

Qualifying Life Events

Experiencing certain life events allow you to make changes to your insurance benefits. When these life events occur, only changes consistent with the event are allowed. Some life events will require supporting documentation in addition to completing the necessary form to process the requested change. After you have submitted your enrollment form, we may ask you for documentation to verify a newly enrolled dependent’s eligibility. SEGIP must receive your verification documentation within 30 days of the date of your enrollment submission. SEGIP determines eligibility and submission of forms is not a guarantee of coverage.

Timing is everything

Requests to enroll in coverage must be received within 30 days of the life event, including the date of the life event.

All requests to change pre-tax accounts must be received within 30 days of the life event, including the date of the life event. Requests to drop or reduce coverage must be received within 60 days of the life event, including the date of the life event.

If the necessary materials are not in the SEGIP office by the end of the enrollment period, your next opportunity to change your coverage is during the next annual Open Enrollment or upon another qualified life event. Do not delay submitting your form if missing documents by the deadline. Contact SEGIP at 651-355-0100 or email segip.mmb@state.mn.us with questions.

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|---------------------------------------|--|--|---|
| Birth/Adoption/Placement for adoption | Medical, Dental, and/or Vision: Enroll in family coverage OR Drop Medical, Dental, and/or Vision (if coverage is gained under another group employer plan) | Qualifying Status Change Form | Birth: Birth Certificate Adoption: Final copy of court documentation confirming adoption Placement for Adoption: Adoption placement letter Dropping coverage: Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage and Proof of other coverage enrolled under spouse’s plan due to life event |
| | Elect Child Life | Optional Coverage Application | Birth: Birth Certificate Adoption: Final copy of court documentation confirming adoption Placement for Adoption: Adoption placement letter |
| | Pre-tax: Enroll in or increase MDEA and/or DCEA | MDEA/DCEA Enrollment & Change Form | N/A |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|---|--|---|---|
| Child loses dependent status due to reaching maximum age of eligibility | Medical, Dental, and/or Vision: Child will be automatically disenrolled effective the last date of their birth month and offered 36 months of COBRA Coverage Disabled Child: To continue coverage for a disabled child, contact the insurance carrier for disability approval | COBRA Personal Enrollment Form to continue benefits under COBRA | N/A |
| | Pre-tax: Decrease or terminate MDEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Death of dependent | Medical, Dental, and/or Vision: Disenroll dependent | Qualifying Status Change Form | N/A |
| | Optional Life Insurance Coverages: Disenroll dependent | Optional Coverage Application | N/A |
| | Pre-tax: Decrease or terminate MDEA and/or DCEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Decrease in employer contribution from full to partial contribution | Medical and/or Dental: Decrease or disenroll | Personal Enrollment Form or Qualifying Status Change Form and Optional Coverage Application | N/A |
| Decrease in working hours from above 30 hrs. per week to below 30 hrs. per week | Medical and/or Dental: Decrease or disenroll | Qualifying Status Change Form | Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage and Proof of other coverage |
| Dependent Care Expense Plan addition by spouse | Pre-tax: Decrease or terminate DCEA | MDEA/DCEA Enrollment & Change Form | N/A |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
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| Dependent Care Expense Plan elimination or reduction by spouse | Pre-tax: Enroll in or increase DCEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Divorce | Medical, Dental, and/or Vision: Disenroll spouse and step-children May add children if the divorce causes loss of their Medical, Dental, and/or Vision insurance under the Ex-Spouse's policy. | Qualifying Status Change Form | Pages needed from final divorce decree: Front page listing parties names involved in the marriage dissolution; page with judge's signature If enrolling children due to loss of other coverage: Letter from Ex-Spouse's employer including: <ul style="list-style-type: none"> • Termination date • Coverage(s) lost • Name(s) of person(s) that lost coverage |
| | Spouse Life, Spouse AD&D, and Child Life: Drop | Optional Coverage Application | Pages needed from final divorce decree: Front page listing parties names involved in the marriage dissolution; page with judge's signature |
| | Pre-tax: Decrease or terminate MDEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Employment status change that causes <u>gain</u> of other group coverage. This includes new hire, increase in hours, etc. | Medical, Dental, and/or Vision: Disenroll impacted person(s) | Qualifying Status Change Form | Letter from employer including: <ul style="list-style-type: none"> • Employment status change that caused the gain of coverage • Date of employment status change • Coverage(s) gained • Name(s) of person(s) gaining coverage • Coverage effective date Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|---|--|---|---|
| | Pre-tax: Adjust DCEA as applicable | MDEA/DCEA Enrollment & Change Form | N/A |
| <p>Employment status change that causes <u>loss</u> of other group coverage</p> <p>This includes separation, reduction in hours, etc.</p> | Medical, Dental, and/or Vision: Enroll impacted person(s) | Qualifying Status Change Form | <p>Letter from employer including:</p> <ul style="list-style-type: none"> • Employment status change that caused the loss of coverage • Date of employment status change • Coverage(s) lost • Name(s) of person(s) losing coverage • Coverage termination date |
| | <p>Pre-tax: increase or decrease DCEA</p> <p>Pretax: If spouse's separation causes loss of eligibility, then employee can enroll in MDEA</p> | MDEA/DCEA Enrollment & Change Form | <p>Letter from employer including:</p> <ul style="list-style-type: none"> • Employment status change that caused the loss of coverage • Date of employment status change • Coverage(s) lost • Name(s) of person(s) losing coverage <p>Coverage termination date</p> |
