



Authority: The State of Florida Salary Reduction Cafeteria Plan (Cafeteria Plan), in compliance with Section 125 Internal Revenue Code 1986. Centers for Medicare and Medicaid Services (CMS), as well as s. 110.123, Florida Statutes.

Definitions:

1. **Break In Service** - for OPS employees, termination of employment or unpaid leave (other than FMLA, jury duty or military leave) that exceeds 13 consecutive weeks (26 weeks for employees of academic institutions); or a break between four weeks and 13 (26) weeks if the period of service prior to the break is less than the period of the break.
2. **Effective Date of Coverage** – Except as otherwise indicated, the effective date of coverage shall depend on the date of the qualifying event, the date the election is made, and receipt of premium.
 - Health insurance - see QSC event #10 for salaried employees and see #11 for OPS employees. Requirements for an MA-PD plan effective date are provided later in this notice.
 - Supplemental plans, optional life, and dependent life - the first day of the month following a full-payroll deduction.
 - Basic life - the first day a full-time salaried employee is actively at work, or the first day of the month following full payroll deduction once an election is made by part-time salaried and OPS employees.
 - Health care FSA and dependent care FSA - the date of enrollment.
 - HSA - the day a payroll deduction can be taken and deposited into the HSA Advantage™ account.
3. **Enrollee** - All state officers and employees, retired state officers and employees, surviving spouses of deceased state officers and employees, and terminated employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the State Group Insurance Program. Including all state university officers and employees, retired state university officers and employees, surviving spouses of deceased state university officers and employees, and terminated state university employees or individuals with continuation coverage who are enrolled in an insurance plan offered by the State Group Insurance Program.
4. **Personnel Action Request (PAR)** - request that is entered and completed in People First to trigger benefit eligibility.
5. **QSC Event Window** - A QSC event window is defined as the period of time to provide required documentation and make allowable changes

to benefits, as defined by the Internal Revenue Code. All QSC event windows are 60 calendar days from, and including the day of the event, unless otherwise specified. Calendar days is defined as all days in a month, including weekends and holidays.

Background:

Enrollees may make mid-year coverage changes when an enrollee experiences a life event that affects eligibility (gain or loss) of coverage. This Qualifying Status Change (QSC) Event Matrix is provided to assist you, in determining if you have experienced a life event that would allow you to make mid-year benefit changes due to a life event that affects eligibility (gain or loss) of coverage. All allowable election changes must be consistent with the qualifying event, based on gain or loss of eligibility.

This QSC Event Matrix applies to all enrollees under the State Group Insurance Program. If you have a permissible mid-year election change, you can make your changes online in People First, or if your specific event is not listed in People First, contact the People First Service Center at 866-663-4735.

PLEASE NOTE:

- A QSC event is not required to enroll in or make changes to a Health Saving Account (HSA), however, you must be enrolled in a High Deductible Health Plan to enroll in an HSA.
- OPS employees must meet the 30-hour per week average for subsequent 12-month measurement periods to continue coverage or to be eligible to enroll.
- If on Military Leave, an employee may continue coverage or cancel coverage within 60 days of commencement of leave, and may re-enroll within 90 days of discharge. An employee cannot reenroll in a health care FSA and/or dependent care FSA in the same plan year.
- If an employee cancels coverage as allowed by one of the following QSC events, the employee cannot reenroll in coverage unless they experience a QSC event that will allow reenrollment or until the next annual Open Enrollment, unless expressly allowed in this document.

All enrollees are required to submit documentation to establish dependent eligibility for new dependents before or after enrollment based on the QSC event. See page 19 for a list of eligible dependents and pages 20 & 21 for document requirements to verify each dependent relationship. Dependent Verification should be submitted to the People First Service Center within 60 days of the addition of a new dependent.

Special Notice regarding Medicare Advantage and Prescription Drug (MA-PD) plans:

Enrollment is open year-round for MA-PD plans, however, you must meet certain requirements before you enroll in an MA-PD plan. You and your dependents (if any) must be enrolled in Medicare Parts A & B, and the People First Service Center must have a copy of your and your dependent's Medicare card on file before MA-PD enrollment is approved. If the People First Service Center does not have a copy of your Medicare card, you will remain enrolled in your current health plan and you will pay the premium for that plan.

