

LIST OF QUALIFYING LIFE EVENTS

Timing and Required Supporting Documentation

A qualifying life event is a personal change in status which may allow you to change your benefit elections during the calendar year (outside of the Open Enrollment period). You have a specified amount of time to report the change to update your current benefit elections. The events below apply to spouses/domestic partners and eligible dependents. See the chart below for details. To initiate a change or for questions, contact [HR Services](#) or call 317-390-3148.

Qualifying Life Event	Days to Contact HRS from Event Date	Required Supporting Documentation
Marriage	31	<ul style="list-style-type: none">• Marriage Certificate
Divorce/Legal Separation	60	<ul style="list-style-type: none">• Divorce Decree or• Official court document
Name Change	Not applicable	<ul style="list-style-type: none">• Social Security Card• Contact HR Shared Services to initiate change
Domestic Partnership	See form for details	<ul style="list-style-type: none">• Domestic Partner Affidavit Form• Termination of Domestic Partnership Form
Birth	31	<ul style="list-style-type: none">• Birth Certificate or• Confirmation of Birth from the Hospital
Adoption	31	<ul style="list-style-type: none">• Official Court Adoption documents
Award of Legal Custody/Guardianship	31	<ul style="list-style-type: none">• Official Court Order documents and/or• Medical Support Order
Qualified Medical Child Support Order	Not applicable	<ul style="list-style-type: none">• Medical Support Order (benefits will be provided based on the applicable requirements of the order)
Death	31	<ul style="list-style-type: none">• Death certificate or• Letter from Coroner's Office• Letter from deceased's employer or health insurance provider
Gain/Loss of Coverage for Employee, Spouse/Domestic Partner, or Dependent Child	31	<ul style="list-style-type: none">• Letter from employer/HR* or• COBRA notification
Medicaid or Children's Health Insurance Program (CHIP) coverage because of gain or loss of eligibility	60	<ul style="list-style-type: none">• Acceptance or loss of state insurance coverage• Acceptance letter from Medicaid• Notification of coverage loss from Medicaid

*A letter listing the event, name(s) of the individual(s) affected, the type of coverage(s) gained/lost, and the effective date of the change.