domestic partner and eligible domestic partner's family members, if any, are tax dependents.</p> | <p>You may enroll or increase your contribution if your domestic partner and eligible domestic partner's family members, if any, are tax dependents.</p> <p>You may decrease contributions if your dependent care expenses decrease.</p> | <p>If the Domestic Partner is a tax dependent, you may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>If the Domestic Partner is a tax dependent, you may cancel or decrease the amount of your coverage.</p> <p>If the Domestic Partner is not a tax dependent, no change allowed.</p> |
| <p>Divorce</p> <p>Legal separation*</p> <p>Annulment</p> <p>* Only allows removal of spouse from health and dental coverage.</p> | <p>You must remove your former spouse and former spouse's eligible family members from coverage.</p> <p>You cannot remove other dependents from coverage unless they are added to your former spouse's plan.</p> <p>You may enroll yourself in coverage and add dependents if the event causes loss of coverage under former spouse's plan.</p> <p>You may change your health plan if you are adding dependents that lost coverage under your former spouse's plan.</p> | <p>You must remove your former spouse and former spouse's eligible family members from coverage.</p> <p>You cannot remove other dependents from coverage unless they are added to your former spouse's plan.</p> <p>You may enroll yourself in coverage and add dependents if the event causes loss of coverage under former spouse's plan.</p> | <p>You may decrease your contribution to reflect loss of your spouse's eligibility.</p> <p>You may enroll or increase your contribution if coverage is lost under your spouse's health or health FSA plan.</p> | <p>You may enroll or increase contributions if event increases dependent care expenses or causes loss of coverage under spouse's plan.</p> <p>You may decrease contributions if event decreases dependent care expenses.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|--|---|--|---|---|
| Change in Your Legal Marital Status | | | | | |
| Termination of Domestic Partnership (You must complete the Affidavit of Termination of Domestic Partnership form.) | You must remove your former domestic partner and domestic partner's family members from coverage. | You must remove your former domestic partner and domestic partner's family members from coverage. | You may decrease your contribution to reflect loss of your domestic partner and domestic partner's eligible family members as long as they are tax dependents. | You may decrease contributions if event decreases dependent care expenses for domestic partner's eligible family members as long as they are tax dependents. | If the Domestic Partner is a tax dependent, you may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. If the Domestic Partner is a tax dependent, you may cancel or decrease the amount of your coverage. |
| Spouse's death | You will remove your spouse from coverage. You may enroll in coverage or add your children that lost coverage under your deceased spouse's plan. You may change your health plan if you are adding your children that lost coverage under your deceased spouse's plan. | You will remove your spouse from coverage. You may enroll in coverage or add your children that lost coverage under your deceased spouse's plan. | You may decrease your contribution to reflect loss of your spouse. You may enroll or increase your contribution if coverage is lost under your deceased spouse's plan. | You may increase contributions if event increases dependent care expenses or causes loss of coverage under your deceased spouse's plan. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Domestic Partner's Death | You will remove your domestic partner from coverage. Domestic partner child(ren) must be removed. You may enroll in coverage or add your children that lost coverage under your deceased domestic partner's plan. You may change your health plan if you are adding your children that lost coverage under your deceased domestic partner's plan. | You will remove your domestic partner from coverage. Domestic partner child(ren) must be removed. You may enroll in coverage or add your children that lost coverage under your deceased domestic partner's plan. | You may decrease your contributions to reflect loss of your domestic partner and domestic partner's eligible family members as long as they were tax dependents as of the date of the event. | You may increase or decrease contributions if event increases or decreases dependent care expenses or causes loss of coverage under your domestic partner's plan. | If the Domestic Partner is a tax dependent, you may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. If the Domestic Partner is a tax dependent, you may cancel or decrease the amount of your coverage. |