The effective date of coverage after enrollment into one of the MA-PD plans depends upon the date in which all of the required information is supplied to the People First Service Center. All enrollment requests received after the 20th of any month will be effective on the first of the second month following your request.

- Example 1: You contact the People First Service Center on March 23 and upload the required Medicare card on the same date. The effective date of your MA-PD plan will be May 1.
- Example 2: You contacted the People First Service Center on March 3 and send in the required Medicare card on March 7. The effective date of your MA-PD plan will be April 1.

Disenrollment from an MA-PD plan would follow the same timeline.

Definition	Required Documentation and/or HR Action	Health and Supplemental Plans	Basic, Optional & Dependent Life	Healthcare FSA/Limited Purpose FSA	Dependent Care FSA
A. Change in Enrollee's Legal Marital Status					
Marriage					
<p>1. Legally recognized marriage between two persons under any state or foreign law at the time the marriage was entered into by the parties. Common law marriages, domestic partnerships, civil union partnerships, or other relationships do not constitute marriage.</p>	<p>Married < 12 months and no joint federal income tax return filed, a government-issued marriage certificate, OR</p> <p>Married =/> 12 months, a Tax Return Transcript of most recently filed federal joint income tax return.</p> <p>See pages 19-21 for additional information.</p>	<p>Employee may:</p> <ul style="list-style-type: none"> - enroll in the plan or enrollee may increase to a family tier for newly eligible spouse and any eligible dependents including preexisting dependents. - cancel or decrease coverage only when coverage becomes effective or is increased under the new spouse's plan. <p>Enrollee may change coverage option (e.g. HMO to PPO).</p>	<p>Basic – Employee may enroll or cancel.</p> <p>Optional/Dependent – Employee may enroll, cancel, increase, or decrease.</p>	<p>Employee may enroll, increase, or decrease election if enrollee or dependents become eligible under new spouse's health plan.</p>	<p>Employee may:</p> <ul style="list-style-type: none"> - enroll or increase election to accommodate newly-eligible dependents. - if eligibility is lost because new spouse does not work, decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account.

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Loss of Spouse					
2. Legal divorce	<p>Copy of final judgment or marital settlement agreement defining insurance coverage.</p> <p>Court order showing custody or guardianship to cover previously eligible dependents, such as stepchildren, made ineligible by the divorce.</p>	<p>Enrollee must remove spouse and other dependents made ineligible by the event.</p> <p>Enrollee may: - decrease coverage tier if no other covered dependents but cannot cancel. -change coverage option (e.g. HMO to PPO)</p>	<p>Basic – Employee may enroll or cancel.</p> <p>Optional/Dependent – Employee may enroll, cancel, increase or decrease.</p>	<p>Employee may: - decrease annual election to no less than the greater of the amount contributed or the amount of claims submitted as of the date the request is approved. - enroll or increase election where coverage is lost under ex-spouse’s plan.</p>	<p>Employee may: - enroll or increase election to accommodate newly eligible dependents - decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account if eligibility is lost (e.g., because dependents now reside with ex-spouse).</p>
3. Death of spouse	<p>Court order showing custody or guardianship to cover previously eligible dependents, such as stepchildren, made ineligible by the death.</p>	<p>Enrollee: - must remove spouse and other dependents made ineligible by the event. - may decrease election if no other covered dependents but cannot cancel. - change coverage option (e.g. HMO to PPO).</p> <p>Employee may elect coverage for self or dependents who lose eligibility under spouse’s plan if lost due to the death.</p>	<p>Basic – Employee may enroll or cancel.</p> <p>Optional/Dependent – Employee may enroll, cancel, increase or decrease.</p>	<p>Employee may: - decrease annual election to no less than the amount contributed as of the date the request is approved - may enroll or increase election.</p>	<p>Employee may enroll or increase election to accommodate newly eligible dependents.</p>
B. Change in Number of Enrollee’s Eligible Dependents					
Dependent Gains Eligibility					
4. Birth of child, adoption, or placement in the home for purposes of adoption in	<p>Adoption or placement for adoption - documentation is required before changes can be made.</p>	<p>Employee may enroll or enrollee may increase to a family tier.</p>	<p>Basic – Employee may enroll or cancel.</p>	<p>Employee may enroll or increase election to accommodate newly eligible dependents.</p>	<p>Employee may: - enroll or increase election to accommodate newly eligible dependents and</p>

