

Life Event Matrix

For HRA use only.

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.</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 can cancel coverage if you become covered by your spouse's health plan.</p>	<p>You may enroll in coverage and/or add eligible family members.</p> <p>You can cancel your coverage if you become covered by your spouse's dental plan.</p>	<p>You can enroll, increase, or decrease your contribution.</p> <p>You can cancel your contribution if you become covered by your spouse's health FSA plan.</p>	<p>You can enroll or increase contribution if marriage increases dependent care expenses.</p> <p>You can decrease contributions if the family elects dependent care assistance under spouse's plan or marriage decreases dependent care expenses.</p>	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can 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 may cancel coverage if you become covered by your partner's health plan.</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>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>
Divorce Legal separation* Annulment	<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. 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>
* Only allows removal of spouse from health and dental coverage.					

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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.	No change is allowed.
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.
Death of domestic partner	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.	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.

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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.</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>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>No change is allowed.</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 must complete the Domestic Partnership Dependent Cancellation form.</p>	<p>You may only cancel coverage for dependent no longer eligible.</p> <p>You must complete the Domestic Partnership Dependent Cancellation form.</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 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>No change is allowed.</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>No change is allowed.</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>No change is allowed.</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 Employment Status					
Promotion, demotion, transfer, or reclassification resulting in a change in bargaining status.	You can 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.	No change is allowed.	No change is allowed.	No change is allowed.	You may increase or decrease coverage if the benefits are different between the bargaining classes.
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, if not eligible for Medicare.	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 provision.
Change in scheduled hours from 40 hours per week to 39 – 30 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 29 – 20 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 can cancel coverage. If enrolled in family coverage, you can cancel 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 privilege or portability provision.
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, if not eligible for Medicare.	Contributions cease. You can 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. You may continue to submit claims but only for eligible expenses during the calendar year.	Your coverage ceases at the end of the month. You may pay for continued coverage under the conversion privilege or portability provision.
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 can enroll you and your eligible family members in coverage.	You can enroll you and your eligible family members in coverage.	You can enroll in coverage.	You can enroll in coverage.	You can enroll in coverage.
Part-time to Full-time Permanent change in scheduled hours from 29 – 20 hours per week to 30 – 40 hours per week.	You can enroll you and your eligible family members in coverage.	You can enroll you and your eligible family members in coverage.	No change is allowed.	No change is allowed.	You can enroll in coverage.
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 can change you're 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
You or Your Spouse's Retirement					
Employee's retirement (non-SLIP)	<p>Coverage, as an active employee, for you and eligible family members ceases at the end of the month in which you retire.</p> <p>Eligible for retiree health coverage. You may change your health plan at the time of retirement.</p> <p>As a retiree, you may change to single coverage anytime throughout the year.</p>	<p>Coverage, as an active employee, for you and eligible family members ceases at the end of the month in which you retire.</p> <p>Eligible for retiree dental coverage.</p> <p>As a retiree, you may change to single coverage anytime during the year.</p>	<p>Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee.</p> <p>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.</p>	<p>Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee.</p>	<p>Your coverage ceases at the end of the month in which you retire.</p> <p>You may pay for continued coverage under the conversion or portability provision.</p>
Employee's retirement (SLIP)	<p>Coverage, as an active employee, for you and eligible family members ceases at the end of the month.</p> <p>Eligible for retiree health coverage. You may change to a health plan with a lower total premium at the time of retirement.</p> <p>As a retiree, you may change to single coverage anytime throughout the year.</p>	<p>Coverage, as an active employee, for you and eligible family members ceases at the end of the month.</p> <p>Eligible for retiree dental coverage.</p> <p>As a retiree, you may change to single coverage anytime during the year.</p>	<p>Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee.</p> <p>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.</p>	<p>Contributions cease. You may continue to submit claims but only for expenses incurred while you were an eligible employee.</p>	<p>Your coverage ceases at the end of the month. You may pay for continued coverage under the conversion or portability provision.</p>
Spouse is a SLIP participant and exhausts his/her SLIP account or SLIP eligibility ends	<p>You may enroll your spouse in coverage.</p> <p>You may change your health plan.</p>	Not applicable	Not applicable	Not applicable	Not applicable
Spouse loses coverage due to retirement or spouse loses retiree coverage	<p>You may enroll your spouse in coverage.</p> <p>You may change your health plan.</p>	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.

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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.	No change is allowed.
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 continue your coverage. If you elect to continue coverage, you must pay supplemental life insurance premiums to your Human Resources Associate. You may cancel 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 elect to continue contributions. Contact your Human Resources Associate for details.	Contributions and coverage cease.	You may continue your coverage. If you elect to continue coverage, you must pay supplemental life insurance premiums to your Human Resources Associate. You may cancel your coverage.
Return from unpaid leave or unpaid FMLA in excess 30 days.	Reinstate prior election. You may change your health plan.	Reinstate prior election.	Reinstate prior contribution or make a new election.	Reinstate prior contribution or make a new election.	Reinstate prior 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.

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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.	Enroll or increase contribution if spouse's termination adversely affects eligibility for coverage under spouse's health or health care FSA plan.	Enroll, cancel coverage, or decrease contribution if your spouse's termination decreases dependent care expenses or dependent care FSA plan.	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.	You may cancel coverage for you and/or eligible family members.	You may decrease coverage if spouse becomes covered under health or health care FSA plan.	Enroll or increase contributions if event increases dependent care expenses. Cease or decrease if you become eligible for Spouse's FSA plan.	No change is allowed.
Dependent commences employment.	You may cancel coverage for the dependent commencing employment.	You may cancel coverage for the dependent commencing employment.	You may decrease coverage if dependent becomes covered under health or health care FSA plan.	Enroll or increase contributions if event increases dependent care expenses.	No change is allowed.
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.	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	You may cancel or decrease the amount of your coverage.
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.	Enroll or increase contribution if spouse's employment change adversely affects eligibility for coverage under spouse's health or health care FSA plan.	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.	No change is allowed.
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.	You may cancel coverage for you and eligible family members.	Decrease contribution if family becomes covered under health or health care FSA plans of spouse.	Decrease or cease contribution if family becomes covered under spouse's dependent care assistance plan.	No change is allowed.
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.	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.	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.	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.	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.	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.	No change is allowed.	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.	Enroll or increase contribution to the health FSA.	No change is allowed.	No change is allowed.
Eligible dependent enrolling full-time in an accredited institution of postsecondary education	You may add eligible dependent.	You may add eligible dependent.	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
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.	Increase or decrease contribution only if child care provider changes.	No change is allowed.
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.	Increase or decrease contribution only if child care provider changes.	No change is allowed.
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.	Enroll or increase contribution if spouse's employment change adversely affects eligibility for coverage under spouse's health or health care FSA plan.	Increase or decrease contribution only if child care provider changes.	No change is allowed.
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.	No change is allowed.	Decrease contribution if spouse or dependent becomes covered under health or FSA plan of spouse or dependent.	Increase or decrease contribution only if child care provider changes.	No change is allowed.

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Event	Health Insurance	Dental Insurance	Health FSA	Dependent FSA	Supplemental Life Insurance
<p>Served with a Judgment, Order or Decree</p> <p>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.</p>	<p>You may add child dependent if required under order. Cancel child dependent if other parent provides coverage under order.</p>	<p>You may add child dependent if required under order. Cancel child dependent if other parent provides coverage under order.</p>	<p>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.</p>	<p>No change is allowed.</p>	<p>No change is allowed.</p>

Life Event Matrix

For HRA use only.

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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.	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

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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.