

STATE HEALTH BENEFIT PLAN (SHBP) QUALIFYING EVENTS (Active Members)

Employees are not allowed to increase or decrease coverage, or to add or delete coverage except under limited Qualifying Life Event (Qualifying Event) conditions as outlined in Chapter 111-4-1-.06 in the Regulations of the Board. If a change in family status, employment status or change in insurance coverage occurs, any change made by the employee must be because of and consistent with such change. The intent of allowing change is to protect the employee and their family from loss of health coverage.

A Qualifying Event is defined as a change in family status, employment status or change in insurance coverage. When a qualifying event has occurred, the employee must report the change to his/her employing entity within 31 days of the qualifying event. Enrollment in or changes to the current health benefit selection that are not received by SHBP within 31 days of the Qualifying Event will not be allowed.

Effective Date of Changes

Requests to change or discontinue coverage must be received by SHBP no later than 31 days following the Qualifying Event unless otherwise noted in the specific provision of the Regulations. The effective date of the change shall be on the first of the month following receipt of the request or date of the Qualifying Event, unless otherwise noted. Discontinuation will be the last day of the month following request of the request.

Changes in health benefit coverage may not be made retroactively except to cover a **newborn/newly adopted dependent** from birth or date of adoption or for the correction of administrative error. Requests resulting in an enrollment or change in tiers must be requested up to 31 days before or following the event. For the anticipated birth or adoption of a dependent, the Plan will allow an enrollment or change in tiers to be effective the first of the month in which birth/adoption is anticipated; only if a member requests the change in tiers to become effective at birth/adoption can the employing entity take a payroll deduction/reduction for a retroactive coverage effective date.

The birth of a newborn or adoption is the **only** Qualifying Event that allows a retroactive coverage effective date and the appropriate deduction/reduction must be taken from the employee's earnings in the month the request is received. The employing entity must advise the employee multiple deductions will be taken in the next payroll cycle.

When changing tiers due to the Qualifying Event of the birth of a newborn or adoption, the employee has the option to add other qualifying family members to the coverage; required dependent documentation will be requested. If the employee chooses not to cover the newborn from birth, the employing entity should document this fact in the employee's benefit file.

SHBP must now capture the Social Security Numbers (SSN) for each covered individual to comply with new requirements from the Centers for Medicaid and Medicare Center. SHBP will cover dependents up to age 2 without the SSN.

EVENT	TIME LIMITATIONS	REQUIRED DOCUMENTATION	ADDITIONAL INFORMATION
Newly Hired Employee	31 days following the Hire Date	Employment Record Membership Form	The employee may: <ul style="list-style-type: none"> • enroll in coverage • enroll eligible dependents • decline SHBP coverage
Marriage	31 days following the Qualifying Event	Certified copy of Marriage Certificate	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier to include spouse • enroll eligible dependents • change coverage option to elect new coverage for employee + spouse or employee + spouse + child(ren) • discontinue coverage (letter from other plan documenting coverage is required to discontinue coverage)
Birth /Adoption (Note: SHBP will cover a child up to age 2 without the Social Security Number)	31 days following the Qualifying Event	Copy of the certificate of birth or letter of certification of birth or Adoption Certificate	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier • enroll eligible dependents • change coverage option to elect new coverage for employee + child(ren) or employee + spouse + child(ren)
Legal Guardianship (Note: SHBP will cover a child up to age 2 without the Social Security Number)	31 days following the Qualifying Event	Copy of court decree showing the employee’s financial responsibility for the dependent; and copy of certified Birth Certificate	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier • enroll eligible dependents • change coverage option to elect new coverage for employee + child(ren) or employee + spouse + child(ren)
Divorce	31 days following the Qualifying Event	Copy of Divorce Decree and loss of coverage documentation	The employee may: <ul style="list-style-type: none"> • enroll in coverage (if losing coverage through spouses plan) • enroll eligible dependents • change coverage tier • change coverage option to elect new coverage for employee + child(ren)
Former spouse loses coverage or plan cancelled (resulting in loss of dependent children’s coverage)	31 days following the Qualifying Event	Letter from the other plan documenting coverage loss. Letter should include names of individuals who lost coverage and the date coverage was lost.	The employee may: <ul style="list-style-type: none"> • enroll in coverage • enroll eligible dependents • change coverage tier • change coverage option to elect new coverage for employee + child(ren) or employee + spouse + child(ren)

