

# UWs Member Job Aid: Effective Dates for Qualifying Life Events

## Introduction

This job aid will help employees of the UWs select the correct qualifying life event or change reason in My Insurance Benefits. It includes the deadline to submit changes, the effective date, and guidance on required documentation.

Whenever you enroll in insurance coverage and include a spouse or dependent for the first time —whether during initial enrollment, open enrollment, or due to a life event—you must provide documentation verifying their eligibility. This requirement applies regardless of the timing or type of enrollment. Documentation requirements are the same for supplemental dental, vision, and the Accident Plan regardless of active/retiree status or pre-tax/post-tax status. In addition, some life events (such as loss of other coverage) may require extra documentation to confirm the event occurred.

## Additional Resources

- [Life Events Guide | ETF](#)
- [Document Requirements for Life Events and Dependent Verification | ETF](#)

## Quick Reference Chart

Qualifying Life Event or Change Reason	Name(s) of the Event in My Insurance Benefits	Deadline to submit changes	Life Event Date to Use	Documentation Required
Marriage	Marriage	30 days after	Date of event	Certificate of Marriage
Divorce	Divorce	30 days after	Date of event	Certified divorce decree from the clerk of courts showing the date of entry of divorce per the Terms and Conditions on ETF's Group <i>Health Insurance Application/Change</i> form ( <a href="#">Actives ET-2301</a> , or <a href="#">Retirees ET-2331</a> ). Further, ETF may request documentation from married couples per the Terms and Conditions on ETF's group health insurance application  <i>and</i>

				<p>Copy of <a href="#">COBRA Continuation-Conversion Notice (ET-2311)</a>, provided by the employer (or ETF for retirees)</p> <p>If you are losing coverage due to divorce, see “You or Your Dependent Lose Eligibility or All Employer Contribution for other Group Medical Coverage” below</p>
You have a new dependent	Adoption Birth Guardianship of a Child Legal Custody of a Child	60 days after* 60 days after* 60 days after* 30 days after	Date of event	<p>Depending on the reason to add a dependent:</p> <ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Certified court document establishing the date of placement for adoption (typically a Certificate of adoption or Adoption decree)</li> <li>• International adoption papers from the country of adoption in the case of the child being adopted from outside the U.S.</li> <li>• Court order specifying custody change. For example, may be transfer to reflect gaining or changing custody, or a dependent's move out of area to another parent</li> <li>• Court order (Letter of Guardianship) granting permanent guardianship of person</li> <li>• Court order declaring paternity or Voluntary Paternity Acknowledgement filed with DHS</li> </ul>
You move from your health plan’s service area (for at least 3 months)	Change in Residence	30 days before or after the event	Date of event  QLE may be entered in My Insurance Benefits before or after the event	<p>Notify employer (retirees send application, letter, or email with effective date of change)</p>

Your Spouse or Dependent Dies	Death of a Dependent	60 days after	Date of event	NA
You or Your Dependent Gain Eligibility for other Group Medical Coverage	Now Eligible for Other Coverage	30 days before or after the event	<p>First day before date of event</p> <p>(Example: If you gain coverage on September 1, use August 31 as the date of event)</p> <p>QLE may be entered in My Insurance Benefits before or after the event</p>	<p>Documentation indicating the effective date of the other coverage such as a copy of a medical or supplemental ID card or a letter from the plan. Must be received within 30 days of enrollment in other coverage. Does not apply to health insurance change for retirees or post-tax. deductions. Gaining Medicare Part A and/or B alone is not acceptable</p>
You or Your Dependent Lose Eligibility or All Employer Contribution for other Group Medical Coverage	Loss of Other Coverage Fulltime to Less than Halftime	30 days before or after the event	<p>Date the person is no longer eligible for other coverage</p> <p>(Example: If you lose coverage on August 31, use September 1 as the date of event)</p>	<p>The following items on dated communication with letterhead from the previous insurer or former employer. Materials dated within 30 days before or after termination are acceptable</p> <ol style="list-style-type: none"> <li>1. Reason for the cancellation (that is voluntary, such as due to nonpayment of premium, vs. involuntary, such as due to job loss),</li> <li>2. Who was covered (must list the name of the participant who is requesting this special, late enrollment),</li> <li>3. Name of health insurer,</li> <li>4. Subscriber name, and</li> </ol>

			QLE may be entered in My Insurance Benefits before or after the event	5. Date coverage was terminated COBRA continuation notice is acceptable if the coverage end date, covered individuals, and health plan are indicated. For loss of employer premium contributions, a letter from the employer indicating they no longer contribute toward their employee's premium is needed
*If you would like to make a plan change, you must submit the request to your employer within 30 days, even if you are not required to report the life event for a longer period of time.				

### Change Reasons which Require Employer Support

A number of change reasons require support from your employer including the following changes:

- Lapse of Benefits due to Leave of Absence
- Reinstatement of Benefits due to Leave of Absence
- Lapse of Benefits due to Military Leave
- Job Change Where a Significant Share of the Employer Contribution is Lost
- Newly Eligible to Elect Benefits
- Newly Eligible to Elect Insurance Continuation Insurance Coverage
- Request to Cancel Income Continuation Insurance
- Change Existing Coverage due to Employer Contribution Beginning
- Elect Income Continuation Insurance due to Approve EOI
- National Medical Support Notice
- Enroll Disabled Adult Dependent over 26
- Enroll Military Student over 26
- Proof of Paternity (More than 60 Days After)
- Remove Ex-Spouse due to Divorce and Add New Spouse due to Marriage
- Loss of Dependent Child Status
- Pre-Retirement Enrollment to Preserve Sick Leave