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<p>compliance with applicable Florida state and federal laws</p>	<p>For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian.</p> <p>For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent.</p>	<p>Health plan only: if requested, enrollment or an increase in coverage may be retroactive to the first day of the month and the effective date for the child is as follows:</p> <ul style="list-style-type: none"> • Coverage for the enrollee's newborn is effective as of the date of birth. • Coverage for the adopted child is effective as of the date of the adoption or placement; or if a written adoption agreement is in place before the child is born, coverage is effective as of the date of birth. <p>Other eligible dependents may be added the first day of the month following the month the newborn or adopted child is enrolled.</p> <p>Enrollee may change coverage option (e.g., HMO to PPO).</p>	<p>Optional/Dependent – Employee may enroll, cancel, increase or decrease.</p>		<p>any other eligible dependents who were not previously covered -cancel or decrease contributions if spouse ceases to work following a birth or adoption.</p>
Dependent Loses Eligibility					
<p>5. Dependent no longer meets eligibility requirements (e.g., end of the month in which dependent turns 13 for dependent care FSA or end of</p>	<p>Based on the event; e.g., affidavit, letter from employer, etc.</p>	<p>Enrollee must remove the ineligible dependent and may decrease election only if no other covered dependents but cannot cancel.</p>	<p>Basic – Employee may enroll or cancel.</p> <p>Optional/Dependent – Employee may enroll, cancel, increase, or decrease.</p>	<p>Employee may cancel or decrease annual election to no less than the amount contributed as of the date the request is approved.</p>	<p>Employee may cancel or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is</p>

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the calendar year in which dependent turns 26 for insurance plans).		Enrollee may change coverage option (e.g., HMO to PPO).			approved and end date the account.
6. Death of dependent		Enrollee may: - decrease election if no other covered dependents but cannot cancel. - change coverage option (e.g., HMO to PPO).	Basic – Employee may enroll or cancel. Optional/Dependent – Employee may enroll, cancel, increase or decrease.	Employee may cancel or decrease annual election to no less than the amount contributed as of the date the request is approved.	Employee may cancel or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account.
Placement, Judgments, Decrees or Orders					
7. Court order that requires coverage for the enrollee's child, for legal guardianship, or for foster child in compliance with applicable state law.	For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian. For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent. documentation required before changes can be made.	Enrollee may: - enroll or increase election. Other dependents who were not previously covered may also be enrolled in coverage. - change coverage option (e.g., HMO to PPO).	No changes allowed.	Enrollee may increase election for newly eligible dependent as required under the order.	No changes allowed.
8. Court order that requires enrollee's ex-spouse to provide coverage for the child or that allows enrollee to cancel coverage for the child.	Official document from the courts or other authorized authority before changes can be made.	Enrollee may: - decrease election if no other covered dependents but cannot cancel. - change coverage option (e.g., HMO to PPO).	No changes allowed.	Employee may decrease annual election to no less than the amount contributed as of the date the request is approved.	No changes allowed.
9. National Medical Support Order	Official document from a governmental entity before changes can be made.	Enrollment in or election increase will comply with the order. Coverage option may change based on the order.	No changes allowed.	Enrollee may increase election for newly eligible dependent as required under the order.	No changes allowed.