Event	Time Limitations	Required Documentation	Additional Information
Employee or spouse is activated into military services	31 days following the Qualifying Event	Copy of military orders	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier • change to single coverage • discontinue coverage change coverage option to elect new coverage for employee + spouse, employee + child(ren) or employee + spouse + child(ren)
Spouse or only enrolled dependent's employment status changes, resulting in a gain of coverage under a qualified plan <i>Note: The spouse's Plan year may be the same as the SHBP Plan year, but spouse's OE dates must not be the same as SHBP OE dates.</i>	31 days following the Qualifying Event	Letter from the employer documenting effective date of coverage, reason for eligibility and who is covered under the new plan	The employee may: <ul style="list-style-type: none"> • change to single coverage • discontinue coverage
Loss or discontinuation of coverage through other employment, Medicaid, or Medicare (employee or dependent)	31 days following the Qualifying Event	Letter from the other employer, Medicaid, or Medicare documenting date of loss and reasons for the loss/ discontinuation of coverage.	The employee may: <ul style="list-style-type: none"> • enroll in coverage • enroll eligible dependents • change coverage tier change coverage option to elect new coverage for employee + spouse, employee + child(ren) or employee + spouse + child(ren)
Gain new coverage under spouse's employer's plan	31 days following the Qualifying Event	Letter from other plan documenting coverage to include reason for enrollment, effective date of coverage and list individuals enrolled.	The employee may: <ul style="list-style-type: none"> • change to single coverage • discontinue coverage
Employee's spouse makes an Open Enrollment change under the spouse's employer's plan, creating an overlap or break in coverage because spouse's coverage has a different plan year	31 days following the Qualifying Event	Letter from the other plan documenting overlap or break in coverage.	The employee may: <ul style="list-style-type: none"> • enroll in coverage • enroll eligible dependents • change coverage tier • change to single coverage • change coverage option to elect new coverage for employee + spouse, employee + child(ren) or employee + spouse + child(ren) • discontinue coverage

Event	Time Limitations	Required Documentation	Additional Information
Dependents who are full time students (age 19 but under age 26)	Full time student status must be received prior to coverage ending at age 19. If coverage is lapsed due to verification documentation being submitted late, the student may not be added until the following Open Enrollment.	Annual certification letter from the school's registrar along with a Dependent Status Information Form, including: <ul style="list-style-type: none"> • enrollment dates for current and previous quarters or semesters • number of credited hours per quarter or semester • enrollment status for each quarter or semester (full or part-time) 	A letter of acceptance from an accredited university will be acceptable if still in high school or not yet started college on their 19 th birthday.
Disabled Child	During open enrollment you may apply to enroll an over-age disabled child who was disabled prior to age 26	Medical documentation from the attending physician on the child's disability and the disability questionnaire to be completed by the employee. Call SHBP for the forms.	Documentation must be received and approved by SHBP prior to coverage being granted.
Qualified Medical Child Support Order (QMCSO)	No time limit	Documentation of the court order and completion of membership form	The employee may: <ul style="list-style-type: none"> • enroll in coverage • change coverage tier change coverage option to elect new coverage for employee + child(ren) or employee + spouse + child(ren)
Loss of all eligible dependents	31 days following the Qualifying Event		The employee may: <ul style="list-style-type: none"> • change coverage tier
Health Maintenance Operation (HMO) goes out of operation	31 days following the Qualifying Event		The employee must: <ul style="list-style-type: none"> • elect new coverage or discontinue coverage within 31 days of Qualifying Event or coverage will automatically be transferred to an option selected by SHBP • The member may not change from single to family or from family to single unless a Qualified Event has occurred.

For a complete description of qualifying events and the required documentation members should contact the Eligibility Unit at 404-656-6322 (metro Atlanta), 800-610-1863 or refer to their Summary Plan Description (SPD).