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|---|---|--|--|---|
| Change in Your Employment Status | | | | | |
| Promotion, demotion, transfer, or reclassification resulting in a change in bargaining status and a change of benefits | You may change your health plan only if your current health plan is not offered as a result of the change in bargaining status or elect the health insurance opt-out. You may cancel coverage. If eligible, you may elect the health insurance opt-out. | You may cancel coverage. | No change is allowed. | No change is allowed. | You may increase or decrease coverage if the benefits are different between the bargaining classes. If increasing coverage, satisfactory evidence of insurability is required. |
| Promotion, demotion, transfer, or reclassification with <u>NO</u> change in bargaining status. | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. |
| Loss of employee's coverage. | Coverage for you and eligible family members ceases at the end of the month in which coverage is lost. You may pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare. | Coverage for you and eligible family members ceases at the end of the month in which coverage is lost. You may pay for continued coverage through COBRA for up to 18 months. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. You may continue participation on an after-tax basis through COBRA. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee or while you are employed elsewhere or looking for employment. | Your coverage ceases at the end of the month in which coverage is lost. You may pay for continued coverage under the conversion or portability provisions. |
| Change in scheduled hours from 40 hours per week to 30 – 39 hours per week. | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. |
| Full-time to Part-time Permanent change in scheduled hours from 40 hours per week to 20 – 29 hours per week. | If enrolled, you may cancel coverage. If enrolled in family coverage, you may cancel eligible family members. You may change your health plan. | If enrolled, you may maycel coverage. If enrolled in family coverage, you may maycel eligible family members. | No change is allowed. | No change is allowed. | Your coverage ceases at the end of the month in which coverage is lost. You may pay for continued coverage under the conversion or portability provisions. |
| Full-time to Not Benefit Eligible Permanent change in scheduled hours from 40 hours per week to less than 20 per week (less than 30 hours for life insurance). | Coverage for you and your dependents ceases at the end of the month. You may pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare. | Coverage for you and your dependents ceases at the end of the month. You may pay for continued coverage through COBRA for up to 18 months. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. You may continue participation on an after-tax basis through COBRA, if eligible. | Contributions cease. | Your coverage ceases at the end of the month. You may pay for continued coverage under the conversion or portability provisions. |
| Not Benefit Eligible to Benefit Eligible Change in scheduled hours from less than 20 hours per week to 20 – 40 hours per week (health, dental and FSA); 30 – 40 hours per week (life insurance). | You may enroll you and your eligible family members in coverage. | You may enroll you and your eligible family members in coverage. | You may enroll in coverage. | You may enroll in coverage. | You may enroll in coverage. |
| Part-time to Full-time Permanent change in scheduled hours from 20 – 29 hours per week to 30 – 40 hours per week. | You may enroll you and your eligible family members in coverage. If eligible, you may elect the health insurance opt-out. | You may enroll you and your eligible family members in coverage. | No change is allowed. | No change is allowed. | You may enroll in coverage. |

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|--|--|---|-------------------------------|-------------------------------|-------------------------------|
| Rehired less than 30 days after termination of employment. | Reinstate to prior plan election or you may make a new election similar to a new hire. | Reinstate to prior plan election or you may change your coverage level. | Reinstate prior contribution. | Reinstate prior contribution. | Reinstate prior contribution. |
|--|--|---|-------------------------------|-------------------------------|-------------------------------|

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|---|--|---|---|---|---|
| Change in the Number of Your Dependents | | | | | |
| Adoption Birth Placement for Adoption Placement of a foster child in your home by an approved agency | <p>You may enroll yourself or add newly eligible dependent, spouse, and other dependents.</p> <p>You may also change your health plan if you are adding eligible family members.</p> <p>You may cancel coverage if you become covered by your spouse's health plan. If eligible, you may elect the health insurance opt-out.</p> | <p>You may enroll yourself or add newly eligible dependent, spouse, and other dependents.</p> <p>You may cancel your coverage if you become covered by your spouse's dental plan.</p> | <p>You may enroll to contribute, continue your contribution, or increase your contribution.</p> | <p>You may enroll to contribute, continue contributions, or increase your contribution if the event increases dependent care expenses.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Addition of a domestic partner's eligible dependent. | <p>You may add the newly eligible domestic partner's dependent.</p> <p>You may also change your health plan.</p> | <p>You may add the newly eligible domestic partner's dependent.</p> | <p>You may enroll or increase your contribution if your domestic partner and eligible domestic partner's family members are tax dependents.</p> | <p>You may enroll or increase your contribution if the eligible domestic partner's family members are tax dependents.</p> | <p>If the Domestic Partner's dependent is the employee's tax dependent, you may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> |
| Dependent is no longer eligible because of age, student status, or marital status. | <p>You may only cancel coverage for dependent no longer eligible.</p> | <p>You may only cancel coverage for dependent no longer eligible.</p> | <p>You may decrease or cancel contribution.</p> | <p>No change is allowed.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Domestic partner's dependent is no longer eligible because of age, student status, or marital status. | <p>You may only cancel coverage for dependent no longer eligible.</p> | <p>You may only cancel coverage for dependent no longer eligible.</p> | <p>You may decrease or cancel contribution if the eligible domestic partner's family members are tax dependents.</p> | <p>You may decrease or cease the election if the dependent reaches the age of 13 or becomes capable of self-care, if the domestic partner and dependent are tax dependents.</p> | <p>If the Domestic Partner's dependent is the employee's tax dependent, you may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Dependent becomes eligible again by becoming a full-time student. | <p>You may enroll the newly eligible dependent.</p> | <p>You may enroll the newly eligible dependent.</p> | <p>No change is allowed.</p> | <p>No change is allowed.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Domestic partner's dependent becomes eligible again by becoming a full-time student. | <p>You may enroll the newly eligible domestic partner's dependent.</p> <p>You must complete the Domestic Partnership Dependent Reenrollment form.</p> | <p>You may enroll the newly eligible domestic partner's dependent.</p> <p>You must complete the Domestic Partnership Dependent Reenrollment form.</p> | <p>No change is allowed.</p> | <p>No change is allowed.</p> | <p>If the Domestic Partner's dependent is the employee's tax dependent, you may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |
| Death of any covered member. | <p>You may only cancel coverage for the deceased member.</p> | <p>You may only cancel coverage for the deceased member.</p> | <p>You may decrease contribution or cancel contribution.</p> | <p>You may decrease contribution or cancel contribution if you have reduced dependent care expenses.</p> | <p>You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You may cancel or decrease the amount of your coverage.</p> |

