

Health/Dental/Vision Qualified Life Events and Required Documentation

You may request a change to your health, dental, or vision elections midyear if you experience one of the qualified life events listed below and your request is consistent with the life event. The change request with appropriate documentation must be received at UVA HR within 30 days of the life event. *Coverage changes will be effective the first of the month following receipt of the application and documentation at UVA HR if received within 30 days of the life event.*

If you are adding a spouse or dependent to your coverage, you must also provide documentation to confirm their relationship to you. Details regarding required relationship documentation is found at www.hr.virginia.edu/benefits/uva-health-plan/eligibility.

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 or proof of birth letter 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 since UVA will provide the documentation:
 - 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
- Documents from employer showing the changes in cost and/or coverage that caused the spouse’s health coverage through their employment to meet affordability and minimum value standards as defined by the Affordable Care Act and the effective date of the change

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 receiving sole custody; joint custody is allowed when awarded to the employee and spouse
 - 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 (incarceration, joining military, Medicare, S-CHIP/Medicaid*, Indian Tribunal plans)

- Government documents showing the entitlement to or loss of eligibility for Government-sponsored programs
- *Changes requests for qualified events involving S-CHIP/Medicaid eligibility can be made within 60 days of the life event.

Enrollment in the Health Insurance Marketplace

- Document from the Health Insurance Marketplace showing the special enrollment right to enroll in a qualified health plan through the marketplace; effective date of the coverage must be included

Involuntary loss of COBRA or student coverage unless loss is due to unpaid premiums

- Documents showing the end of the COBRA continuation period or the student coverage period

Cost and/or coverage changes in spouse's or child's health plan (cost change for spouse or child must be 20% or more)

- 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