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)
		CHANGE IN	LEGAL MARITAL STATUS					
Gain dependent(s) due to marriage	Add: 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. Change: If enrolled, employee may change coverage levels or plans if adding newly-eligible dependents Drop: Employee may drop employee's and/or children's coverage IF other coverage for the person(s) takes effect under new spouse's plan.	Employee may enroll or increase election due to newly-acquired dependent(s). Employee may stop or decrease election if employee or dependent(s) become eligible under new spouse's health plan.	Employee may enroll or increase election due to newly-acquired dependent(s). Employee may stop or decrease election if dependent(s) become eligible under new spouse's DCAP plan. Employee may stop election if new spouse disqualifies (i.e. spouse is not employed, disabled or full-time student).	May enroll or make changes within 30 days	May enroll or make changes within 30 days	Marriage certificate	FOTMF the date on the marriage certificate	Last day of the month in which benefits are termed
Lose spouse (e.g. divorce, legal separation, death of spouse)	Add: 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 elgible dependents under IRS tag-along option.) Change: 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). Drop: Employee must drop coverage for the spouse, e.g. ex-spouses can not be or remain on the plan, and may only do so for the spouse. Note: Person losing other health coverage must have had the other coverage since the date of Ensign's most recent enrollment opportunity.	Employee may enroll or increase election due to loss of coverage under spouse's health plan. Employee may drop or decrease election due to spouse losing eligibility.	Employee may enroll or increase election due to newly-eligible dependent(s) (e.g. loss of non-working spouse). Employee may stop or decrease election if dependent(s) become ineligible (e.g. dependents now live with ex-spouse).	Must drop coverage for the spouse	Must drop coverage for the spouse	Page 1 of the court- ordered and stamped divorce or legal separation decree Death certificate or other proof of death To add coverage, must show proof of loss of eligibility under spouse's plan	FOTMF the date of the event	Last day of the month in which benefits are termed
		CHANGE IN N	UMBER OF DEPENDENTS	1				
Gain child (e.g. birth, adoption or placement for adoption)	Add: Employee may enroll employee and newly-eligible child. Employee also may enroll previously-eligible dependents under IRS tag-along option. Change: If enrolled, employee may change coverage levels or medical plan type while adding newly eligible child.	Employee may enroll or increase election due to change in number of eligible dependents.	Employee may enroll or increase election due to change in number of eligible dependents.	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
Lose child (e.g. death)	Drop : Employee may drop coverage only for the child who was lost.	Employee may drop or decrease election due to change in number of eligible dependents.	Employee may drop or decrease election due to change in number of eligible dependents.					
	CHANGE IN EMPLOYN	MENT STATUS THAT TRIC	GGERS <i>GAINING</i> ELIGIBIL	ITY (EMPLOYEE OR D	EPENDENT)			
Employee's status change results in gaining eligibility under this plan (e.g. new job; part-time to full-time)	Add: Employee may add coverage for employee and dependent(s). Note: 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.	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

	to be submitted within 60 days of addinying Event (exec							· .
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)
Dependent's status change results in gaining eligibility under another employer's plan (e.g. new job; parttime to full-time)	Drop: Employee may drop coverage for employee and dependent(s) if they are added to dependent's new plan.		Employee may enroll due to spouse's new job. Employee may stop or decrease election if dependent(s) become elgigible under spouse's new DCAP plan.	AD UD	ноорна		(aaa or onango)	()
	CHANGE IN EMPLOYM	MENT STATUS THAT TRI	GGERS <i>LOSING</i> ELIGIBILI	TY (EMPLOYEE OR DE	EPENDENT)			
Employee's status change results in losing eligibility under this plan (e.g. full-time to part-time; unpaid leave)	Coverage ends (COBRA may apply). Note: 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. (COBRA may apply). Note: 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. Note: If employee regains eligibility (e.g. rehire) within 30 days, prior election is automatically reinstated (unless Open Enrollment or another qualifying event occurs).					
Dependent's status change results in losing eligibility under another employer's plan (e.g. spouse loses job; full-time to part-time)	Add: Employee may enroll employee and/or dependents who lose eligibility under spouse's plan. Employee also may enroll other eligible dependets under IRS tag-along option.	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)					
	DEPENDENT GAINS OF	LOSES ELIGIBILITY (OT	THER THAN MARITAL STA	TUS OR EMPLOYMEN	Γ CHANGES)			
Dependent loses eligibility (e.g. child reaches age limit)	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 elelction if child becomes ineligible (e.g. reaches age 13).					
		PLAN	CHANGES IN COST					
Plan makes automatic small cost change(s)	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.
Plan makes significant cost change	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 decrease, 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.

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)
		PLAN CH	ANGES IN COVERAGE					
Plan makes significan t curtailment in coverage	Employee may change to another plan offering similar covareg (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.
Plan adds new benefit or coverage option	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.
Plan eliminates benefit or coverage option	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.
Other employer's plan increases coverage	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.
Other employer's plan decreases or ceases coverage	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.
Other employer's plan offers Open Enrollment	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.
		CHANGE IN RESIDEN	CE (EMPLOYEE OR DEPE	NDENT)				
Change in residence or work location triggers eligibility (e.g. move into a plan's service area)	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.
Change in residence or work location triggers loss of eligibility (e.g. move out of a plan's service area)	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.
Eligible dependent moves into the United States	Change: 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 termed.

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)
		JUDGEMENT	S, DECREES, OR ORDERS	1				
Order requiring the employer's plan to add child(ren) to health plan coverage	Add: Employee may enroll employee and affected child(ren) Change: 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 termed.
Order requiring another emplyer's plan to add child(ren) to health plan coverage	Add: If not currently enrolled, employee may add themselves and their newly eligible dependent. Change: If already enrolled, employee may change coverage levels or medical plan type while adding or removing dependents.	Employee may enroll for toontribution amounts if all contributions to the programmer.		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 termed.
	Changes related to Me		E, MEDICAID, OR CHIP	ithin 60 days of Qual	ifying Event			
Employee or dependent becomes entitled to Medicare or Medicaid	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.
Employee or dependent becomes entitled to premium assistance subsidy from Medicaid or CHIP	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.
Employee or dependent loses entitlement for Medicare, Medicaid or CHIP	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 termed.
	OPTION	NAL PROVISIONS RELAT	ED TO THE AFFORDABLE	E CARE ACT (ACA)				
Employee whose hours of service are reduced so that the employee is expected to average less than 30 hours of service per week	Employee may drop coverage for employee and dependent(s) based on intent to enroll in another plan proviiding minimum essentaial coverage (MEC) to start by first day of second month after this coverage ends.	N/A	N/A	N/A	N/A	N/A	First day of the month following the change in status.	Last day of the month in which the change in location occurred.
Employee becomes eligible to enroll in a Qualified Health Plan (QHP) available in a Marketplace (Exchange)	Employee may drop coverage for employee and dependent(s) based on intent to enroll in another plan proviiding minimum essentaial coverage (MEC) to start by first day of seconfd month after this coverage ends.	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.