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C. Change in Employment Status of Enrollee, Spouse, or Dependent that Affects Eligibility					
Commencement of Employment or Other Change in Employment Status that Triggers Eligibility					
<p>10. Salaried FTE New Hire</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	Appointment PAR required before changes can be made.	Employee may enroll and add eligible dependents.	<p>Basic – full-time employee automatically enrolled, and premium paid by employer; part-time employee may enroll and pay prorated premium.</p> <p>Optional/Dependent – Employee may enroll.</p>	Employee may enroll.	Employee may enroll.
<p>11. OPS new hire reasonably expected to work 30 hours or more per week in all positions.</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	Appointment PAR required before changes can be made.	Employee may enroll and add eligible dependents.	<p>Basic – Employee may enroll and pay monthly premium.</p> <p>Optional – not eligible</p> <p>Dependent – Employee may enroll.</p>	Employee may enroll.	Employee may enroll.
<p>12. OPS employee Employment Status Change –Employee’s work hours are expected to increase to an average of 30 hours or more per week.</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	Appointment PAR required before changes can be made.	Employee may enroll and add eligible dependents.	<p>Basic – Employee may enroll and pay monthly premium.</p> <p>Optional – not eligible.</p> <p>Dependent – Employee may enroll.</p>	Employee may enroll.	Employee may enroll.
<p>13. OPS employee works 30 or more hours on average per week during new hire measurement period.</p>	Work hours recorded in the People First system during a new hire measurement period that begins the first day of the month following the hire	Employee may enroll and add eligible dependents.	<p>Basic – Employee may enroll and pay monthly premium.</p> <p>Optional – not eligible.</p> <p>Dependent – Employee</p>	Employee may enroll.	Employee may enroll.

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The earliest effective date for health insurance is the first day of the month following the election.	date – required before changes can be made.		may enroll.		
14. OPS employee moves to a salaried FTE position with no break in service:	Appointment PAR required before changes can be made.	<p>If enrolled as an OPS employee, no changes allowed.</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll unless meets requirements of QSC #25.</p> <p>If not eligible as an OPS employee, treat as a new hire (see QSC #10).</p>	<p>Basic – If eligible, but not enrolled as OPS and appointment to full-time salaried FTE automatically enrolled. If eligible and enrolled as OPS, coverage continues. If not eligible as an OPS employee, treat as a new hire (see QSC #10).</p> <p>Optional – Employee may enroll, if enrolled in basic life.</p> <p>Dependent – If not enrolled, cannot enroll.</p>	<p>If enrolled as an OPS employee, election continues.</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll.</p> <p>If not eligible as an OPS employee, treat as new hire (see QSC #10).</p>	<p>If enrolled as an OPS employee, election continues.</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll.</p> <p>If not eligible as an OPS employee, treat as a new hire (see QSC #10).</p>
15. Salaried FTE or OPS employee commences Leave Without Pay (LWOP) and returns.	<p>LWOP PAR required before changes can be made.</p> <p>Return from LWOP PAR if returning the employee from LWOP before changes can be made.</p>	<p>If enrolled at the time of LWOP, same elections with same employee contributions automatically continue through the LWOP period and upon return to work; if the stability period ends while an OPS employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage terminates the last day of the stability period.</p> <p>If employee gains other group coverage during the LWOP period, coverage</p>	<p>Basic – no changes allowed; enrollment continues through the LWOP period and upon return to work. Premiums are payable by the employee while on LWOP unless salaried FTE on FSWP or Military Leave.</p> <p>Optional/Dependent – no changes allowed.</p> <p>For all life coverage, if the stability period ends while an OPS employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage</p>	May decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved.	May decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved.

