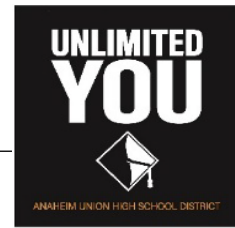


Proof of Qualifying Life Event (QLE)



Who should use this form?

A qualifying life event is a change in your life that lets you apply or change your health care coverage outside the annual Open Enrollment period. This is called a Special Enrollment period.

Examples include: getting married, having a baby, divorcing, adopting a child, guardianship, gaining or losing coverage because you or your dependent lost your job.

Step 1: Your Information

First name:

Last name:

Employee ID #:

Step 2: Qualifying Life Event information

Qualifying Life Event number(s) from **Step 3**:

Date of Qualifying Life Event (mm/dd/yyyy) *:

If you are **adding** a dependent, complete the following.:

	FIRST NAME	MIDDLE INITIAL	LAST NAME	GENDER	BIRTH DATE	RELATIONSHIP
Dependent 1						
Dependent 2						
Dependent 3						
Dependent 4						
Dependent 5						

If you are **dropping** a dependent, complete the following:

	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				
Dependent 5				

Step 3: Proof of your Qualifying Life Event & Instructions for Submittal

- First, complete the form and indicate which items you will be submitting for proof.
- **DO NOT SEND YOUR PROOF THROUGH EMAIL.** A secure upload link will be emailed to you from the AUHSD benefits department OR you will be able to upload securely through AFEnroll.
- Your proof must be provided within 30 days from the date of the qualified life event.

Qualifying Life Event	Type of proof
<p>1. Loss of coverage - employee or dependent</p> <p>Proof must be provided within 30 days from the date of event.</p> <p><u>Important:</u> This is NOT a qualifying life event if:</p> <ul style="list-style-type: none"> • You're losing coverage because you didn't pay your premiums. • You had Medicare Part B coverage and don't have any other coverage. • You voluntarily ended your coverage. • You had temporary or short-term coverage like traveler's insurance. <p>Check all necessary boxes.</p> <p><u>Eligibility</u> All plans - first of the month following the QLE date.</p>	<p><u>Provide one of these:</u></p> <p>From Medi-Cal, Medicare or other government programs</p> <p><input type="checkbox"/> Letter from your carrier showing a coverage end date or change in premium.</p> <p><input type="checkbox"/> Letter or notice from Medi-Cal, or CHIP coverage ended or will end.</p> <p><input type="checkbox"/> Letter or notice from a government program, like TRICARE or Medicare, stating when that coverage ended or will.</p> <hr/> <p>From COBRA</p> <p><input type="checkbox"/> Letter showing your former employer's offer of COBRA coverage or stating when your COBRA coverage ended or will end.</p> <hr/> <p>From your employer</p> <p><input type="checkbox"/> Letter or document from your former employer stating the reason your former employer dropped or will drop coverage or benefits for you, your spouse, domestic partner, or dependent family member and the date this coverage ended or will end.</p> <p><input type="checkbox"/> Letter or document from your former employer stating the employer stopped/will stop contributing to the cost of coverage and the date this contribution ended/will end.</p> <p><input type="checkbox"/> Letter from your employer stating you lost coverage because of a reduction in work hours.</p> <p><input type="checkbox"/> Letter or documents that indicates your coverage is ending due to age.</p> <hr/> <p>Other loss of coverage</p> <p><input type="checkbox"/> Final Divorce Decree – EMPLOYEE ONLY - (if you are adding a child(ren) see section 3).</p> <p><input type="checkbox"/> Letter from the student health plan indicating when student health coverage ended or will end (under age 26).</p> <p><input type="checkbox"/> Letter or other document from Social Security office stating that the person who covers you on their health plan is entitled to Medicare.</p> <p><input type="checkbox"/> Letter or other document from an employer stating that the person who covers you on their health plan is starting new employer coverage.</p> <p><input type="checkbox"/> Dated military discharge papers or Certificate of Release, with the date coverage ended or will end, if you're losing coverage because you're no longer on active military duty.</p> <p><input type="checkbox"/> Letter from your spouse's or domestic partner's employer showing their Open Enrollment period differs, which accounts for your need for other coverage.</p> <p><u>And provide for each person enrolling:</u></p> <p>For All enrollees</p> <p><input type="checkbox"/> Social Security card, ITIN card OR your most recent W2 with visible Social Security number, or page 1 of the signed Federal Tax Return (1040, 1040A, 1040EX) with visible Social Security number as filed with the IRS, or official tax transcript with visible Social Security number.</p> <p><u>And provide:</u></p> <p>For Spouse</p> <p><input type="checkbox"/> Marriage certificate from the county or state of marriage showing the date of the marriage OR official government record of the marriage, including a foreign record of marriage (translated to English by the embassy and notarized) showing the date of the marriage OR official government record, showing date of State-Registered domestic partnership.</p>

