



# Health and Welfare Benefit Plan Qualified Status Change Matrix

## Important Facts:

- Request for changes must be made **within 30 days** of the qualifying event date.
- You must have proof of the applicable event, the event date, to add/drop/change coverage options and dependents as applicable.
- Coverage changes will be processed, provided to the carriers, and associated payroll deductions updated. Employees should expect a minimum of 10 business days for coverage to update with the carriers. Employee should expect a minimum of two payroll cycles for payroll deductions to update.
- Employees should keep all supporting documentation. Proof of eligibility must be provided when adding dependent(s).
- To add, change or drop coverage for court ordered dependents based on a Qualified Medical Child Support Order, please forward a copy of the court order to the benefits department. Court Ordered Monetary Child Support employee obligations are processed by payroll. Once complete, you will be notified by mail of actions taken as instructed by the court order.
- For questions or assistance, email [benefitsquestions@memphistn.gov](mailto:benefitsquestions@memphistn.gov) or call 901-636-6800.

\* If electing coverage 31 to 60 days after the event date due to (1) loss of CHIP (Child Health Insurance Program) or Medicaid coverage or (2) gain of CHIP or Medicaid premium assistance, the employee must email [benefitsquestions@memphistn.gov](mailto:benefitsquestions@memphistn.gov) or call 901-636-6800 for processing.

Qualifying Event	Event to Select on Benefits Website to Process Coverage Change	Retroactive Eff. Date of Coverage Change & Payroll Deduction	Supporting Documentation	Allowable Changes to Medical, Dental, Vision	Allowable Changes to Health Care Flexible Spending Account (FSA)	Allowable Changes to LTD, STD, AD&D, Voluntary Life, Dependent Life
Employee Marriage	Marriage  <i>(HIPAA Special Enrollment Rights)</i>	Event Date	Copy of marriage certificate	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Drop coverage</li> <li>• Add spouse</li> <li>• Add <b>any</b> eligible dependent</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start contributions</li> <li>• Decrease or stop contributions</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee Divorce, Annulment, or Legal Separation	Divorce or Legal Separation	Event Date	Copy of divorce decree, legal annulment document, or legal separation document	<ul style="list-style-type: none"> <li>• Enroll employee if loss of eligibility under spouse's plan</li> <li>• Drop spouse</li> <li>• Add dependent(s) who lose eligibility under spouse's plan</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Dependent Birth, Adoption, or Placement for adoption	Birth, Adoption or Placement for Adoption  <i>(HIPAA Special Enrollment Rights)</i>	Event Date	Copy of hospital birth paperwork or adoption paperwork	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Drop coverage</li> <li>• Add <b>any</b> eligible dependent</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start contributions</li> <li>• Decrease or stop contributions</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>

Qualifying Event	Event to Select on Benefits Website to Process Coverage Change	Retroactive Eff. Date of Coverage Change & Payroll Deduction	Supporting Documentation	Allowable Changes to Medical, Dental, Vision	Allowable Changes to Health Care Flexible Spending Account (FSA)	Allowable Changes to LTD, STD, AD&D, Voluntary Life, Dependent Life
				<ul style="list-style-type: none"> <li>• Add spouse</li> <li>• Change plan option</li> </ul>		
Midyear expiration of employee's, spouse's, or dependent's COBRA coverage from another employer	Spouse or Dependent Loses Other Coverage or Eligibility  <b>(HIPAA Special Enrollment Rights)</b>	Event Date	Confirmation of loss of coverage	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Add affected spouse</li> <li>• Add affected dependent(s)</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent entitlement to Medicare or Medicaid coverage or other government or educational institution coverage	Spouse or Dependent Gains Other Coverage or Eligibility	Event Date	Confirmation of coverage gain	<ul style="list-style-type: none"> <li>• Drop affected spouse</li> <li>• Drop affected dependent(s)</li> <li>• Drop coverage</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent loss of Medicare, Medicaid, or other government or educational institution coverage	Spouse or Dependent Loses Other Coverage or Eligibility	Event Date	Confirmation of loss of coverage	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Add affected spouse</li> <li>• Add affected dependent(s)</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent loss of Medicaid or CHIP coverage, or gain of Medicaid or CHIP premium assistance	Spouse or Dependent Loses Other Coverage or Eligibility  <b>(HIPAA Special Enrollment Rights)</b>	Event Date	Confirmation of loss of coverage	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Add affected spouse</li> <li>• Add affected dependent(s)</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Dependent is newly eligible due to:  Legal guardianship or foster child placement	Spouse or Dependent Gains Coverage or Eligibility	Event Date  Event Date  Event Date	Copy of legal document  Copy of class schedule  Copy of divorce decree	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Add spouse</li> <li>• Add <b>any</b> eligible dependent</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>