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		may be canceled 60 days from the date employee returned from LWOP.	terminates the last day of the stability period. If employee gains other group coverage during the LWOP period, coverage may be canceled 60 days from the date employee returned from LWOP.		
16. Salaried FTE termination (meaning last day worked) and rehire <i>within</i> one full calendar month.	Appointment PAR if return from termination is required.	Same elections continue automatically. If not enrolled, must have an appropriate QSC event (e.g. marriage) to enroll during the remainder of the stability period. If employee gains other group coverage before rehire, coverage may be canceled 60 days from the date of rehire.			
17. OPS employee return from break in service.	Appointment PAR required before changes can be made.	Treat as OPS new hire (see QSC #11).			
18. Salaried FTE termination (meaning last day worked) and return <i>after</i> one full calendar month.	Appointment PAR required before changes can be made.	If no break in coverage, no changes allowed. If break in coverage, treat as new hire #10.	Basic – if appointed to a full-time salaried (FTE 1.0) position, employee automatically enrolled. Optional/Dependent – Employee may enroll.	Employee may enroll or continue election if personal payments made during termination; otherwise, may not enroll twice in same calendar year.	Employee may enroll.
19. OPS employee returns without a break in service	Appointment PAR required.	Same elections continue automatically. If not enrolled, must have an appropriate QSC event (e.g. marriage) to enroll during the remainder of the stability period. If employee gains other group coverage before rehire, coverage may be canceled 60 days from the date of rehire.			
Termination of Employment or Other Change in Employment Status that Causes Loss of Eligibility					
20. Full-time (FTE of 0.75 – 1.0) salaried FTE to OPS (regardless of benefits eligibility) with no break in service	Appointment and Separation PARs required before changes can be made.	If enrolled, election continues for the stability period: • The plan year if employed for more than one year	Basic – If enrolled, election continues. Optional – If enrolled, election automatically cancelled.	If enrolled, election continues.	If enrolled, election continues.

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		<ul style="list-style-type: none"> The new hire stability period if employed less than one year <p>If not enrolled as a full-time FTE, not eligible to enroll.</p>	Dependent – If enrolled, election continues.		
21. Part-time (FTE less than 0.75) salaried FTE to OPS (regardless of benefits eligibility) with no break in service.	Appointment and Separation PARs required before changes can be made.	<p>If employee was measured at less than 30 hours, the benefits are terminated when moving to OPS. Eligibility is then determined at the next 12-month measurement period.</p> <p>If the employee is in the new hire measurement period and the OPS appointment is full-time equivalent (at least 30 hours per week), the benefits are transferred, and the employee may qualify for changes under #12.</p>			
22. Termination of employment, including retirement as a vested employee (see s. 110.123(2)(h), F.S.)	Separation PAR required before changes can be made.	All elections end.	All elections end.	Election ends.	Election ends.
Continuation options if enrolled upon termination		May continue health, dental and vision through COBRA.	May convert your optional term life group insurance to a personal term life insurance policy.	May continue by completing the <i>FSA Options When Employment Ends</i> form and submitting payment.	
Continuation options if enrolled upon retirement		Retirees may continue health as a retiree and change health coverage option (e.g. HMO to PPO). Dental and vision may be continued through COBRA if previously enrolled.	Retirees may enroll in retiree life insurance or spouse life coverage ¹ , if eligible, but may not port optional life.	May completing the <i>FSA Options When Employment Ends</i> form and submitting payment. State University Employees This may or may not apply to you and your FSA. Contact your Human Resource office for more information.	
23. Death of Enrollee	Copy of death certificate within 60 days of the death or PAR to enroll in health plan as a surviving spouse.	All elections end.	All elections end.	Election ends.	Election ends.

¹ Retirees may enroll in retiree life within 31 days of losing eligibility for spouse life coverage, provided there is no break in coverage.

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Surviving spouse benefits if spouse enrolled upon death of enrollee	Enrollment within 60 days of receipt of notification of benefit options (surviving spouse package).	Spouse may continue health coverage and may COBRA the dental and vision if previously enrolled.		Surviving spouse may file claims incurred up through the date of death or use balance from leave payout to continue through the end of the calendar year. State University Employees This may or may not apply to you and your FSA. Contact your Human Resource office for more information.	
D. Change in Place of Residence of Employee, Spouse, or Dependent that Triggers a Loss of Eligibility					
24. Enrollee or dependent moves outside of the HMO service area	For Enrollee: home and/or work county code change in the People First system – required before changes can be made. For dependent: moves to college or otherwise out of the service area, documentation proving change in address – required before changes can be made.	Enrollee must work or reside in the HMO service area to make a new HMO election; otherwise, must change to the PPO.	No changes allowed.	No change allowed, even if underlying health coverage change occurs.	No change allowed.
E. Significant Cost Changes					
25. Premium increase or decrease to enrollee of at least \$20 per month as a result of change in pay plan (e.g., Career Service or OPS employee to SES), Salaried FTE (e.g., part-time to full-time), legislative premium	PAR showing salaried FTE or classification required before changes can be made. System premium update required before changes can be made.	Cost decrease: Enrollee may enroll or increase coverage level for health plan only. Cost increase: Enrollee may decrease or cancel coverage level for health plan only	Optional Life only Cost decrease due to salary reduction: enrollee may increase corresponding election. Cost increase due to salary or age band increase:	No change permitted	Election change may be made whenever there is a change in provider or a change in hours of dependent care; no change can be made when the cost change is imposed by a dependent care provider

