

# Ensign Services Qualifying Life Events (QLE) Matrix

All changes must be submitted within 30 days of Qualifying Event

Event	Medical / Dental / Vision	Health Care FSA	Dependent Care FSA	Voluntary Life & AD&D	Accident Critical Illness Hospital	Required Documentation	Effective Date (add or change)	End Date (term)
<b>CHANGE IN LEGAL MARITAL STATUS</b>								
<b>Gain dependent(s) due to marriage</b>	<p><b>Add:</b> Employee may enroll employee and newly-eligible spouse and/or newly-eligible stepchild(ren). Employee also may add previously-eligible children under IRS tag-along option.</p> <p><b>Change:</b> If enrolled, employee may change coverage levels or plans if adding newly-eligible dependents</p> <p><b>Drop:</b> Employee may drop employee's and/or children's coverage IF other coverage for the person(s) takes effect under new spouse's plan.</p>	<p>Employee may enroll or increase election due to newly-acquired dependent(s).</p> <p>Employee may stop or decrease election if employee or dependent(s) become eligible under new spouse's health plan.</p>	<p>Employee may enroll or increase election due to newly-acquired dependent(s).</p> <p>Employee may stop or decrease election if dependent(s) become eligible under new spouse's DCAP plan.</p> <p>Employee may stop election if new spouse disqualifies (i.e. spouse is not employed, disabled or full-time student).</p>	<p>May enroll or make changes within 30 days</p>	<p>May enroll or make changes within 30 days</p>	<p>Marriage certificate</p>	<p>FOTMF the date on the marriage certificate</p>	<p>Last day of the month in which benefits are termed</p>
<b>Lose spouse (e.g. divorce, legal separation, death of spouse)</b>	<p><b>Add:</b> Employee may enroll employee and/or dependents who lose eligibility under spouse's plan. (If any one person loses eligibility, employee may enroll employee and all eligible dependents under IRS tag-along option.)</p> <p><b>Change:</b> If enrolled, employee may change plans if adding newly-eligible dependents, but must stay within the same plan type (i.e. if on a self-funded plan must remain on a self-funded plan).</p> <p><b>Drop:</b> Employee <i>must</i> drop coverage for the spouse, e.g. ex-spouses can not be or remain on the plan, and may <i>only</i> do so for the spouse.</p> <p><b>Note:</b> Person losing other health coverage must have had the other coverage since the date of Ensign's most recent enrollment opportunity.</p>	<p>Employee may enroll or increase election due to loss of coverage under spouse's health plan.</p> <p>Employee may drop or decrease election due to spouse losing eligibility.</p>	<p>Employee may enroll or increase election due to newly-eligible dependent(s) (e.g. loss of non-working spouse).</p> <p>Employee may stop or decrease election if dependent(s) become ineligible (e.g. dependents now live with ex-spouse).</p>	<p>Must drop coverage for the spouse</p>	<p>Must drop coverage for the spouse</p>	<p>Page 1 of the court-ordered and stamped divorce or legal separation decree</p> <p>Death certificate or other proof of death</p> <p>To add coverage, must show proof of loss of eligibility under spouse's plan</p>	<p>FOTMF the date of the event</p>	<p>Last day of the month in which benefits are termed</p>
<b>CHANGE IN NUMBER OF DEPENDENTS</b>								
<b>Gain child (e.g. birth, adoption or placement for adoption)</b>	<p><b>Add:</b> Employee may enroll employee and newly-eligible child. Employee also may enroll previously-eligible dependents under IRS tag-along option.</p> <p><b>Change:</b> If enrolled, employee may change coverage levels or medical plan type while adding newly eligible child.</p>	<p>Employee may enroll or increase election due to change in number of eligible dependents.</p>	<p>Employee may enroll or increase election due to change in number of eligible dependents.</p>	<p>May enroll or make changes within 30 days</p>	<p>May enroll or make changes within 30 days</p>	<p>State issued birth certificate or adoption papers stating legal guardian(s) of the child</p>	<p>Date of birth or adoption</p>	<p>Last day of the month in which benefits are termed</p>
<b>Lose child (e.g. death)</b>	<p><b>Drop:</b> Employee may drop coverage only for the child who was lost.</p>	<p>Employee may drop or decrease election due to change in number of eligible dependents.</p>	<p>Employee may drop or decrease election due to change in number of eligible dependents.</p>					