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|---|---|---|---|--|
| Change in your Spouse's or Dependent's Status | | | | | |
| Spouse terminates employment. | You may enroll in coverage and/or add eligible family members if they lost coverage under the spouse's plan. You may change your health plan if you are adding dependents that lost coverage under your spouse's former plan. | You may enroll in coverage and/or add eligible family members if they lost coverage under the spouse's plan. | You may enroll or increase contribution if spouse's termination adversely affects eligibility for coverage under spouse's health or health care FSA plan. | You may enroll or increase coverage if you lost coverage under your spouse's FSA plan. You can also cancel coverage, or decrease contribution if your spouse's termination decreases dependent care expenses. | You may enroll in or increase life coverage if your spouse is no longer employed which resulted in a loss of group life insurance. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Spouse commences employment. | You may cancel coverage for you and/or eligible family members if you become covered by spouse's health plan. If cancelling your coverage, you may elect the health insurance opt-out if eligible. | You may cancel coverage for you and/or eligible family members. | You may decrease contributions if spouse becomes covered under health or health care FSA plan. | You may enroll or increase contributions if event increases dependent care expenses. You may cease or decrease if you become eligible for Spouse's FSA plan. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Dependent commences employment. | You may cancel coverage for the dependent commencing employment. | You may cancel coverage for the dependent commencing employment. | You may decrease contributions if dependent becomes covered under health or health care FSA plan. | You may enroll or increase contributions if event increases dependent care expenses. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Spouse's benefit election period is different from the State's benefit election period. | You may enroll yourself or add spouse and other eligible dependents. You may also change your health plan if you are adding eligible family members. You may cancel coverage if you become covered by your spouse's health plan. If eligible, you may elect the health insurance opt-out. | You may enroll yourself or add spouse and other eligible dependents. You may cancel coverage if you become covered by your spouse's dental plan. | No change is allowed. | No change is allowed. | No change is allowed. |
| Other change in spouse's employment status that causes spouse to <u>cease to be eligible</u> for coverage under spouse's plan (e.g., switch from salaried to hourly status). | You may enroll in coverage and/or add eligible family members. You may change your health plan if you are adding dependents that lost coverage under your spouse's former plan. | You may enroll in coverage and/or add eligible family members if they lost coverage under the spouse's plan. | You may enroll or increase contribution if spouse's employment change adversely affects eligibility for coverage under spouse's health or health care FSA plan. | You may enroll or increase contribution if spouse's employment change increases dependent care expenses or causes a loss of eligibility for spouse's FSA plan. Decrease or cancel contribution if the event decreases dependent care expenses. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Other change in employment status that causes spouse or dependent to <u>gain eligibility for coverage</u> under spouse's or dependent's plan (e.g., switch from hourly to salaried status). | You may cancel coverage for you and eligible family members if you become covered by spouse's health plan. If cancelling your coverage, you may elect the health insurance opt-out if eligible. | You may cancel coverage for you and eligible family members. | You may decrease or cease contribution if family becomes covered under health or health care FSA plans of spouse. | You may decrease or cease contribution if family becomes covered under spouse's dependent care assistance plan. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Your spouse loses health and /or dental coverage. | You may enroll in coverage and/or add eligible family members. You may change your health plan if you are adding dependents that lost coverage under your spouse's former plan. | You may enroll the spouse in coverage and/or add eligible family members if they lost coverage under the spouse's plan. | You may enroll or increase contribution. | No change is allowed. | No change is allowed. |

