



NISD Employee Benefits- Qualifying Life Events Chart

Qualifying Event	Allowable Changes	Effective Date	COBRA Event	Rules	Employee Action	Certification
<i>Gain of Eligible Dependent:</i> <ul style="list-style-type: none"> • Birth • Adoption • Stepchild moves in with employee • Employee's child under 25 years of age returns to reside with employee and employee can claim child on tax return 	<ul style="list-style-type: none"> • Add dependent to Medical, Dental and/or Vision coverage • Add or change Dependent Care Spending Account consistent with change • Add or change any Supp Life coverage (ee, sp, or ch) 	Event date	No	<ul style="list-style-type: none"> • Change must be made within 30 days after event • All new dependents must be added within 30 days after eligibility regardless of coverage category • Change in college attendance is not a qualifying event • No change to Health Care Spending Account permitted 	<ul style="list-style-type: none"> • Complete life event request on online enrollment system • Provide proof of event to benefits • Review beneficiary election for Basic and Supplemental Life • Update beneficiary election for TRS 	Birth Certificate/Adoption Certificate or Legal Documentation
<i>Loss of Eligible Dependent:</i> <ul style="list-style-type: none"> • Child gets married • Child is no longer eligible to be claimed as dependent on employee's tax return • Child/Stepchild covered by plan moves out of employee's home 	<ul style="list-style-type: none"> • Drop dependent from Medical, Dental and/or Vision coverage • Reduce Dependent Care Spending Account • Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	Yes	<ul style="list-style-type: none"> • Change must be made within 30 days after event • No change to Health Care Spending Account permitted • The dependent who is no longer eligible must be enrolled in a plan to permit a change to that plan 	<ul style="list-style-type: none"> • Complete life event request on online enrollment system • Provide proof of event to Benefits • Review beneficiary election for Basic and Supplemental Life • Update beneficiary election for TRS 	Adoption Agency document showing date placed/signed statement indicating reason/dep marriage license
<i>Over Age Dependent:</i> <ul style="list-style-type: none"> • Child turns 25 	<ul style="list-style-type: none"> • Drop dependent from Medical, Dental and/or Vision coverage • Reduce Dependent Care Spending Account • Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	Yes	<ul style="list-style-type: none"> • Change must be made within 30 days after event • No change to Health Care Spending Account permitted • The dependent who is no longer eligible must be enrolled in a plan to permit a change to that plan 	<ul style="list-style-type: none"> • Complete life event request on online enrollment system • Review beneficiary election for Basic and Supplemental Life • Update beneficiary election for TRS 	As Specified by Campus/UNUM ESO



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<i>Death of Covered Child</i>	<ul style="list-style-type: none"> Drop dependent from Medical, Dental and/or Vision coverage Change Dependent Care Spending Account 	Event date	No	<ul style="list-style-type: none"> Change must be made within 30 days after event No change to Health Care Spending Account permitted Change to Dependent Care Spending Account permitted only for death of child 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life Update beneficiary election for TRS 	Death Certificate
<i>Death of Spouse</i>	<ul style="list-style-type: none"> Add, change or drop Medical, Dental and/or Vision coverage Cancel Cancer ins Add or change any Supp Life coverage (ee, sp, or ch) 	Event Date	No	<ul style="list-style-type: none"> Change must be made within 30 days after event No change to Health Care Spending Account permitted Change to Dependent Care Spending Account permitted only for death of child 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life Update beneficiary election for TRS 	Death Certificate
<i>Marriage</i> <i>(Employee adding spouse to his/her benefit plans)</i>	<ul style="list-style-type: none"> Add spouse to Medical, Dental and/or Vision coverage Add or change any Supp Life coverage (ee, sp, or ch) 	Event Date	No	<ul style="list-style-type: none"> If number of children change see "Gain of Eligible Dependent" – Step children must reside with NISD employee to be eligible for coverage Change must be made within 30 days after event No change to Health Care Spending Account permitted No change to Dependent Care Spending Account permitted 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life Update beneficiary election for TRS 	Marriage Certificate