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<b>CHANGE IN EMPLOYMENT STATUS THAT TRIGGERS GAINING ELIGIBILITY (EMPLOYEE OR DEPENDENT)</b>								
<b>Employee's status change results in <i>gaining</i> eligibility under <i>this</i> plan (e.g. new job; part-time to full-time)</b>	<p><b>Add:</b> Employee may add coverage for employee and dependent(s).</p> <p><b>Note:</b> If employee previously waived medical during the current plan year, employee can not enroll in medical if status changes from full-time to part-time.</p>	Employee may enroll.	Employee may enroll.	May enroll or make changes within 30 days	May enroll or make changes within 30 days	State issued birth certificate or adoption papers stating legal guardian(s) of the child	Date of birth or adoption	Last day of the month in which benefits are termed
<b>Dependent's status change results in <i>gaining</i> eligibility under <i>another employer's plan</i> (e.g. new job; part-time to full-time)</b>	<p><b>Drop:</b> Employee may drop coverage for employee and dependent(s) if they are added to dependent's new plan.</p>	Employee may drop or decrease election due to spouse's new health plan.	Employee may enroll due to spouse's new job.  Employee may stop or decrease election if dependent(s) become eligible under spouse's new DCAP plan.					
<b>CHANGE IN EMPLOYMENT STATUS THAT TRIGGERS LOSING ELIGIBILITY (EMPLOYEE OR DEPENDENT)</b>								
<b>Employee's status change results in <i>losing</i> eligibility under <i>this</i> plan (e.g. full-time to part-time; unpaid leave)</b>	<p>Coverage ends (COBRA may apply).</p> <p><b>Note :</b> If employee regains eligibility (e.g. rehire) within 30 days, prior election is automatically reinstated (unless Open Enrollment or another qualifying event occurs).</p>	Coverage ends. (COBRA may apply).  <b>Note :</b> If employee regains eligibility (e.g. rehire) within 30 days, prior election is automatically reinstated (unless Open Enrollment or another qualifying event occurs).	Coverage ends.  <b>Note :</b> If employee regains eligibility (e.g. rehire) within 30 days, prior election is automatically reinstated (unless Open Enrollment or another qualifying event occurs).					
<b>Dependent's status change results in <i>losing</i> eligibility under <i>another employer's plan</i> (e.g. spouse loses job; full-time to part-time)</b>	<p><b>Add:</b> Employee may enroll employee and/or dependents who lose eligibility under spouse's plan.</p> <p>Employee also may enroll other eligible dependents under IRS tag-along option.</p>	Employee may enroll or increase election due to loss of other health coverage.	Employee may enroll or increase election due to loss of other DCAP.  Employee may stop election if spouse disqualifies (e.g. unemployed spouse)					
<b>DEPENDENT GAINS OR LOSES ELIGIBILITY (OTHER THAN MARITAL STATUS OR EMPLOYMENT CHANGES)</b>								
<b>Dependent loses eligibility (e.g. child reaches age limit)</b>	Employee may drop coverage only for affected dependent.	Employee may enroll or increase election due to loss of other coverage.  Employee may stop or decrease election if dependent becomes ineligible for FSA reimbursement.	Employee may stop election if child becomes ineligible (e.g. reaches age 13).					