\* If making elections based on this event 31 to 60 days after the event date, you must email [benefitsquestions@memphistn.gov](mailto:benefitsquestions@memphistn.gov) or call 901-636-6800

Qualifying Event	Event to Select on Benefits Website to Process Coverage Change	Retroactive Eff. Date of Coverage Change & Payroll Deduction	Supporting Documentation	Allowable Changes to Medical, Dental, Vision	Allowable Changes to Health Care Flexible Spending Account (FSA)	Allowable Changes to LTD, STD, AD&D, Voluntary Life, Dependent Life
<p>Dependent is no longer eligible due to:</p> <p>Loss of legal guardianship or foster placement</p> <p>Adopted or placed for adoption</p> <p>Maximum age reached or loss of full-time student status (FTSS)</p>	Spouse or Dependent Loses Coverage or Eligibility	<p>Event Date</p> <p>Event Date</p> <p>Event Date</p> <p>Event Date</p>	<p>Copy of legal document</p> <p>Copy of legal document</p> <p>Confirmation of age w/o proof of FTSS</p> <p>Copy of marriage certificate</p>	<ul style="list-style-type: none"> <li>• Drop affected dependent only</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Death of Spouse or Dependent	Death of Spouse or Dependent	Event Date	Copy of death certificate	<ul style="list-style-type: none"> <li>• Enroll employee if loss of eligibility under spouse's plan</li> <li>• Drop spouse</li> <li>• Add/drop affected dependent(s)</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent work or home address change, resulting in gain of <b>employee's</b> plan eligibility	Spouse or Dependent Loses Other Coverage or Eligibility	Event Date	Confirmation of address change	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Add spouse</li> <li>• Add <b>any</b> eligible dependent</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent work or home address change, resulting in loss of <b>employee's</b> plan eligibility	Spouse or Dependent Gains Other Coverage or Eligibility	Event Date	Confirmation of address change	<ul style="list-style-type: none"> <li>• Drop coverage</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent change in	Spouse or Dependent Loses	Event Date	Confirmation of work schedule	<ul style="list-style-type: none"> <li>• Enroll employee</li> <li>• Add affected spouse</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> </ul>

Qualifying Event	Event to Select on Benefits Website to Process Coverage Change	Retroactive Eff. Date of Coverage Change & Payroll Deduction	Supporting Documentation	Allowable Changes to Medical, Dental, Vision	Allowable Changes to Health Care Flexible Spending Account (FSA)	Allowable Changes to LTD, STD, AD&D, Voluntary Life, Dependent Life
work schedule or employment status, resulting in loss of eligibility under their employer's plan	Other Coverage or Eligibility		change or employment status change	<ul style="list-style-type: none"> <li>• Add <b>any</b> eligible dependent</li> <li>• Change plan option</li> </ul>		<ul style="list-style-type: none"> <li>• Decrease or drop coverage</li> </ul>
Employee, spouse, or dependent change in work schedule or employment status, resulting in a gain of eligibility under their employer's plan	Spouse or Dependent Gains Other Coverage or Eligibility	Event Date	Confirmation of work schedule change or employment status change	<ul style="list-style-type: none"> <li>• Drop coverage</li> <li>• Drop affected spouse</li> <li>• Drop affected dependent(s)</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>
Commencement of FMLA or Military Leave	Commencement of a Leave of Absence	Event Date	<ul style="list-style-type: none"> <li>• Leave of Absence Application (Subject to Approval)</li> <li>• Military Orders</li> </ul>	<ul style="list-style-type: none"> <li>• Drop coverage</li> <li>• Drop affected spouse</li> <li>• Drop affected dependent(s)</li> <li>Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease or drop coverage</li> </ul>
Return from FMLA or Military Leave	Return to work from a Leave of Absence	Event Date	<ul style="list-style-type: none"> <li>• Doctors Full Medical Release</li> <li>• Military Orders</li> </ul>	<ul style="list-style-type: none"> <li>• Add /Drop coverage</li> <li>• Add/Drop affected spouse</li> <li>• Add/Drop affected dependent(s)</li> <li>• Change plan option</li> </ul>	<ul style="list-style-type: none"> <li>• No change allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase or start coverage</li> <li>• Decrease or drop coverage</li> </ul>

This matrix provides a summary of the status change events that qualify for a mid-year election change under IRS Section 125 regulations and the Cafeteria Plan. For full details, please review the Cafeteria Plan Summary Plan Description posted on the Benefits Website. In the event there is any inconsistency between this material and the plan documents, the plan documents will govern.