

# Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

This matrix outlines the qualifying events under Section 125 which allow election changes during the Plan Year and the permissible changes allowed for each Plan Class. You will see codes, footnotes, or endnotes showing restrictions or qualifications following each action. The code definitions can be found on page 9. The endnotes (also defined on page 9) contain information that is referred to on more than one page. Information that only refers to one place is placed in footnotes with that information shown at the bottom of that particular page. The P/C column refers to Personal or Corporate events and are defined on the **Statement of Qualifying Event Form** attached to the **Personal Benefit Election Change Request Form** or the **Corporate Benefit Election Change Order Form**, whichever is applicable. This matrix does not address changes to individually owned policies under a Health Premium Reimbursement Plan. To find allowable changes, look under the Plan Class pertinent to the individually owned policy.

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
<b>1. STATUS CHANGES</b>											
<b>1.1 Change in Employee's Legal Marital Status</b>											
1.1.1 Employee Gains Spouse: Marriage	P-1	Add sp/dep: H1,C,T Drop dependents: C1 Drop Coverage: C1	Add sp/dep: H2,C,T Drop dependents: C1 Drop Coverage: C1	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Increase coverage: C,H2 Decrease coverage <sup>1</sup> : C	Add Coverage <sup>2</sup> : C2 Increase coverage <sup>2</sup> : C2 Drop Coverage <sup>3</sup> : C2 Decrease coverage <sup>3</sup> : C2	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN
1.1.2 Lose Spouse: Divorce, Legal Separation, Annulment, Death of Spouse	P-2	Add Coverage <sup>4</sup> : C,H1 Add dependents <sup>4</sup> : H1,C Revoke election only for spouse: C	Add Coverage <sup>4</sup> : C,H2 Add dependents <sup>4</sup> : C,H2 Revoke election only for spouse: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: C, H2 <sup>5</sup> Increase Coverage: C, H2 <sup>5</sup> Decrease coverage <sup>6</sup> : C,H2	Add Coverage <sup>2</sup> : C2 Increase Coverage <sup>2</sup> : C2 Drop Coverage <sup>7</sup> : C2 Decrease coverage <sup>7</sup> : C2	Add Coverage <sup>4</sup> : C,H2 Add dependents <sup>4</sup> : C,H2 Revoke election only for spouse: C	Add Coverage <sup>4</sup> : C,H2 Add dependents <sup>2</sup> : C,H2 Revoke election only for spouse: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN
<b>1.2 Change in Number of Employee's Dependents</b>											
1.2.1 Gain Dependent: Birth, Adoption, Legal Guardianship	P-3	Add Coverage: H1,T,C Add sp/dep: H1,T,C	Add Coverage: H2 T,C Add sp/dep: C,H2,T	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: C,H2 Increase coverage: C, H2	Add Coverage: C2 Increase coverage C2,	Add Coverage: H2,T,C Add sp/dep: H2,T,C	Add Coverage: H2 T,C Add sp/dep: H2,T,C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN

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1.2.2 Lose Dependent: Death, Placement for Adoption	P-4	Drop affected dependent: C	Drop affected dependent: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Decrease coverage <sup>8</sup> : C	Decrease coverage <sup>6</sup>	Drop affected dependent: C	Drop affected dependent: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN
<b>1.3 Change in Employment Status of Employee, Spouse, or Dependent that Affects Eligibility*</b>											
1.3.1 Employee Gains Eligibility under Employer's Plan	P-5	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EY,C	Add Coverage: EY,C2	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN
1.3.2 Employee Maintains Prior Eligibility under Employer's Plan after return from termination or unpaid leave within 30 days.	C-2	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup> :	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9 10</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup> :	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>	Reinstate prior election at termination unless another event has occurred that allows a change <sup>9</sup>
1.3.3 Employee Rehired or returns from non-FMLA leave without pay after 30 days <sup>19</sup>	P-5	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.
1.3.4 Employee Loses Eligibility under Employer's Plan through Change in Employment	C-1	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>	Drop Coverage <sup>11</sup>

\* Can be such events as starting or ending employment; switching between part time and full time, hourly and salary; starting or ending strike/lockout; or any other event causing gain or loss of eligibility.