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|--|--|--|-----------------------|---|
| Change in your Spouse's or Dependent's Status | | | | | |
| Your spouse loses eligibility for creditable* health coverage. | You may enroll in coverage and/or add eligible family members. You may change your health plan if you are adding dependents that lost coverage under your spouse's former plan. | No change is allowed. | You may enroll or increase contribution. | No change is allowed. | No change is allowed. |
| Your spouse's employer or group sponsor ceases contribution to creditable* health coverage. | You may enroll in coverage and/or add eligible family members. You may change your health plan if you are adding dependents that lost coverage under your spouse's former plan. | No change is allowed. | You may enroll or increase contribution to the health FSA. | No change is allowed. | No change is allowed. |
| Your eligible dependent loses health and/or dental coverage. | You may enroll the eligible dependent in coverage. You may change your health plan. | You may enroll the eligible dependent in coverage. | You may enroll or increase contribution to the health FSA. | No change is allowed. | No change is allowed. |
| Your dependent loses eligibility for creditable* health coverage. | You may enroll the eligible dependent in coverage. You may change your health plan. | No change is allowed. | You may enroll or increase contribution to the health FSA. | No change is allowed. | No change is allowed. |
| Your dependent's employer or group sponsor ceases contribution to creditable* health coverage. | You may enroll the eligible dependent in coverage. You may change your health plan. | No change is allowed. | You may enroll or increase contribution to the health FSA. | No change is allowed. | No change is allowed. |
| Eligible dependent discharged from active military service. | You may add the eligible dependent. | You may add the eligible dependent. | You may enroll or increase contribution to the health FSA. | No change is allowed. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Dependent enrolling full-time in an accredited institution of postsecondary education and becoming eligible | You may add eligible dependent. | You may add eligible dependent. | You may enroll or increase contribution to the health FSA. | No change is allowed. | No change is allowed. |

* Creditable health coverage is defined in the Health Insurance Protection and Portability Act (HIPPA) as defined in 45 CFR §160.103

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|--|--|---|--|---|
| Commencing or Returning from a Leave of Absence (including FMLA) | | | | | |
| Commence unpaid leave less than 30 days. | No change is allowed. | No change is allowed. | No change is allowed. | Coverage ceases during the leave. You may make a new annual election upon return to employment. | You may enroll, continue your coverage, or increase the amount of your coverage. If you enroll or increase your coverage, satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Commence unpaid leave in excess 30 days. | You are billed for the total cost of any premiums due. Premiums are paid with after-tax dollars. You may change your health plan. You may cancel your coverage. | You are billed for the total cost of any premiums due. Premiums are paid with after-tax dollars. You may cancel your coverage. | Contributions and coverage cease. | Contributions and coverage cease. | You may enroll, continue your coverage, or increase the amount of your coverage. If you elect to continue coverage, you must pay supplemental life insurance premiums to your Human Resources Associate. If you enroll or increase your coverage, satisfactory evidence of insurability is required. You may cancel or decrease your coverage. |
| Commence unpaid FMLA leave in excess 30 days. | You are billed for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars. You may change your health plan. You may cancel your coverage. | You are billed for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars. You may cancel your coverage. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. If you wish to retain coverage, you may prepay or you may make payments on an after-tax basis. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were at work. | You may enroll, continue your coverage, or increase the amount of your coverage. If you elect to continue coverage, you must pay supplemental life insurance premiums to your Human Resources Associate. If you enroll or increase your coverage, satisfactory evidence of insurability is required. You may cancel or decrease your coverage. |
| Return from unpaid leave or unpaid FMLA in excess 30 days. | Reinstate prior election. You may change your health plan. You may change your coverage level. You may cancel coverage. If eligible, you may elect the health insurance opt-out. | Reinstate prior election. You may cancel your coverage. | Reinstate prior contribution or make a new election. | Reinstate prior contribution or make a new election. | You may enroll, continue your coverage, or increase the amount of your coverage. If you enroll or increase your coverage, satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Commences paid leave (assuming event does not affect eligibility for coverage). | No change is allowed. | No change is allowed. | No change is allowed. | No change in contributions. Coverage ceases. | No change is allowed |
| Return from paid leave in excess 30 days. | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. |
| Commence paid Military Leave | No change is allowed. | No change is allowed. | No change is allowed. | No change is allowed. | Your coverage ceases at the end of the month the military leave begins. |
| Commence unpaid Military Leave | Coverage for you and eligible family members ceases at the end of the month for which the last premium is paid. You may pay for continued coverage through COBRA for up to 24 months, if not eligible for Medicare. | Coverage for you and eligible family members ceases at the end of the month for which the last premium is paid. You may pay for continued coverage through COBRA for up to 24 months, if not eligible for Medicare. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. If you wish to retain coverage, you may prepay with your final check, or may make payments on an after-tax basis. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. | Your coverage ceases at the end of the month the military leave begins. |

