

**QSC CHART**  
**(CODES, EVENTS AND DOCUMENTATION REQUIREMENTS)**

| Code | Qualifying Event  | Send a copy of the following documentation based on your event:  |
|------|---|--|
| 1    | Marriage  | <b>Marriage Certificate, Proof of Eligibility if adding other Dependents</b>   |
| 2    | Divorce   | <b>Divorce Decree</b>  |
| 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)  | <b>Proof of Eligibility if adding Dependents</b>   |
| 5    | Death of Spouse or Dependent  | <b>Death Certificate</b>   |
| 6    | Ineligibility of Dependent  | N/A  |
| 7    | Birth or Adoption (including foster care placement, guardianship, adoption placement)   | <b>Birth Certificate, Adoption Papers, Court Documents, Proof of Eligibility if adding other Dependents</b>  |
| 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  | <b>Spouse Program Enrollment Form</b>  |
| 21   | Change out of Spouse Program  | <b>Spouse Program Enrollment Form</b>  |
| 22   | Termination of Participant's Employment (except retirement)   | Documentation will be provided by your Employer  |
| 23   | Dependent satisfies Eligibility Requirements  | <b>Proof of Eligibility if adding Dependents</b>   |
| 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)   | <b>Proof of Address Change</b>   |
| 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  | <b>Copy of Court Order</b>   |
| 31   | Court Order that requires Spouse, Former Spouse or Other Individual to provide Coverage for a Child   | <b>Copy of Court Order and Proof of other Coverage</b>   |
| 32   | Layoff of Participant   | Documentation will be provided by your Employer  |
| 33   | Return of Participant from Layoff   | <b>Proof of Eligibility if adding Dependents</b>   |
| 34   | Layoff of Participant's Spouse  | <b>Proof of Eligibility if adding Dependents</b>   |
| 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)  | <b>Letter or other Documentation of Gain of Eligibility</b>  |
| 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) | <b>Letter or other Documentation of Eligibility. Proof of Eligibility if adding Dependents. Certificate of Coverage if Pre-Existing Condition applies.</b> |
| 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  | <b>Proof of Eligibility if adding Dependents</b>   |
| 40   | Death of Participant  | <b>Death Certificate</b>   |
| 44   | Significant Cost Increases or Decreases   | <b>Letter from Dependent Care Provider</b>   |