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Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
1.3.5 Spouse/Dependent Gains Eligibility under their Employer's Plan	P-6	Drop Coverage <sup>12</sup> Drop sp/dep <sup>12</sup>	Drop Coverage <sup>12</sup> Drop sp/dep <sup>12</sup>	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Decrease coverage <sup>12</sup> : C	Add Coverage <sup>13</sup> Increase coverage <sup>13</sup> Drop Coverage <sup>12</sup>	Drop Coverage <sup>12</sup> Drop sp/dep <sup>12</sup>	Drop Coverage <sup>12</sup> Drop sp/dep <sup>12</sup>	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN
1.3.6 Spouse/Dependent Loses Eligibility under their Employer's Plan	P-7	Add Coverage <sup>14</sup> : T,H1 Add sp/dep <sup>14</sup> : T, H1,	Add Coverage <sup>14</sup> : T, H2 Add sp/dep <sup>14</sup> : T, H2	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Add Coverage <sup>14</sup> : H2 Increase coverage <sup>14</sup> : H2	Add Coverage <sup>14</sup> Increase coverage <sup>14</sup> Drop Coverage <sup>15</sup>	Add Coverage <sup>14</sup> : T, H2 Add sp/dep <sup>14</sup> : T, H2	Add Coverage <sup>14</sup> : T, H2 Add sp/dep <sup>14</sup> : T, H2	Increase coverage: EN Decrease coverage: EN
<b>1.4 Event Causing Employee's Dependent to Satisfy or Cease to Satisfy Eligibility Requirement*</b>											
1.4.1 Dependent Gains Eligibility under Employee's Plan	P-8	Add dependents: C,T	Add dependents: C,T	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Add Coverage <sup>16</sup> : C Increase coverage <sup>16</sup> : C	Add Coverage <sup>8</sup> : C2 Increase coverage <sup>8</sup> : C2	Add dependents: C,T	Add dependents: C,T	Increase coverage: EN Decrease coverage: EN
1.4.2 Dependent Loses Eligibility under Employee's Plan	P-9	Drop affected dependent: C	Drop affected dependent: C	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Decrease coverage: <sup>8</sup> C	Decrease coverage <sup>8</sup> : C2	Drop affected dependent: C	Drop affected dependent: C	Increase coverage: EN Decrease coverage: EN
<b>1.5 Change in Place of Residence of Employee, Spouse, or Dependent</b>											
1.5.1 Move by Employee Causes Gain of Eligibility	P-10	Add Coverage: EY,C	Add Coverage: EY,C	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage <sup>17</sup> : C Decrease coverage <sup>17</sup> : C	Not applicable.	Add Coverage: EY,C	Add Coverage: EY,C	Increase coverage: EN Decrease coverage: EN
1.5.2 Move by Employee causes Loss of Eligibility	P-11	Drop and elect similar coverage: E,C,DY	Drop and elect similar coverage: E, C,DY	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase Coverage: EN Decrease Coverage: EN	Increase coverage <sup>17</sup> : C Decrease coverage <sup>17</sup> : C	Not applicable.	Drop and elect similar coverage: E, C,DY	Drop and elect similar coverage: E, C,DY	Increase Coverage: EN Decrease Coverage: EN
1.5.3 Employee moves out of HMO Service Area*	P-12	Drop and elect similar coverage: E,C,DY	Drop and elect similar coverage: E,C,DY	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	No change allowed. <sup>18</sup>	Not applicable	Drop and elect similar coverage: E,C,DY	Drop and elect similar coverage: E,C,DY	Increase coverage: EN Decrease coverage: EN

\* Can be such actions as attaining a specified age; switching between single and married, student or non-student, or any other event causing gain or loss of eligibility.