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mandates, Optional Life age rate increase, CHIP plan premium increase, etc. Also applies to a change in dependent care needs or provider.	Refer to the Group Life Insurance Benefits Summary Brochure page 2 that shows age- rate increase.	and enroll in a different benefit option providing similar coverage, if available.	enrollee may decrease or cancel corresponding election.		who is a relative of the enrollee.
F. Curtailment of Enrollee's Benefit Package Option					
26. Significant reduction of enrollee's coverage (with or without loss of coverage) as a result of changes to state or federal laws, regulations, or policies; or the termination of a plan or plan provider.	Division of State Group Insurance review and approval prior to changes being made.	Without Loss of Coverage: Enrollee may cancel election and make new election for similar coverage. With Loss of Coverage: Enrollee may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available.	Without Loss of Coverage: Enrollee may cancel election and make new election for similar coverage. With Loss of Coverage: Enrollee may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available.	No changes allowed.	No changes allowed.
G. Gain or Loss of Other Group Coverage					
27. Gain eligibility for other group coverage, e.g., change in spouse's employment status, spouse's open enrollment, Medicare, Military Leave, or the Marketplace.	As applicable, proof of other group coverage, letter from employer. Proof of gain of coverage is required for a change to be made before the QSC event date. PAR for Military Leave, military orders sent to human resource office.	Enrollee may cancel election for self and/or dependents if Enrollee and dependents are added to other similar coverage.	If Enrollee and dependents are added to other similar coverage: Enrollee may cancel. Optional/Dependent Life- Enrollee may cancel or decrease	No changes allowed.	No changes allowed.

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	Medicare card if due to disability or normal retirement age.				
28. Lose eligibility for other group coverage, including Medicare, Medicaid, Military Leave or as a result of change in spouse's employment status.	<p>Proof of loss of coverage is required for a change to be made before the QSC event date.</p> <p>PAR for Military Leave, military orders sent to human resource office.</p>	<p>Employee may enroll or enrollee may increase coverage in plans for which the loss of eligibility occurred.</p> <p>Any other dependents who were not previously covered may also be enrolled in coverage.</p> <p>Enrollee may change coverage option (e.g., HMO to PPO).</p>	<p>Enrollee may enroll.</p> <p>Optional/Dependent Life- Enrollee may enroll or increase coverage in plans for which the loss of eligibility occurred.</p>	Employee may enroll or increase election to reflect loss of eligibility.	<p>Enrollee may:</p> <ul style="list-style-type: none"> - enroll or increase election if spouse or dependent loses eligibility. - decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account to reflect loss of eligibility for coverage (e.g., if spouse stops working).
29. Dependent becomes eligible for government subsidized health coverage (60-day window from the date of eligibility or the effective date, whichever is later).	<p>Copy of the letter from the health insurance provider (e.g., Healthy Kids, Medicaid)</p> <p>Proof of gain of coverage is required for a change to be made before the QSC event date.</p>	If no other covered dependents, enrollee may decrease health election (and dental and vision, if applicable) for subsidized dependents only, but cannot cancel.	No changes allowed.	No changes allowed.	No changes allowed.
30. Dependent becomes ineligible for government subsidized health coverage.	<p>Copy of the letter from the health insurance provider (e.g., Healthy Kids, Medicaid).</p> <p>Proof of loss of coverage is required for a change to be made before the QSC event date.</p>	Enrollee may increase health election and add dependents who lost eligibility for subsidy.	No changes allowed.	No changes allowed.	No changes allowed.

