

The key determining factor for a Qualified Life Event is the loss or gain of health benefits. The following events in life can trigger a Qualified Life Event:

1. Change in legal marital status, including marriage, death of a spouse, divorce, legal separation and annulment.
2. A change in the number of dependents, including birth, death, adoption, and placement for adoption.
3. A change in employment status of the employee, or the employee's or retiree's spouse or dependent, including termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite, and a change in working conditions (including changing between part-time and full-time or hourly and salary) of the employee, the employee's or retiree's spouse or dependent which results in a change in benefits they receive under a cafeteria plan or health or dental plan.*
4. A dependent ceasing to satisfy eligibility requirements for coverage due to attainment of age, student status, marital status, or other similar circumstances.*
5. A change in place of residence of the employee, retiree or their spouse or dependent and the current carrier is not available.
6. Significant cost or coverage changes (including coverage curtailment and the addition of a benefit package).
7. Family Medical Leave Act (FMLA) leave.
8. Judgments, decrees or orders.
9. A change in coverage of a spouse or dependent under another employer's plan.
10. Open enrollment under the plan of another employer.
11. Health Insurance Portability and Accountability Act (HIPPA) special enrollment rights for new dependents and in the case of loss of other insurance coverage.
12. A COBRA-qualifying event.
13. Loss of coverage under the group health plan of a governmental or educational institution (a state's children's health insurance program, medical care program of an Indian tribal government, state health benefits risk pool, or foreign government group health plan).
14. Entitlement to Medicare or Medicaid.
15. Any other situations in which the group health or dental plan is required by the applicable federal or state law to allow a change in coverage.