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1.5.4 Spouse's or Dependent's move causes gain of eligibility	P-13	Add sp/dep: EY,C	Add sp/dep: EY,C	Increase Coverage: EN Decrease Coverage: EN	Increase Coverage: EN Decrease Coverage: EN	Increase Coverage: EN Decrease Coverage: EN	Increase coverage <sup>17</sup> : C Decrease coverage <sup>17</sup> : C	Not applicable.	Add sp/dep: EY,C	Add sp/dep: EY,C	Increase Coverage: EN Decrease Coverage: EN
1.5.5 Spouse's or Dependent's move causes loss of eligibility	P-14	Drop sp/dep: E,C	Drop sp/dep: E,C	Increase Coverage: EN Decrease Coverage: EN	Increase Coverage: EN Decrease Coverage: EN	Increase Coverage: EN Decrease Coverage: EN	Increase coverage <sup>17</sup> : C Decrease coverage <sup>17</sup> : C	Not applicable.	Drop sp/dep: E,C	Drop sp/dep: E,C	Increase Coverage: EN Decrease Coverage: EN
<b>2. SMALL COST CHANGES<sup>19</sup></b>											
<b>2.1 Small Cost Changes<sup>19</sup></b>											
2.1.1 Employer- Initiated Automatic Small Cost Changes: Includes Collective Bargaining	C-3	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost
2.1. <sup>20</sup> Employer-Submitted Automatic Small Cost Changes for Individuals <sup>†</sup>	C-4	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost
2.1.3 Employee-Initiated Small Cost Changes: DCAP Provider or Personal Policy	P-15, 16	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Increase or Decrease Cost <sup>‡ 19</sup>	Not applicable	Not applicable	Not applicable
<b>3. SIGNIFICANT COST CHANGES<sup>19</sup></b>											
<b>3.1 Significant Cost Increases<sup>19</sup></b>											
3.1.1a <sup>20</sup> Employer-Submitted Significant Cost Increase	C-3	Increase Costs	Increase Costs	Increase Costs	Increase Costs	Increase Costs	No change allowed.	Not applicable	Increase Costs	Increase Costs	Increase Costs

\* Notice that the employee has the option of dropping the election even when similar coverage is available.

† Includes pre-established cost change parameters such as increases in life insurance triggered by salary increase or credit provisions, changes resulting from employee satisfying requirement such as stop smoking, or any similar event which changes cost of premium.

‡ No change allowed if day care provider is a relative of the employee.

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3.1.1b Permitted Response by Employee to Employer-Submitted Significant Cost Increase	P-17	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	No change allowed.	Not applicable	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY
<b>3.2 Significant Cost Decreases<sup>19</sup></b>											
3.2.1a Employer-Submitted Significant Cost Decrease		Decrease Costs	Decrease Costs	Decrease Costs	Decrease Costs	Decrease Costs	No change allowed	Not applicable	Decrease Costs	Decrease Costs	Decrease Costs
3.2.1b Permitted Response by Employee to Significant Cost Decrease	P-18	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	No change allowed	Not applicable	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage
<b>4. SIGNIFICANT CURTAILMENT OF COVERAGE</b>											
<b>4.1 Significant Coverage Curtailment</b>											
4.1.1a Employer-Initiated Significant Coverage Curtailment	C-5	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	No change allowed.	No change allowed.	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment
4.1.1b Permitted Response by Employee to Significant Coverage Curtailment	P-19	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	No change allowed.	No change allowed.	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN
4.1.1c Permitted Response by Employee to Curtailment Resulting in Loss of Coverage*	P-20	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	No change allowed.	No change allowed.	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY
<b>5. ADDITION OR IMPROVEMENT OF BENEFIT PACKAGE OPTION</b>											
<b>5.1 Change in Benefits Offered under Cafeteria Plan</b>											
5.1.1a Employer Adds New Benefit or Option	C-6	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System

\* Complete loss of coverage under the benefit package option or other coverage option (such as HMO ceasing to be available where employee reside or employee losing coverage because of overall annual or lifetime limitation). Plan has discretion to treat the following as a loss of coverage: substantial decrease in medical care providers, reduction in benefits for specific type of medical condition that employee or dependents are being treated , and similar fundamental coverage loss (this leaves room for additional reasons).