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H. Other Allowable Changes					
31. Retirees, surviving spouses, COBRA, and layoff enrollees may cancel or decrease the election to individual at any time (a QSC event is required to increase the coverage level to family).		Applies only to applicable plans under which the enrollee is currently covered.	Applies to basic life coverage only.	No changes allowed.	No changes allowed.
32. Active employees enrolled in an HDHP become eligible for Medicare	Verification of enrollees age in People First system or copy of Medicare card required before changes are made.	Health only: enrollee may remain in HDHP without an HSA or may enroll in a Standard plan with the same company.	No changes allowed.	No changes allowed.	No changes allowed.
33. Employees enrolled in a prepaid dental plan with no available dentist within a 30-mile radius of the home address (PC 11-002)	Written verification from the dental plan before changes can be made.	Dental plan only: enrollee may change to another dental plan with dentists that are accepting patients.	No changes allowed.	No changes allowed.	No changes allowed.
34. At the end of the calendar year in which dependents turn 26, over-age health insurance is available for an additional premium through the end of the calendar year in which they turn 30, provided they meet these eligibility requirements: <ul style="list-style-type: none"> • Unmarried, • Have no dependents of their own, • Resident of Florida, or a full or part-time student, and 	A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent.; OR a copy of the court order naming you or your spouse as the child's legal guardian or custodian; AND <ol style="list-style-type: none"> 1. A copy of the Affidavit of Adult Child, AND 2. One of the following documents: <ul style="list-style-type: none"> • A document confirming the child's 	Health only: may enroll if meets all eligibility requirements. Must cancel if dependent loses eligibility for any one of the requirements.	No changes allowed.	No changes allowed.	No changes allowed.

Definition	Required Documentation and/or HR Action	Health and Supplemental Plans	Basic, Optional & Dependent Life	Healthcare FSA/Limited Purpose FSA	Dependent Care FSA
Not enrolled in other health insurance.	<p>enrollment as a student in the current Spring, Summer, or Fall semesters. The document must include the name of the child, the name of the school, and the school term; OR</p> <ul style="list-style-type: none"> ○ A bill or statement in the child's name that is dated within the past 60 days and is mailed to the child at a Florida address. <p>* For stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse, as requested above.</p>				
35. Employees commence Family Medical Leave Act (FMLA)	Leave of Absence PAR required before changes are made.	Enrollee may decrease election or cancel.	Basic – Enrollee may cancel. Optional/Dependent – Enrollee may decrease election or cancel.	Enrollee may decrease annual election to no less than the greater of the amount contributed through payroll deduction or the amount of claims submitted as of the date the request is approved; when returning from FMLA can re-enroll and resume prior election with higher contributions or prorated reduction in	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved.

Definition	Required Documentation and/or HR Action	Health and Supplemental Plans	Basic, Optional & Dependent Life	Healthcare FSA/Limited Purpose FSA	Dependent Care FSA
				benefits at same contribution rate.	
36. Retiree, surviving spouse, or COBRA participant enrolled in Medicare Parts A & B due to age or disability	Copy of Medicare card showing effective date of Medicare Parts A & B required.	<p>Health only: enrollee may change coverage option (e.g. change health plan from an HMO to an MA-PD plan² or change from a PPO to HMO). Enrollee and any covered dependent must be enrolled in Medicare to be eligible to change health coverage to a Medicare Advantage and Prescription Drug Plan.</p> <p>Retirees, surviving spouses, or COBRA participants that are enrolled in Medicare may change coverage option throughout the plan year to comply federal regulations related to Medicare Advantage and Prescription Drug Plans.</p> <p>If coverage is cancelled, cannot re-enroll.</p>	Retiree basic life: can decrease coverage or cancel coverage. If coverage is cancelled a retiree cannot reenroll in the plan.	N/A	N/A
37. OPS employee change in status so that employee changes positions and is no longer expected to average 30 or more hours per week and enrolls in another health plan that provides minimal essential coverage.	PAR and proof of minimal essential coverage required before changes are made.	Health only: enrollee may cancel health election only.	No changes allowed.	No changes allowed.	No changes allowed.

