

SECTION 125 CHANGE-IN-STATUS EVENT MATRIX			
QUALIFYING CHANGE-IN-STATUS EVENT	MID-YEAR CHANGE		DOCUMENTATION REQUIRED
	MEDICAL/DENTAL/VISION	FSA	
Gain Dependent <ul style="list-style-type: none"> <li>• Marriage</li> <li>• Domestic Partnership</li> <li>• Birth/Adoption/Placement for Adoption</li> </ul>	Employee may enroll newly eligible dependent(s)	Employee may enroll or increase annual election amount	To enroll dependent in health benefits or enroll/increase annual FSA election amount, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>• Premium Deduction Election Form</li> <li>• Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>• Marriage Certificate, State Registered Domestic Partner Certificate and/or Birth Certificate(s) or hospital printout of birth</li> </ul>
Lose Dependent <ul style="list-style-type: none"> <li>• Divorce or annulment</li> <li>• Domestic Partnership Termination</li> <li>• Death</li> </ul>	Employee must remove spouse; may enroll self and eligible dependent(s)	Employee may enroll, increase or decrease annual election	To remove spouse or enroll self/dependent(s) in health benefits or increase/decrease annual FSA election amount, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>• Premium Deduction Election Form</li> <li>• Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>• Divorce, legal separation, annulment, or Termination of Domestic Partnership decree</li> <li>• Death Certificate</li> <li>• Marriage/Birth Certificate(s)</li> </ul>
Judgment, decree, or order resulting from divorce, annulment or change in legal custody that requires medical/dental coverage for your dependent child(ren)	Employee may enroll dependent	Employee may increase annual election	To enroll dependent(s) in health benefits, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>• Premium Deduction Election Form</li> <li>• Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>• Judgment, decree or order</li> <li>• Birth Certificate(s)</li> </ul>
Gain of Spouse's/Domestic Partner's Employment or Other change in status that results in eligibility under spouse's plan	Employee may opt out (self) and/or remove spouse and dependent(s)	Employee may cease or decrease annual election	To remove self/dependent(s) from health benefits and cease/decrease annual FSA election amount, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>• Premium Deduction Election Form</li> <li>• Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>• Proof of spouse's/domestic partner's employment and plan benefit</li> </ul>
Loss of Spouse's/Domestic Partner's Employment	Employee must enroll self if coverage is lost and may enroll dependent(s)	Employee may enroll or increase annual election amount	To enroll self/dependent(s) in health coverage and enroll/decrease annual FSA election amount, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>• Premium Deduction Election Form</li> <li>• Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>• Proof of spouse's employment and benefit plan loss</li> <li>• Marriage/Birth Certificate(s)</li> </ul>

SECTION 125 CHANGE-IN-STATUS EVENT MATRIX (continued)			
QUALIFYING CHANGE-IN-STATUS EVENT	MID-YEAR CHANGE		DOCUMENTATION REQUIRED
	MEDICAL/DENTAL/VISION	FSA	
Change in Employment Status (i.e. part time to full time status)	Employee may elect to enroll if change caused employee to gain eligibility	Employee may elect to enroll and increase or decrease annual election amount	To enroll self/dependents in health benefits or to enroll/increase FSA annual election amount you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>Proof of Employment Status change</li> <li>Marriage/Birth Certificate(s)</li> </ul>
Dependent Ceases to Satisfy Plan Eligibility Requirements (i.e. Over age dependent)	Employee must remove dependent	Employee may decrease election	To remove dependent from health benefits or to decrease annual election amount you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form or Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>Proof of loss of eligibility (FSA only)</li> </ul>
Commencement unpaid leave of absence	County contributions for health benefits will automatically cease and employee will be responsible for premium payments; failure to pay premiums will result in termination of coverage	Employee may cease or suspend annual election.	Health Benefits cessation: No paperwork required. To cease/suspend annual FSA election amount, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form</li> </ul>
Return from unpaid leave of absence	If coverage terminated, employee must elect to enroll or opt out and may enroll dependent(s)	Employee may elect to enroll or reinstate annual election	To enroll submit the following EMACS forms (within 60 days of event) <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical Expense Reimbursement (FSA) Plan Enrollment Form</li> <li>Opt out Form (self)</li> <li>Proof of spouse's/domestic partner's employment and plan benefit</li> <li>Marriage/Birth Certificate(s)</li> </ul>
Residence change results in gain or loss of eligibility	Employee may enroll dependent or remove dependent	No change is permissible	To remove dependent(s) from health benefits, you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>Proof of residence change</li> <li>Marriage/Birth Certificate(s)</li> </ul>
Self or dependent becomes entitled or loses eligibility for Medicare or Medicaid	Employee may opt out (self), enroll or remove (dependent)	No change is permissible	To opt out (self) or enroll/remove dependents from health benefits you must submit the following EMACS forms (within 60 days of event): <ul style="list-style-type: none"> <li>Premium Deduction Election Form</li> <li>Medical/Dental/Vision Plan Enrollment-Change Form</li> <li>Opt out Form(self)</li> <li>Proof of gain/loss of Medicare or Medicaid</li> <li>Marriage/Birth Certificate(s)</li> </ul>