

Required Documentation for Mid-Year Qualifying Events

Marriage	Divorce or Annulment	Birth	Judgement, Decree, or Order Changing Legal Custody
<ul style="list-style-type: none"> • Copy of state-issued marriage certificate received after the date of the ceremony with the recorded file date • Copy of the first and second pages of the employee's most recent federal tax return that shows the dependent listed as "spouse". • Page two of the tax return must include signatures or an e-file confirmation number; mark out all financial information and the first five digits of Social Security numbers 	<p>Copy of portions of the court documents (i.e. Divorce Decree, Annulment) including the following:</p> <ul style="list-style-type: none"> • Names of both parties • Date of divorce • Judge's stamp or signature 	<p>Copy of proof of birth letter showing you as the parent</p> <hr/> <p style="text-align: center;">Adoption or Placement for Adoption</p> <p>Copy of court-approved adoption order or placement order, or modified birth certificate showing your name as parent</p> <hr/> <p style="text-align: center;">Death of Spouse or Child</p> <p>Copy of death certificate or obituary</p>	<p>Copy of court document including the following:</p> <ul style="list-style-type: none"> • Your name or spouse's name as responsible party • Date of the change of eligibility • Name(s) of minor child(ren) • Judge's stamp or signature

NOTICE: You must enroll and submit required documentation within 30 days of the mid-year event.

Otherwise, you may receive a denial or delayed effective date (a go-forward date rather than changes from the event date itself).

If an event date is allowed to be backdated (like coverage from date of birth), premiums for that coverage will be collected in the paycheck following the updated approved enrollment.

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Change of Your Employment Status (Effecting Eligibility for UVA Plan)	Change of Spouse/Dependent Employment Status (Effecting Eligibility for Their Employer's Plan)	Change of Cost/Coverage in Spouse or Dependent Health Plan
<p>No documentation needed when you have the following employment status change:</p> <ul style="list-style-type: none"> • Increase in hours from part-time to full-time • Reduction of hours • Start or return from an unpaid leave of absence 	<ul style="list-style-type: none"> • Terminated employment – document from employer on official letterhead indicating employment termination date for spouse or dependent, and date their health and/or dental coverage ended • Change in eligibility for benefits – document from employer on official letterhead indicating date the spouse/dependent became eligible or ineligible for health and/or dental coverage, and the date their coverage began or ended • Start or return from unpaid leave of absence – document from employer on official letterhead indicating date the spouse/dependent began or ended their unpaid leave of absence and the date their health and/or dental coverage began or ended 	<p>Documents from employer showing the following:</p> <ul style="list-style-type: none"> • Changes in cost and/or coverage (include information both before and after the changes occurred so we can determine the type and % of change) • Effective date of change
<p style="text-align: center;">Loss of Dependent Eligibility</p> <p>Department of Social Services Order confirming you are no longer responsible for providing health coverage to the dependent or proof of loss coverage from another plan.</p>		<p style="text-align: center;">Entitlement to or Loss of Eligibility for Government-Sponsored Programs</p> <p>Government documents showing entitlement to or loss of eligibility for Government-sponsored programs</p>

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