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|---|---|--|--|--|--|
| Commencing or Returning from a Leave of Absence (including FMLA) | | | | | |
| Return from Military Leave | Your health insurance will be reinstated. You may elect a different health plan. You may change your coverage level. You may cancel your coverage. If eligible, you may elect the health insurance opt-out. | Your dental insurance is reinstated. You may change your coverage level. You may cancel your coverage. | Reinstate prior contribution or make a new election. | Reinstate prior contribution or make a new election. | Reinstate prior coverage. You may cancel or decrease the amount of your coverage. |

~~If you wish to retain coverage, you may~~

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| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|---|--|-----------------------|---|--|---|
| Change in residence of you, your spouse, or your dependent | | | | | |
| Employee, spouse, or dependent changes residence and becomes ineligible under employer's plan or for current benefit option. | You may change your health plan. | No change is allowed. | No change is allowed. | You may increase or decrease contribution only if child care provider changes. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Employee, spouse, or dependent changes residence and becomes newly eligible under employee's plan or for new benefit option. | You may change your health plan. | No change is allowed. | No change is allowed. | You may increase or decrease contribution only if child care provider changes. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Employee, spouse, or dependent changes residence and becomes ineligible under spouse's current benefit option or plan. | You may enroll in coverage and/or add eligible family members. | No change is allowed. | You may enroll or increase contribution if spouse's employment change adversely affects eligibility for coverage under spouse's health or health care FSA plan. | You may increase or decrease contribution only if child care provider changes. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |
| Employee, spouse, or dependent changes residence and becomes newly eligible under spouse's plan or for new benefit option. | You may change your health plan or cancel coverage if other coverage is available. If cancelling your coverage, you may elect the health insurance opt-out if eligible. | No change is allowed. | You may decrease contribution if spouse or dependent becomes covered under health or FSA plan of spouse or dependent. | You may increase or decrease contribution only if child care provider changes. | You may enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required. You may cancel or decrease the amount of your coverage. |

Life Event Matrix

You may make changes to certain benefit elections during the year only if you experience a life event. You may request changes that are consistent with your life event by making changes to your benefit elections within 30 days after the date of the event (60 days for birth and adoption for health and dental.) Depending upon the life event, you may be required to submit documentation of the event. If you do not make the changes timely, you will not be able to change your benefits until the next annual enrollment and change period. Contact your Human Resources Associate for assistance in making timely changes.

| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|--|---|--|--|--|
| You or Your Spouse's Retirement | | | | | |
| Employee's retirement (non-SLIP) | Coverage, as an active employee, for you and eligible family members ceases at the end of the month in which you retire. Eligible for retiree health coverage. You may change your health plan. As a retiree, you may change to single coverage anytime throughout the year. | Coverage, as an active employee, for you and eligible family members ceases at the end of the month in which you retire. Eligible for retiree dental coverage. As a retiree, you may change to single coverage anytime during the year. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. If you wish to retain coverage, you may prepay with your final check, or if eligible, you may make payments on an after-tax basis through COBRA. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. | Your coverage ceases at the end of the month in which you retire. You may pay for continued coverage under the conversion or portability provision. |
| Employee's retirement (SLIP) | Coverage, as an active employee, for you and eligible family members ceases at the end of the month. Eligible for retiree health coverage. You may change your health plan. As a retiree, you may change to single coverage anytime throughout the year. | Coverage, as an active employee, for you and eligible family members ceases at the end of the month. Eligible for retiree dental coverage. As a retiree, you may change to single coverage anytime during the year. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. If you wish to retain coverage, you may prepay with your final check, or if eligible, you may make payments on an after-tax basis through COBRA. | Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee. | Your coverage ceases at the end of the month. You may pay for continued coverage under the conversion or portability provision. |
| Spouse is a SLIP participant and exhausts his/her SLIP account or SLIP eligibility ends | You may enroll your spouse in coverage. You may change your health plan. | Not applicable | Not applicable | Not applicable | Not applicable |
| Spouse loses coverage due to retirement or spouse loses retiree coverage | You may enroll your spouse in coverage. You may change your health plan. | You may enroll your spouse in coverage. | Not applicable | Not applicable | You may enroll in or increase life coverage if your spouse is no longer employed which resulted in a loss of group life insurance. Satisfactory evidence of insurability is required. You may cancel or decrease your coverage. |