| Exhaustion of COBRA Coverage under another group plan | Medical, Dental, and/or Vision: Enroll | Qualifying Status Change Form | COBRA Coverage exhaustion letter |
| Foster Child – custody newly granted | Medical, Dental and/or Vision: Enroll | Qualifying Status Change Form and Foster Child Certification Form | Copy of court documentation showing your name (and/or your spouse) confirming the permanent, sole custodial relationship |
| | Pre-tax: Enroll in or increase MDEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Foster Child – custody newly terminated | Medical, Dental, and/or Vision: Disenroll dependent | Qualifying Status Change Form | Copy of court document showing legal custody has been terminated |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|---|---|---|--|
| | Pre-tax: Decrease or terminate MDEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Increase in employer contribution from partial contribution to full | Medical and/or Dental: Enroll | Personal Enrollment Form or Qualifying Status Change Form and Optional Coverage Application | N/A |
| Increase in working hours from below 30 hrs. per week to above 30 hrs. per week | Medical and/or Dental: Enroll | Qualifying Status Change Form | N/A |
| Marriage | Medical, Dental, and/or Vision: Enroll <i>If other group coverage is being gained due to marriage:</i> Disenroll impacted person(s) from Medical, Dental, and/or Vision | Qualifying Status Change Form | Enrollment: N/A Disenrollment: Letter from Spouse's employer including: <ul style="list-style-type: none"> • Lists the Marriage life event that caused the gain of other coverage • Date of life event • Coverage(s) gained • Name of person(s) gaining coverage • Coverage effective date Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage |
| | Spouse Life: Elect up to \$10,000 Child Life: Elect | Optional Coverage Application | N/A |
| | Pre-tax: Enroll in or increase MDEA and/or DCEA | MDEA/DCEA Enrollment & Change Form | N/A |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|--|--|--|---|
| Medicaid/Medical Assistance enrollment | Medical, Dental, and/or Vision: Disenroll impacted person(s) | Qualifying Status Change Form | Medical Assistance enrollment letter Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage |
| | Pre-tax: Elect or increase MDEA within 30 days of the loss of coverage; Decrease or terminate MDEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Medicaid/Medical Assistance loss of coverage *60 day disenrollment deadline exception | Medical, Dental, and/or Vision: Enroll | Qualifying Status Change Form | Medical Assistance Eligibility Termination Letter |
| MN Care enrollment | Medical: Disenroll impacted person(s) | Qualifying Status Change Form | MN Care enrollment letter Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage |
| MN Care loss of coverage | Medical: Enroll | Qualifying Status Change Form | MN Care Termination Letter |
| Medicare entitlement | Medical: Disenroll impacted person(s) | Qualifying Status Change Form | Medicare enrollment letter |
| | Pre-tax: Decrease or terminate MDEA | MDEA/DCEA Enrollment & Change Form | N/A |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|--|--|---|---|
| <p>Open Enrollment in another group employer plan that causes gain of coverage</p> <p>*only if effective date of change of the employer's OE is different than January 1st</p> | Medical, Dental, and/or Vision: Disenroll impacted person(s) | Qualifying Status Change Form | <p>Letter from employer including:</p> <ul style="list-style-type: none"> • Dates of Open Enrollment • Effective date of change • Coverage changes • Name of person(s) gaining coverage <p>Waiver of Medical Coverage Form if eligible for the full employer contribution and waiving medical coverage</p> |
| <p>Open Enrollment in another group employer plan that causes loss of coverage</p> <p>*only if effective date of change of the employer's OE is different than January 1st</p> | Medical, Dental, and/or Vision: Enroll | Qualifying Status Change Form | <p>Letter from employer including:</p> <ul style="list-style-type: none"> • Dates of Open Enrollment • Effective date of change • Coverage changes • Name of person(s) losing coverage |
| Significant cost decrease in other group employer plan that causes the enrollment in other group coverage | Medical, Dental, and/or Vision: Disenroll impacted person(s) | Qualifying Status Change Form | <p>Letter from employer including:</p> <ul style="list-style-type: none"> • Explanation of the cost decrease • Date of change in premium • Coverage(s) gained • Name(s) of person(s) gaining coverage • Coverage effective date <p>Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage</p> |
| Significant cost increase in other group employer plan that causes disenrollment from other group coverage | Medical, Dental, and/or Vision: Enroll | Qualifying Status Change Form | <p>Letter from employer including:</p> <ul style="list-style-type: none"> • Explanation of the cost increase • Date of change in premium • Coverage(s) lost • Name(s) of person(s) losing coverage • Coverage termination date |

| Qualified Life Event | Allowable changes | Application/Form(s) needed | Additional documentation needed to process your application or form |
|---|---|--|--|
| | Pre-tax: Enroll in or increase MDEA | MDEA/DCEA Enrollment & Change Form | Letter from employer including: <ul style="list-style-type: none"> • Explanation of the cost increase • Date of change in premium • Coverage(s) lost • Name(s) of person(s) losing coverage • Coverage termination date |
| Significant cost decrease in daycare expenses (no change can be made when provider is a relative) | Pre-tax: Decrease or terminate DCEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Significant cost increase in daycare expenses (no change can be made when provider is a relative) | Pre-tax: Enroll in or increase DCEA | MDEA/DCEA Enrollment & Change Form | N/A |
| Tricare enrollment | Medical: Disenroll impacted person(s) (Dental and/or Vision only if voluntary Dental or Vision coverage was obtained through Tricare) | Qualifying Status Change Form | Tricare enrollment letter |
| Tricare loss of coverage | Medical: Enroll (Dental and/or Vision only if voluntary Dental or Vision coverage was lost) | Qualifying Status Change Form | Tricare Termination Letter |

If you have questions about a life event not included on this list, contact SEGIP at 651-355-0100 or segip.mmb@state.mn.us.