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<b>PLAN CHANGES IN COST</b>								
<b>Plan makes automatic small cost change(s)</b>	N/A. (Plan provides that employee's elections (contributions) change automatically).	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Plan makes significant cost change</b>	If cost increase, employee may change to another plan offering similar coverage (or drop coverage if similar plan not available).  If cost decrease, employee may enroll or change coverage.	N/A	If increase, employee may increase election due to provider's cost increase, but not if provider is employee's relative.  If decreases, N/A.	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>PLAN CHANGES IN COVERAGE</b>								
<b>Plan makes significant curtailment in coverage</b>	Employee may change to another plan offering similar coverage (or drop if no similar coverage).	N/A	Employee may change election only due to change in provider or change in hours of dependent care.	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Plan adds new benefit or coverage option</b>	Employee may elect the newly-added option.	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Plan eliminates benefit or coverage option</b>	Employee may elect another option.	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Other employer's plan increases coverage</b>	Employee may drop coverage for employee or dependent(s) if employee or dependent(s) are affected by change in other employer's plan.	N/A	Employee may stop or decrease election due to corresponding increase in other employer's DCAP.	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.

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<b>Other employer's plan decreases or ceases coverage</b>	Employee may enroll or increase election for employee or dependent(s) if employee or dependent(s) are affected by change in other employer's plan.	N/A	Employee may enroll or increase election due to corresponding decrease in other employer's DCAP.	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Other employer's plan offers Open Enrollment</b>	Employee may make corresponding changes under this employer's plan.	N/A	Employee may change election due to corresponding changes in other employer's DCAP.	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>CHANGE IN RESIDENCE (EMPLOYEE OR DEPENDENT)</b>								
<b>Change in residence or work location triggers eligibility (e.g. move into a plan's service area)</b>	Employee may change coverage to plan for which employee is newly-eligible. Employee also may add previously-eligible dependent(s) under IRS tag-along option.	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Change in residence or work location triggers loss of eligibility (e.g. move out of a plan's service area)</b>	Employee may change coverage to another plan for which employee is eligible.	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Eligible dependent moves into the United States</b>	<b>Change:</b> If enrolled, employee may change coverage levels or medical plan type to add newly eligible dependent.	Employee may enroll for the first time or change current contribution amount if already enrolled.	No change allowed	N/A	N/A	Copy of Visa for newly eligible dependent.	First day of the month in which benefits are effective.	Last day of the month in which benefits are terminated.
<b>JUDGEMENTS, DECREES, OR ORDERS</b>								
<b>Order requiring the employer's plan to add child(ren) to health plan coverage</b>	<b>Add:</b> Employee may enroll employee and affected child(ren) <b>Change:</b> If already enrolled, employee may change coverage levels or medical plan type while adding newly eligible dependent.	Employee may enroll for the first time or change current contribution amount if already enrolled.	No change allowed	N/A	N/A	The medical support order is sent to the building and/or the Service Center.	First day of the month in which benefits are effective.	Last day of the month in which benefits are terminated.

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<b>Order requiring another employer's plan to add child(ren) to health plan coverage</b>	<b>Add:</b> If not currently enrolled, employee may add themselves and their newly eligible dependent.  <b>Change:</b> If already enrolled, employee may change coverage levels or medical plan type while adding or removing dependents.	Employee may enroll for the first time, change current contribution amounts if already enrolled, or cancel contributions to the program entirely.		N/A	N/A	Complete court order or decree.	First day of the month in which benefits are effective.	Last day of the month in which benefits are terminated.
<b>MEDICARE, MEDICAID, OR CHIP</b>								
<b>Employee or dependent becomes entitled to Medicare or Medicaid</b>	Employee may drop coverage to plan for affected employee or dependent(s).	Employee may drop or decrease coverage election due to gaining other coverage.	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Employee or dependent becomes entitled to premium assistance subsidy from Medicaid or CHIP</b>	Employee may enroll affected employee or dependent(s).	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in location.	Last day of the month in which the change in location occurred.
<b>Employee or dependent loses entitlement for Medicare, Medicaid or CHIP</b>	Employee may enroll affected employee or dependent(s).	Employee may enroll or increase due to losing other coverage.	N/A	N/A	N/A	Copy of Visa for newly eligible dependent.	First day of the month in which benefits are effective.	Last day of the month in which benefits are terminated.