Life Event Matrix

You may make changes to certain benefit elections during the year only if you experience a life event. You may request changes that are consistent with your life event by making changes to your benefit elections within 30 days after the date of the event (60 days for birth and adoption for health and dental.) Depending upon the life event, you may be required to submit documentation of the event. If you do not make the changes timely, you will not be able to change your benefits until the next annual enrollment and change period. Contact your Human Resources Associate for assistance in making timely changes.

| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|---|--|--|--|-----------------------|-----------------------------|
| Served with a Judgment, Order or Decree | | | | | |
| Judgment, decree, or order (including QMCSO) relating to health and or dental coverage for child including a child of a domestic partner as long as the domestic partner's child is a tax dependent. | You may add dependent child if required under order. You may cancel dependent child coverage if other parent provides coverage under order. | You may add dependent child if required under order. You may cancel dependent child coverage if other parent provides coverage under order. | You may enroll or increase contribution if you add dependent to coverage. You may decrease or stop your contributions if the event requires another person to provide health or dental coverage for a dependent. Changes relating to a child of a domestic partner may only be made if both the domestic partner and the child are tax dependents. | No change is allowed. | No change is allowed. |

Life Event Matrix

You may make changes to certain benefit elections during the year only if you experience a life event. You may request changes that are consistent with your life event by making changes to your benefit elections within 30 days after the date of the event (60 days for birth and adoption for health and dental.) Depending upon the life event, you may be required to submit documentation of the event. If you do not make the changes timely, you will not be able to change your benefits until the next annual enrollment and change period. Contact your Human Resources Associate for assistance in making timely changes.

| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|--|--|--|--|-----------------------|-----------------------------|
| You, your Spouse or your Dependent becomes Entitled to Medicare or Medicaid | | | | | |
| Employee, spouse, or dependent enrolled in employer's health plan becomes entitled to Medicare or Medicaid. | You may cancel coverage for the eligible family member entitled to Medicare or Medicaid. You may cancel your coverage if you become covered by Medicare or Medicaid. If eligible, you may elect the health insurance opt-out. | You may cancel coverage for you and the eligible family member entitled to Medicaid. | You may increase or decrease contribution. | No change is allowed. | No change is allowed. |
| Employee, spouse, or dependent loses entitlement to Medicare, Medicaid, and hawk-i, any group health coverage sponsored by a governmental or educational institution. | You may enroll the eligible family member that lost coverage. | You may enroll the eligible family member that lost coverage. | You may increase your contributions. | No change is allowed. | No change is allowed. |

Life Event Matrix

You may make changes to certain benefit elections during the year only if you experience a life event. You may request changes that are consistent with your life event by making changes to your benefit elections within 30 days after the date of the event (60 days for birth and adoption for health and dental.) Depending upon the life event, you may be required to submit documentation of the event. If you do not make the changes timely, you will not be able to change your benefits until the next annual enrollment and change period. Contact your Human Resources Associate for assistance in making timely changes.

| Event | Health Insurance | Dental Insurance | Health FSA | Dependent FSA | Supplemental Life Insurance |
|---|-----------------------|-----------------------|-----------------------|--|-----------------------------|
| Change in cost by your Dependent Care Provider | | | | | |
| Change in your childcare provider rates. | No change is allowed. | No change is allowed. | No change is allowed. | You may increase or decrease contribution that corresponds to new costs. | No change is allowed. |
| Change childcare provider, or number of hours worked by childcare provider. | No change is allowed. | No change is allowed. | No change is allowed. | You may increase or decrease contribution that corresponds to new costs. | No change is allowed. |
| Newly eligible dependent requiring dependent care service | No change is allowed. | No change is allowed. | No change is allowed. | You may increase contribution that corresponds to new costs. | No change is allowed. |