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Marriage <i>(Spouse adding employee to his/her benefit plans)</i>	<ul style="list-style-type: none"> Change Medical option to 50K or 80K(no medical-life ins only) Drop Dental, Vision and/or Cancer coverage Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> If number of children change see "Gain of Eligible Dependent" – Step children must reside with NISD employee to be eligible for coverage Change must be made within 30 days after event No change to Health Care Spending Account permitted No change to Dependent Care Spending Account permitted 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life Update beneficiary election for TRS 	Marriage Certificate
Divorce/Annulment <i>(Employee adding self/dependents to his/her benefit plans)</i>	<ul style="list-style-type: none"> EE change from 50K or 80K (no medical-life ins only) to medical plan Add dependents to medical plan Add self or dependents to Medical, Dental, and/or Vision coverage Add or change any Supp Life coverage (ee, sp, or ch) 	Event Date	No	<ul style="list-style-type: none"> If number of children change see "Gain of Eligible Dependent" – Step children must reside with NISD employee to be eligible for coverage Change must be made within 30 days after event No change to Health Care Spending Account permitted No change to Dependent Care Spending Account permitted 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life Update beneficiary election for TRS 	Divorce / Annulment Certificate
Divorce/Annulment <i>(employee dropping ineligible dependents)</i>	<ul style="list-style-type: none"> Drop spouse and/or dependents from Medical, Cancer, Dental and/or Vision coverage Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	Yes	<ul style="list-style-type: none"> If number of children change see "Loss of Eligible Dependent" Change must be made within 30 days after event No change to Health Care Spending Account permitted No change to Dependent Care Spending Account permitted 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life Update beneficiary election for TRS 	Divorce / Annulment Certificate



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<i>Employee Eligible for Medicare/Medicaid:</i>	<ul style="list-style-type: none"> Change Medical option to 50K or 80K (no medical-life ins only) 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after event No change to Health Care Spending Account No changes to Dependent Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Proof of Other Insurance Election
<i>Spouse/Dependent Eligible for Medicare/Medicaid:</i>	<ul style="list-style-type: none"> Drop spouse or dependent from Medical, Cancer, Dental and/or Vision coverage 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after event Only changes that correspond to dependent or spouse eligible for Medicare/Medicaid will be permitted No change to Health Care Spending Account No changes to Dependent Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Spouse/Dependent Proof of Other Insurance Election
<i>Employee Loss of Medicare/Medicaid:</i>	<ul style="list-style-type: none"> Add Medical, Dental and/or Vision plan 	Event date	No	<ul style="list-style-type: none"> Change must be made within 30 days after event No change to Health Care Spending Account No changes to Dependent Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Proof of event to Benefits



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<i>Spouse/Dependent Loss of Medicare/Medicaid:</i>	<ul style="list-style-type: none"> Add spouse or dependent to Medical, Dental and/or Vision coverage 	Event date	No	<ul style="list-style-type: none"> Change must be made within 30 days after event Only changes that correspond to dependent or spouse eligible for Medicare/Medicaid will be permitted No change to Health Care Spending Account No changes to Dependent Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Proof of Other Insurance Election
<i>Change in employment by Spouse/Dependent affects eligibility w/ employer's plan- EE DROPS NISD plan-</i> <ul style="list-style-type: none"> Begins employment Returns from unpaid leave of absence Newly eligible to participate as a result of change in plan eligibility criteria 	<ul style="list-style-type: none"> Change Medical option to 50K or 80K (no medical-life ins only) coverage Drop Cancer ins Change Medical, Dental and/or Vision coverage category Change Dependent Care Spending Account Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days of event Only changes that correspond to dependent or spouse employment-related election changes will be permitted No changes to Health Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life 	Spouse's/Dependent's Proof of Coverage
<i>Change in employment by spouse/dependent affects eligibility w/ employer's plan- EE ADDS NISD coverage</i> <ul style="list-style-type: none"> Termination of employment Layoff Strike Begin unpaid leave of absence No longer eligible to participate as a result of change to plan eligibility criteria 	<ul style="list-style-type: none"> Add Medical, Dental and/or Vision coverage category Change or drop Dependent Care Spending Account Add or change any Supp Life coverage (ee, sp, or ch) 	Event Date	No	<ul style="list-style-type: none"> Change must be made within 30 days after event Only changes that correspond to dependent or spouse employment-related election changes will be permitted No changes to Health Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life 	Spouse's/Dependent's Proof of Loss of Coverage