For Birth child or Stepchild

- Certified birth certificate (not the hospital record) reflecting the child is the employee's, spouse's, or domestic partner's child **OR** Military record reflecting the child is the employee's, spouse's, or domestic partner's child with the child's birth date and place of birth.

For Adopted child or child in Guardianship

- Final judgement of the adoption order, dated and signed by a court official **AND** the certified birth certificate.
- Court order of legal guardianship, dates and signed by a court official **AND** the certified birth certificate.

2. Adding a dependent through marriage or domestic partnership

Proof must be provided within **30 days** from the date of event.

Check 2 boxes total.

Eligibility

Medical plan – date of QLE
All other plans – first of the month following the QLE date.

Provide one of these:

- Marriage certificate from the County or State of marriage showing the date of the marriage.
- Official government record of the marriage, including a foreign record of marriage (translated to English by the embassy and notarized) showing the date of the marriage.
- Official government record, showing date of State-Registered domestic partnership.

Note: if adding a child see section 3 below

And one of these:

- Social Security card or ITIN card.
- Most recent W2 with visible Social Security number, or page 1 of the signed Federal Tax Return (1040, 1040A, 1040EX) with visible domestic partner number as filed with the IRS, or official tax transcript with visible Social Security number.

3. Adding a child under the age of 26, or guardianship of a child under the age of 18

Proof must be provided within **30 days** from the date of event.

Check 2 boxes total.

Eligibility

Medical plan – date of QLE
All other plans – first of the month following the QLE date.

Provide one of these:

Birth of a child or adding a child due to loss of their coverage

- Certified birth certificate (not the hospital record) reflecting the child is the employee's child.
- Military record reflecting the child is the employee's child with the child's birth date and place of birth.

Stepchild (if your spouse or domestic partner is currently enrolled)

- Certified birth certificate (not the hospital record) reflecting the child is the employee's, spouse's, or domestic partner's child.
- Military record reflecting the child is the employee's, spouse's, or domestic partner's child with the child's birth date and place of birth.

Adopted child

- Final judgement of the adoption order, dated and signed by a court official, **AND** the certified birth certificate.

Guardianship child

- Court order of legal guardianship, dates and signed by a court official.

And one of these:

- Social Security card.
- Most recent W2 with visible Social Security number, or page 1 of the signed Federal Tax Return (1040, 1040A, 1040EX) with visible Social Security number as filed with the IRS, or official tax transcript with visible Social Security number.

<p>4. Child support order or other court order to cover a dependent</p> <p>Proof must be provided within 30 days from the date of event.</p> <p><u>Eligibility</u> All plans - first of the month following the QLE date.</p>	<p><u>Provide this:</u></p> <p><input type="checkbox"/> Signed court order with court filing date stamp.</p> <p><u>And these:</u></p> <p><input type="checkbox"/> Social Security card.</p> <p><input type="checkbox"/> Certified birth certificate (not the hospital record).</p>
<p>5. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation</p> <p>Proof must be provided within 30 days from the date of event.</p>	<p><input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.</p>

Step 4: Submitting Your Proof

The Anaheim Union High School District benefits department will provide you a secure link for you to upload your proof. Check your email. Original documents will be accepted through the District benefits department BY APPOINTMENT ONLY. Please email benefits@auhsd.us with questions.

Step 5: Acknowledgement

By submitting this Qualified Life Event form and providing proof of your qualifying life event, you're stating that the qualifying life event happened. The Anaheim Union High School District Risk Management department will rely on your signature and proof to decide if you can enroll during a special enrollment period. If it is determined that the qualifying life event did not happen, or the Risk Management department learns of any other inaccuracy in the information that you submit, legal action may be taken. The legal action may include but is not limited to canceling your coverage retroactively to the day it started. You may also be responsible for the full charges of any services that you received.

Employee Signature

Date

Office Use Only

Date Received

Approved by _____ Effective Date: _____

Denied Reason _____