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5.1.1b Permitted Response by Employee to Addition of New Benefit or Option	P-21	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	No change allowed.	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage
5.1.2a Employer Drops Existing Benefit or Option	C-7	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.2b Permitted Response by Employee to Drop of Existing Benefit or Option	P-19	Elect similar coverage	Elect similar coverage	Elect similar coverage	Elect similar coverage	Elect similar coverage	No change allowed.	Elect similar coverage	Elect similar coverage	Elect similar coverage	Elect similar coverage
5.1.3a Employer Replaces one Benefit or Option with Similar Benefit or Option	C-8	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.3b Permitted Response by Employee to Replacement of Benefit or Option	P-20	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.* <sup>D</sup>	No change allowed.	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.*	No change allowed unless considered significant cost increase or coverage curtailment.*
5.1.4a Significant Improvement of Benefit or Option		Enter event in system.	Enter event in system.	Enter event in system.	Enter event in system.	Enter event in system.	No change Allowed	Not Applicable	Enter event in system.	Enter event in system.	Enter event in system.
5.1.4b Permitted Response by Employee to Significant Improvement of Benefit or Option	P-22	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	No change allowed.	Not applicable.	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage
5.15 Employee changes DCAP providers	P-21	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Change Deductions to reflect new rates <sup>†</sup>	Not applicable	Not applicable	Not applicable

\* See significant cost change or coverage curtailment section for employee options.

† Deductions can be changed to zero if relative is keeping child for free.

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5.16 DCAP Provider FN changed rates	P- 22	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Change Deductions to reflect new rates*			
<b>6. CHANGE IN COVERAGE UNDER ANOTHER EMPLOYER PLAN†</b>											
<b>6.1 Change in Coverage of Spouse or Dependent under Another Employer Plan†</b>											
6.1.1 Another Employer Plan Adds or Increases Coverage <sup>20</sup>	P- 23, P- 25	Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	No change allowed.	Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>
6.1.2 Another Employer Plan Drops or Decreases Coverage <sup>20</sup>	P- 24 P- 26	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup>	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup>	Add Coverage <sup>22</sup> Increase coverage: <sup>22</sup>	Add Coverage <sup>22</sup> Increase coverage: <sup>22</sup>	Add Coverage <sup>22</sup> Increase coverage: <sup>22</sup>	No change allowed.	Add Coverage <sup>22</sup> Increase coverage: <sup>22</sup>	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup>	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup>	Add Coverage <sup>22</sup> Increase coverage: <sup>22</sup>
6.1.3 Open Enrollment under Employer Plan of Spouse or dependent <sup>†</sup>	P- 27	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup> Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup> Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Add Coverage <sup>22</sup> Increase coverage <sup>22</sup> Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	Add Coverage <sup>22</sup> Increase coverage <sup>22</sup> Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	Add Coverage <sup>22</sup> Increase coverage <sup>22</sup> Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	No change allowed.	Add Coverage <sup>22</sup> Increase coverage <sup>22</sup> Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup> Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Add Coverage <sup>22</sup> Add sp/dep <sup>22</sup> Drop Coverage <sup>21</sup> Drop sp/dep <sup>21</sup>	Add Coverage <sup>22</sup> Increase coverage <sup>22</sup> Drop Coverage <sup>21</sup> Decrease coverage <sup>21</sup>
6.1.4 Employee, Spouse, or Dependent loses coverage under group health plan of a governmental or educational institution‡	P- 29 P- 30	Add Coverage <sup>§</sup> Add affected dependent	Add Coverage <sup>§</sup> Add affected dependent	Not Applicable	Not Applicable	Not Applicable	No change allowed.	Not Applicable	Add Coverage <sup>§</sup> Add affected dependent	Add Coverage <sup>§</sup> Add affected dependent	Not Applicable

\* DCAP Provider cannot be relative.

† Rates cannot be changed if the Day Care Provider is a relative.

† The employer plan can be a cafeteria plan or qualified benefits plan of the same employer or of another employer,

‡ Includes (a) A State's child health insurance program (SCHIP) under Title XXI of the Social Security Act, (b) a medical care program of an Indian Tribal government (as defined in Section 7701(a)(40)), the Indian Health Service, or a tribal organization, (c) a State health benefits risk pool, or (d) a Foreign government group health plan.