² See important notice for MA-PD plans on page 2 of this document.

Definition of Eligible Dependents

An eligible dependent is defined as:

Your spouse — The person to whom you are legally married.

Your child — Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the calendar year in which he/she turns age 26.

Your stepchild — The child of your spouse for as long as you remain legally married to the child's parent through the end of the calendar year in which he/she turns age 26.

Your foster child — A child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency through the end of the calendar year in which he/she turns age 26.

Legal guardianship — A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar year in which he/she turns age 26.

Your over-age dependent — After the end of the calendar year in which he/she turns 26 through the end of the calendar year in which he/she turns 30 – if he/she is unmarried, has no dependents of his/her own, is a resident of Florida or a full- or part-time student, and has no other health insurance.

Your over-age dependent with a disability — Your covered child with intellectual or physical disabilities. This child may continue health insurance coverage after reaching age 26 and while remaining continuously covered in a State Group Insurance health plan, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability and be dependent on you for care and financial support.

Newborn child of a covered dependent — A newborn dependent of a covered dependent – a newborn child born to a dependent while the dependent is covered under the Plan. The newborn must have been added within 60 days of the birth. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.

Children of law enforcement, probation, or correctional officers — Children of law enforcement, probation, or correctional officers who were killed in the line of duty and who are attending a college or university beyond their 18th birthday.

Surviving spouse and dependents — The widow or widower of a deceased state officer, state employee, or retiree if the spouse was covered as a dependent at the time of death; or an employee or retiree who died before July 1, 1979; or a retiree who retired before January 1, 1976, under any state retirement system who is not eligible for any Social Security benefits. Upon remarriage, the widow or widower is no longer considered a surviving spouse. A surviving spouse shall report remarriage within 60 days of the remarriage. The surviving spouse and dependents, including any eligible children of a surviving spouse, if any, must have been covered at the time of the enrollee's death and the coverage must have been continuous.

Dependent Documentation

The following lists the types of eligible dependents and documents required to verify each relationship.

FOR SPOUSE:

- If married less than 12 months and you and your spouse have not filed a joint federal income tax return, a government-issued marriage certificate, **OR**
- If you and your spouse have been married for 12 or more months, a Tax Return Transcript of your most recently filed federal joint income tax return (can be obtained from <https://www.irs.gov/individuals/get-transcript> or you may call their automated phone transcript service at 800-908-9946 to order a tax return or tax account transcript be sent by mail.).

FOR CHILDREN UP TO AGE 26:

- For a child, stepchild, or adopted child: A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s).
- For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian.
- For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent.
- For a newborn child of a covered dependent up to age 18 months: A copy of the newborn's government-issued birth certificate listing your covered dependent as the birth parent.

FOR UNMARRIED CHILDREN AGE 26 UP TO AGE 30:

A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian; **AND**

1. A copy of the [Affidavit of Adult Child](#), **AND**
2. One of the following documents:
 - A document confirming the child's enrollment as a student in the current Spring, Summer, or Fall semesters. The document must include the name of the child, the name of the school, and the school term; **OR**
 - A bill or statement in the child's name that is dated within the past 60 days and is mailed to the child at a Florida address.

* If you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse, as requested above.

FOR OVER-AGE DISABLED CHILDREN:

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); **OR** a copy of the court order naming you or your spouse as the child's legal guardian or custodian, **AND**
- A Tax Return Transcript of your most recently filed federal tax return listing:
 - The child's name and the last four digits of the child's Social Security number; **AND**
 - The child as your tax dependent.

*Note: If you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse as requested above.

FOR NEWBORN CHILDREN OF A COVERED DEPENDENT:

- A copy of the newborn's government-issued birth certificate listing your covered dependent as the birth parent.