## **Qualifying Event Reference Guide**

Event	What	Enrollment Period	Effective Date
Birth	<ul> <li>Medical Enrollment Form (A570)</li> <li>Birth Certificate or Affidavit</li> <li>Basic (A560)</li> <li>Optional (A560E) or (A560R)</li> </ul>	Within 31 days of birth	Date child is born
Marriage	<ul> <li>Medical Enrollment Form (A570)</li> <li>Lawful Presence or Affidavit for each new dependent</li> <li>Marriage License (if spouse last name differs)</li> <li>Divorce Decree (if adding stepchildren)</li> <li>Basic (A560)</li> <li>Optional (A560E) or (A560R)</li> </ul>	Within 31 days of marriage	Date of marriage (New spouses of retirees are not eligible for spouse life.)
Divorce	<ul> <li>Medical Enrollment Form (A570)</li> <li>Divorce Decree</li> <li>Basic (A560)</li> <li>Optional (A560E) or (A560R)</li> </ul>	Within 31 days of dissolution date	1 <sup>St</sup> of the month following dissolution date
Adoption	<ul> <li>Medical Enrollment Form (A570)</li> <li>Legal documentation adoption is final</li> <li>Basic (A560)</li> <li>Optional (A560E)</li> </ul>	Within 31 days of adoption	Date of adoption, or on the date of physical placement (if the petition for adoption is in place.)



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Event	What	Enrollment Period	Effective Date
Age 26	<ul> <li>No Medical Enrollment Form (A570) is required (handled in EB)</li> <li>Optional (A560E) to cancel child life</li> </ul>	A560E is due last day of the child's birth month	1 <sup>st</sup> of the month following turning age 26.
Loss of Coverage or Medicaid	<ul> <li>Medical Enrollment Form (A570)</li> <li>Lawful Presence or Affidavit for each new dependent</li> <li>Letter from employer stating reason for loss of coverage, date of loss and list who has lost coverage.</li> <li>Marriage License (if adding spouse, last name differs)</li> <li>Divorce Decree (if adding step-children)</li> </ul>	Within 6o days of loss of coverage	Day following the loss of coverage *Must be approved by Employee Benefits before dependent(s) are enrolled or payroll deduction is changed.
Medicare	<ul> <li>No Medical Enrollment Form (A570) is required</li> <li>Copy of their signed Medicare card</li> </ul>		Effective on Part B date or 1 <sup>st</sup> of the month following receipt in EB

