

## **Required Documentation for Qualified Life Events**

### **Marriage, divorce, or annulment**

- Marriage – Copy of state-issued marriage certificate received after the date of the ceremony with recorded file date, and copy of the first and second pages of the employee's most recent federal tax return that shows the dependent listed as "Spouse" if the date of the ceremony occurred during the prior tax year or earlier. Page 2 of the tax return must include signatures or an e-file confirmation number. "Mark out" all financial information and the first five digits of all Social security numbers.
- Divorce or Annulment – Copy of portions of the court documents (i.e., Divorce Decree, Annulment) confirming:
  - Names of both parties
  - Date of the divorce
  - Judge's stamp or signature

### **Birth or adoption/placement for adoption**

- Birth – copy of birth certificate showing employee as parent
- Adoption/placement for adoption – copy of court approved adoption order or placement order or modified birth certificate showing employee's name as parent

### **Employment status of employee which affects eligibility to participate in the UVA Health Plan and/or Dental Plan**

- No documentation needed when a UVA employee has the following employment status changes:
  - Increase in hours from part-time to full-time
  - Reduction of hours
  - Commencement or returning from an unpaid leave of absence

### **Employment status of spouse or child which affects eligibility to participate in their employer's health and/or dental plan**

- Terminated employment - document from employer on their letterhead indicating employment termination date for the spouse or child and date their health and/or dental coverage ended
- Change in eligibility for benefits – document from employer on their letterhead indicating the date the spouse or child became eligible or ineligible for health and/or dental coverage and the date their coverage began or ended
- Commencement of or returning from an unpaid leave of absence - document from employer on their letterhead indicating date the spouse or child began or ended their unpaid leave of absence and the date their health and/or dental coverage began or ended

### **Loss of dependent eligibility**

- Department of Social Services Order confirming the employee is no longer responsible for providing health coverage to the child

**Judgment, decree, or order changing legal custody (including loss of permanent custody of “other child”)**

- Copy of the court document confirming:
  - Name of employee or spouse as responsible party
  - Date of the change of eligibility
  - Name(s) of minor child(ren)
  - Judge’s stamp or signature

**Entitlement to or loss of eligibility for Government-sponsored programs**

- Government documents showing the entitlement to or loss of eligibility for Government-sponsored programs

**Cost and/or coverage changes in spouse’s or child’s health plan**

- Documents from employer showing the changes in cost and/or coverage (include information both before and after the changes occurred so we can determine the type and % of change) and the effective date of the changes

**Death of spouse or child**

- Copy of death certificate or obituary