§ Evidently, only the affected person can be added. If so, the only time coverage previously not elected can only be added if the affected individual is the employee.

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<b>7. FMLA LEAVE</b>											
<b>7.1 Commencement of FMLA Leave</b>											
7.1.1 Employee begins FMLA Leave	P-31	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA
<b>7.2 Return from FMLA Leave</b>											
7.2.1 Employee returns from FMLA Leave	P-32	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA
<b>8. COBRA EVENTS</b>											
<b>8.1 COBRA (or similar state law continuation) Events</b>											
8.1.1 Employee COBRA Event with Employee remaining eligible for Cafeteria Plan*	P-33	Increase coverage <sup>23</sup>	Increase coverage <sup>23</sup>	No change allowed	No change allowed	No change allowed	No change allowed	No change allowed	Increase coverage <sup>23</sup>	Increase coverage <sup>23</sup>	No change allowed.
8.1.2 Spouse/Dependent COBRA Event†.	P-34	Increase coverage <sup>23 24</sup>	Increase coverage <sup>23 24</sup>	No change allowed	No change allowed	No change allowed	No change allowed	No change allowed	Increase coverage <sup>23 24</sup>	Increase coverage <sup>23 24</sup>	Increase coverage <sup>23 24</sup>
<b>9. JUDGMENT, DECREE, OR ORDER</b>											
<b>9.1 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent Child to be Provided by Employee</b>											
9.1.1 Judgment, Decree, or Order Requires Coverage under Employee's Plan	P-35	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	No change allowed.	No change allowed.	No change allowed.	Add Coverage: C Increase coverage	No change allowed.	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	No change allowed.

\* Such as reduction in work hours resulting in employee no longer eligible for employer contribution credit.

† Such as dependent reaching maximum age under group plan and employee continues coverage for dependent under COBRA.



**Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes**

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
<b>9.2 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent to be Provided by Spouse, Former Spouse, or Other Person</b>											
9.2.1 Judgment, Decree, or Order Requires Spouse, Former Spouse, or Other Person to Provide Coverage	P-36	Drop affected dependent: C3	Drop affected dependent: C3	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: C3	No change allowed.	Drop affected dependent: C3	Drop affected dependent: C3	No change allowed.
<b>10. ENTITLEMENT TO MEDICARE OR MEDICAID*</b>											
<b>10.1 Employee or Employee's Spouse or Dependent Becomes Entitled to Medicare and Medicaid *</b>											
10.1.1 Employee Becomes Entitled	P-37	Drop Coverage	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: C Increase coverage <sup>25</sup>	No change allowed.	No change allowed.	No change allowed.	No change allowed.
10.1.2 Spouse/Dependent under Employer's Plan Becomes Entitled	P-38	Drop sp/dep:	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: C Increase coverage <sup>25</sup>	No change allowed.	No change allowed.	No change allowed.	No change allowed.
<b>10.2 Employee or Employee's Sp/dep Loses Eligibility for Medicare and Medicaid</b>											
10.2.1 Employee Loses Eligibility	P-39	Add Coverage: C	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Increase coverage: C Decrease <sup>26</sup> coverage	No change allowed.	No change allowed.	No change allowed.	No change allowed.
10.2.2 Spouse/Dependent under Employer's Plan Loses Eligibility	P-40	Add sp/dep: C	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Increase coverage: C Decrease coverage <sup>26</sup>	No change allowed.	No change allowed.	No change allowed.	No change allowed.
<b>11. ADMINISTRATIVE EVENTS</b>											
<b>11.1 Correcting Obvious Errors†</b>											
11.1.1 Employee mistake in an making election	C-9	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.

\* Other than coverage solely for pediatric vaccines.

† Must have "clear and convincing" evidence.

**Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes**

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
11.1.2 Employer mistake in recording election	C-10	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.
<b>11.2 Employee Fails Medical Underwriting</b>											
11.2.1 Participant fails medical underwriting	C-11	Not applicable	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Not applicable	Not applicable	Not applicable	Not applicable	Revoke coverage as of date it was added.
<b>11.3 Adjustments to Meet Federal Requirements<sup>19</sup></b>											
11.3.1 Changes needed to maintain plan's status under Code § 125 or to prevent violation of the nondiscrimination rules.	C-12	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C

**Notes:**

- Change in eligibility for non-employer-sponsored coverage (other than Medicare and Medicaid) will not allow a change.
- Dependent is defined to be a tax dependent under Code § 152 except, for accident or health coverage, any child to whom Code § 152(e) applies is treated as a dependent of both parents.
- Health FSA coverage can never be changed solely on account of a change in cost or coverage under another plan.
- Increase coverage can be increases in volume, dollar, or amount.
- A plan may treat coverage by another employer, such as a spouse's or dependent's employer, as similar coverage.

## Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

### CODES USED IN MATRIX

- C..... Must be consistent with change.
- C1..... Only if coverage for individual becomes effective or is increased under the other employer's plan.
- C2..... Consistency rule is satisfied if the election change is on account of and corresponds with a change of status that either (1) affects eligibility for coverage under an employer's plan or (2) affects eligibility of DCAP expenses for tax exclusions under Code § 129.
- C3 ... Coverage for the affected dependent cannot be dropped unless the coverage is actually picked up by the spouse, former spouse, or other person.
- DY .... Can drop altogether if alternative coverage is not available.
- DN .... Cannot drop even if alternative coverage is not available.
- D..... Can drop even if alternative coverage is available.
- E ..... Eligibility must be affected.
- EN .... Eligibility need not be impacted.
- EY..... Eligibility must be gained.
- H1..... HIPAA special enrollment rights apply. (Retroactive election changes are only allowed for changes resulting from birth, adoption, or placement for adoption submitted within 30 days of event.)
- H2..... HIPAA special enrollment rights likely do not apply.
- H3..... HIPAA special enrollment rights do not apply.
- PD .... Must be addressed in Plan Document.
- T ..... Tag-Along Rule applies (can change for dependents who were previously eligible for coverage).

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<sup>1</sup> If employee or dependents become eligible dependents under new spouse's health plan.

<sup>2</sup> If change creates or increases need for child care.

<sup>3</sup> If spouse is not employed or makes DCAP FSA election on spouse's employer's Plan

<sup>4</sup> If eligibility is lost under spouse's plan as a result of the divorce, legal separation, annulment or death

<sup>5</sup> Only if coverage is lost under spouse's major medical plan.

<sup>6</sup> To take into account expenses of affected spouse.

<sup>7</sup> If change decreases or negates need for day care

<sup>8</sup> To take into account expenses of affected dependent.

<sup>9</sup> Can have Plan Documents prohibit participation until next plan year.

<sup>10</sup> Balances and current annual election remain the same and employee cannot be made to make up missed contributions.

<sup>11</sup> Underlying coverages ceases in accordance with component plan.

<sup>12</sup> If added to spouse's or dependent's coverage.

<sup>13</sup> If spouse previously did not work.

<sup>14</sup> If dropped from spouse's or dependent's coverage.

<sup>15</sup> If spouse no longer works.

<sup>16</sup> Only if dependent gains eligibility under Health FSA.

<sup>17</sup> If underlying health coverage change occurs.

<sup>18</sup> Not even if underlying health coverage change occurs.

<sup>19</sup> Must be addressed in plan documents.

<sup>20</sup> Includes cost changes resulting from actions taken by employee, such as switching from full-time to part-time or vice-versa.

## Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

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- <sup>21</sup> If employee, spouse, or dependent have received corresponding increased coverage or added coverage under other employer's plan.
- <sup>22</sup> If employee, spouse, or dependent have received corresponding decreased coverage or dropped coverage under other employer's plan.
- <sup>23</sup> To cover increased amount of employee's contribution.
- <sup>24</sup> If individual still qualifies as tax dependent of employee.
- <sup>25</sup> Only if prior employer coverage was more comprehensive.
- <sup>26</sup> On if the employer plan is more comprehensive.