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<i>Spouse changes benefit elections during open enrollment-NISD EE <u>DROPPING</u> self/dependents off benefits</i>	<ul style="list-style-type: none"> Change Medical option to 50K or 80K (no medical-life ins only) coverage Change Medical, Dental and/or Vision coverage category Change Dependent Care Spending Account Change Health Care Spending Account Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after the effective date of spouse's new plan year elections Only changes directly related to changes made under the spouse's plan will be permitted 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life 	Spouse's Proof of Election Change
<i>Spouse changes benefit elections during open enrollment-NISD EE <u>ADDING</u> self/dependents to benefits</i>	<ul style="list-style-type: none"> Change Medical, Dental and/or Vision coverage category Change Dependent Care Spending Account Change Health Care Spending Account Add or change any Supp Life coverage (ee, sp, or ch) 	Event Date	No	<ul style="list-style-type: none"> Change must be made within 30 days after event Only changes that correspond to dependent or spouse employment-related election changes will be permitted No changes to Health Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life 	Spouse's Proof of Election Change



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<i>Employee goes on leave of absence</i>	<ul style="list-style-type: none"> Change Medical option to 50K or 80K (no medical-life ins only) coverage Change Medical, Dental and/or Vision coverage category Change Dependent Care Spending Account Change Health Care Spending Account Add or change any Supp Life coverage (ee, sp, or ch) 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after the effective date of the leave CORE coverage may only be selected when an employee exhausts all paid leave* Coverage will be cancelled if premium is not paid by the 15th day of the month prior to coverage** During the 12 weeks of an approved FMLA leave, failure to pay employee premium will result in reduction to the default medical plan which is Low Option PPO employee only 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life When leave is unpaid, employee must pay premium to Payroll by the 15th day of the month prior to coverage Unpaid non-FMLA absences will require the employee to pay both the employee and the employer contribution to maintain coverage 	N/A
<i>Employee returns from leave of absence</i>	<ul style="list-style-type: none"> Change Medical, Dental and/or Vision coverage category Change Dependent Care Spending Account Change Health Care Spending Account Add or change any Supp Life coverage (ee, sp, or ch) 	Event date	No	<ul style="list-style-type: none"> Change must be made within 30 days after the effective date of the leave 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits Review beneficiary election for Basic and Supplemental Life 	N/A



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<i>Employee becomes benefit-eligible</i>	<ul style="list-style-type: none"> Enroll in Medical, Dental and/or Vision Enroll in Supplemental Life (ee, sp or ch) Enroll in Income Replacement Enroll in Cafeteria Plan Enroll in Health Care Spending Account Enroll in Dependent Care Spending Account Enroll in Cancer coverage Enroll in Pre-Paid Legal coverage 	Event date	No	<ul style="list-style-type: none"> Change must be made within 30 days after the employment change Guarantee issue for Supplemental Life and Income Replacement available only during this initial enrollment period – No Evidence of Insurability Form required Pre-existing limitations may apply 	<ul style="list-style-type: none"> Complete new hire event request on online enrollment system 	N/A
<i>Significant Dependent Care cost changes</i>	<ul style="list-style-type: none"> Change in Dependent Care Spending Account 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after cost change No changes to Health Care Spending Account Change will not permitted if existing dependent care provider is a relative 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Withdrawal Letter or Acceptance Letter
<i>Change in dependent care provider</i>	<ul style="list-style-type: none"> Change in Dependent Care Spending Account 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after move to new provider No changes to Health Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Tuition Letter Document
<i>Change in number of dependent care hours</i>	<ul style="list-style-type: none"> Change in Dependent Care Spending Account 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Change must be made within 30 days after move to new provider No changes to Health Care Spending Account 	<ul style="list-style-type: none"> Complete life event request on online enrollment system Provide proof of event to Benefits 	Documentation of change in hours



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<i>Retiree Medical requested by new retiree</i>	<ul style="list-style-type: none"> Add Retiree Medical 	First day of the month following the approval by NISD	Yes	<ul style="list-style-type: none"> Coverage must be requested within 30 days after retirement from NISD Retiree must agree to automatic bank draft of premiums No Basic life insurance is provided with retiree medical coverage 	<ul style="list-style-type: none"> Complete paper enrollment form for Medical plan Complete an Automatic Bank Draft Agreement for premium collection 	N/A
<i>Change to Health Savings Account (Applies to employees enrolled in HDHP plan only)</i>	<ul style="list-style-type: none"> Increase/Decrease Monthly Deduction Cancel Account 	First day of the month following the approval by NISD	No	<ul style="list-style-type: none"> Can not exceed IRS established maximum annual contributions 	<ul style="list-style-type: none"> Complete life event request on online enrollment system 	N/A