

Life Event Documentation Guide

Documentation required to add change or remove benefit coverage

When a qualifying life event changes who is eligible for coverage, you may be able to update your benefit elections outside of annual enrollment. HICV must receive a timely request and documentation that verifies the event before the change can be approved.

The 30 day documentation standard

All supporting documentation must have been issued or dated within the 30 calendar days immediately before you submit your request. Submit your life event request within 30 calendar days of the event unless the HICV Benefits Team confirms that a different deadline applies. If an official record is not available before the deadline, submit your request on time and contact the Team Member Connect immediately. Do not wait for the final document without first notifying TM Connect.

Every document should clearly show

- The full name of each person affected by the change
- The type of life event and the event or coverage effective date
- The issuing organization, carrier, employer, agency, court or government office
- All relevant pages in a complete and legible format

How to request a change

- 1 Start the life event request.** Use the HICV UKG Portal to submit your change request: Click on Myself → Life Events → I have a qualifying life event, and select the date of the event.
- 2 Choose elections consistent with the event.** Only changes related to the event may be approved.
- 3 Upload current proof.** Email the required documentation to TM Connect and confirm it is dated within the prior 30 days.
- 4 Review confirmation.** Coverage is not changed until the request is approved and the effective date is confirmed.

Administrative updates

A name correction, address update or preference change does not automatically permit a midyear coverage election change. A legal name change may require a marriage certificate, divorce decree, court order or updated government identification, but the name change alone may not create a right to add or remove coverage.

Questions or unusual circumstances: Team Member Connect

Contact Team Member Connect before the deadline. The team can confirm the correct event category, required proof and applicable submission window.: TMConnect@holidayinnclub.com or (407) 395-6400

Plan rules control

This guide is an administrative summary and is not a plan document or guarantee of eligibility. HICV and the applicable plan administrator will review each request under the governing plan documents, carrier rules and applicable law. If this guide conflicts with those requirements, the governing requirements control.

Documentation to add coverage

Use the documents below to support enrollment of an eligible spouse, child or other dependent. Additional dependent eligibility verification may be requested.

Life event	Coverage action	Documentation to provide
Marriage	Add an eligible spouse and make related election changes	Government issued marriage certificate or certified marriage record showing both names and the date of marriage.
Birth	Add a newborn child	Birth certificate, hospital proof of birth or other official record showing the child's name, parent name and date of birth. Provide the Social Security number when available.
Adoption or placement for adoption	Add an eligible child	Adoption decree, placement agreement, court document or licensed agency letter showing the child, employee or spouse, and placement or adoption date.
Legal guardianship	Add an eligible child or dependent	Signed court order or official guardianship document identifying the guardian, dependent and effective date.
Loss of other group coverage	Add the affected employee or dependents	Employer or carrier letter, termination notice or COBRA notice showing each affected person, the type of coverage, the last day of coverage and the reason coverage ended.
Spouse or dependent employment change	Add affected family members after their coverage ends	Employer or carrier verification showing the employment or eligibility change, affected names, and the coverage termination date.
Medicaid or CHIP coverage ends	Add the affected employee or dependents	Agency termination or loss of eligibility notice showing each affected person and the last day of coverage. (60 day enrollment permitted)
Court order or qualified medical child support order	Add a child or modify coverage as directed	Complete signed court order, National Medical Support Notice or qualified medical child support order showing the covered person and effective date.

Important Voluntarily canceling other coverage or losing coverage because premiums were not paid may not qualify as a life event. HICV will determine eligibility under the applicable plan rules.

Documentation to remove or reduce coverage

Documentation must identify who is affected and when the individual became ineligible or obtained other coverage.

Life event	Coverage action	Documentation to provide
Divorce or legal separation	Remove a former spouse and make related election changes	Final divorce decree or signed legal separation order showing the parties and effective date. Provide all pages needed to verify the event.
Death of a covered dependent	Remove the deceased dependent	Death certificate or other official government record showing the dependent's name and date of death. Contact Benefits promptly if the certificate is pending.
Gain of other coverage	Remove or reduce HICV coverage for affected individuals	Enrollment confirmation or employer or carrier letter showing each covered person, the type of coverage and the new coverage effective date.
Dependent no longer eligible	Remove the affected dependent	Official document showing the eligibility change and date, such as an order ending guardianship or a plan eligibility notice. HICV may verify age based eligibility through existing records.
Medicare Medicaid or CHIP enrollment	Remove or change coverage if permitted	Approval or enrollment notice showing each enrolled person, the program and the coverage effective date. An identification card alone may not show enough information. (60-day disenrollment permitted)
Court ordered coverage change	Remove or modify coverage as directed	Complete signed court order or official notice identifying the affected individuals and effective date.

Documentation for other coverage changes

Life event	Coverage action	Documentation to provide
Employment status change	Change coverage when the status change affects eligibility	HICV or employer confirmation showing the status change and effective date if the change is not already available in the HR system.