

QUALIFYING STATUS CHANGE CODES, EVENTS AND DOCUMENTATION REQUIREMENTS

Code	Qualifying Event	Send a copy of the following documentation based on your event:
1	Marriage	Marriage Certificate, Proof of Eligibility if adding other Dependents
2	Divorce	Divorce Decree
3	Commence Unpaid Leave by Participant (including Military Leave)	Documentation will be provided by your Employer
4	Return from Unpaid Leave by Participant (including Military Leave)	Proof of Eligibility if adding Dependents
5	Death of Spouse or Dependent	Death Certificate
6	Ineligibility of Dependent	N/A
7	Birth or Adoption (including foster care placement, guardianship, adoption placement)	Birth Certificate, Adoption Papers, Court Documents, Proof of Eligibility if adding other Dependents
8	Commencement of Employment by Participant's Spouse (resulting in coverage)	Documentation will be provided by your Employer
9	Termination of Spouse's Employment (resulting in termination of coverage)	Documentation will be provided by your Employer
10	Commence Unpaid Leave by Spouse (resulting in loss of coverage)	Documentation will be provided by your Employer
11	Return from Unpaid Leave by Spouse (resulting in an election of coverage)	Documentation will be provided by your Employer
12	Change from Part-Time to Full-Time by Participant	Documentation will be provided by your Employer
13	Change from Full-Time to Part-Time by Participant	Documentation will be provided by your Employer
14	Change from Part-Time to Full-Time by Spouse (resulting in gain of coverage)	Documentation will be provided by your Employer
15	Change from Full-Time to Part-Time by Spouse (resulting in loss of coverage)	Documentation will be provided by your Employer
16	Special Enrollment for Loss of other Coverage	Documentation will be provided by your Employer
17	Change in Coverage due to Spouse's Employment (open enrollment, health plan addition or deletion; by a non-state employer)	N/A
18	Change from Career Service to SES or SMS (results in eligibility for a premium-free coverage)	Documentation will be provided by your Employer
19	Change from SES or SMS to Career Service (results in loss of eligibly for premium-free coverage)	Documentation will be provided by your Employer
20	Change into Spouse Program	Spouse Program Enrollment Form
21	Change out of Spouse Program	Spouse Program Enrollment Form
22	Termination of Participant's Employment (except retirement)	Documentation will be provided by your Employer
23	Dependent satisfies Eligibility Requirements	Proof of Eligibility if adding Dependents
24	Retirement	Documentation will be provided by your Employer
25	Reversion due to No Documentation within 60 days	N/A
26	Cancel for Non-Payment	N/A
27	Commencement or Return from Family Medical Leave (FMLA)	Documentation will be provided by your Employer
28	Change of Residence resulting in Loss of Eligibility (moved outside HMO service area)	Proof of Address Change
29	Change from Retirement to Active Employment by Participant	Documentation will be provided by your Employer
30	Court Order that requires Coverage for a Child under the Employee's Plan	Copy of Court Order
31	Court Order that requires Spouse, Former Spouse or Other Individual to provide Coverage for a Child	Copy of Court Order and Proof of other Coverage
32	Layoff of Participant	Documentation will be provided by your Employer
33	Return of Participant from Layoff	Proof of Eligibility if adding Dependents
34	Layoff of Participant's Spouse	Proof of Eligibility if adding Dependents
35	Return of Participant's Spouse from Layoff	N/A
36	Gain of Entitlement for Medicare or Medicaid (other than coverage solely for pediatric vaccines)	Letter or other Documentation of Gain of Eligibility
37	Loss of Entitlement for Medicare or Medicaid (other than coverage solely for pediatric vaccines or to other Group Health Plan Sponsored by a Governmental or Educational Entity, including Healthy Kids Programs)	Letter or other Documentation of Eligibility. Proof of Eligibility if adding Dependents. Certificate of Coverage if Pre-Existing Condition applies.
38	Termination and Rehire in Same Calendar Year with Less than One Full Calendar Month Break in Service	N/A
39	Termination and Rehire in Same Calendar Year with More than One Full Calendar Month Break in Service	Proof of Eligibility if adding Dependents
40	Death of Participant	Death Certificate
44	Significant Cost Increases or Decreases	Letter from Dependent Care Provider

*NOTE: those **bolded** requirements are the responsibility of the covered participant.*