

## Special Open Enrollment

To make sure that PEBB coverage meets life's changing demands, PEBB allows flexibility in terms of when a subscriber may enroll, waive, or change certain coverage because of life-changing events.

There are new PEBB rules that affect when subscribers may make changes to their PEBB medical and/or dental coverage for themselves, a spouse or qualified domestic partner, and their dependents. These new rules apply to all PEBB enrollees. The new rules further the HCA goal of assuring benefits for all eligible employees and their families.

The new rulemaking complies with federal rules for employee benefit plans and a new state law. The following Washington Administrative Code (WAC) has changed:

**182-08-198** – When may a subscriber change health plans?

**182-12-128** – May an employee waive health plan enrollment?

**182-12-205** – May a retiree defer enrollment in a PEBB health plan at or after retirement?

And, adds a new rule:

**182-12-262** – When may subscribers enroll, waive, or remove eligible dependents?

The new rule, WAC **182-12-262** explains when employees can make changes outside of the Annual Open Enrollment.

The changes include:

- When an employee can enroll in or waive coverage
- When an employee can change medical and dental plans
- When a newborn must be added

***Changes to the enrollee's account must be based on and related to the qualifying event*** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.

The following tables give some specific examples of Special Open Enrollment qualifying events, what changes the subscriber can make, procedures to follow, and when coverage begins. The table does not include every possible scenario, so refer to the appropriate WAC, or contact the Outreach and Training staff:

E-mail: <https://www.fuzeqna.com/perspay/consumer/question.asp>

Phone: 1-800-700-1555

## *Special Open Enrollment Circumstances*

[Address Change](#)

[Adoption of a Child](#)

[Birth of a Child](#)

[Change in Employment Status](#)

[Court Order or Medical Enforcement](#)

[Dependent Loses Eligibility](#)

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[Divorce, Annulment, Legal Separation, or Dissolution of a Domestic Partnership](#)

[DSHS Determines PEBB Coverage more Cost Effective](#)

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[Loss of other Comprehensive Group Coverage](#)

[Marriage or Declaration/Registration of a Qualified Domestic Partner](#)

[Seasonal Employees](#)

[Student](#)

[Subscriber/Dependent becomes eligible for Medicaid or CHIP \(Children's Health Insurance Program\)](#)

[Subscriber/Dependent no longer eligible for Medicaid or CHIP \(Children's Health Insurance Program\)](#)

[Subscriber loses an Eligible Dependent](#)

## Examples of Special Open Enrollment Qualifying Events:

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage Begins
<b>Birth of a child</b>	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<b>New Child</b> – Coverage begins on the Date of Birth
	<ul style="list-style-type: none"> <li>Enroll in medical to add the new child to medical</li> </ul>	Within <b>60 days</b> of the birth submit the*: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> </ul>	<b>Spouse</b> – Coverage begins on the first day of the month the birth occurs
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		<b>Plan Change</b> – New plan coverage begins the first day of the month the birth occurs
	<ul style="list-style-type: none"> <li>Enroll the new child in medical and/or dental</li> <li>Enroll the spouse in medical and/or dental provided they enroll the new child</li> <li>Change their medical and/or dental plan provided they enroll the child</li> <li>Waive medical for them self, and medical and/or dental for eligible dependents**</li> </ul>	Within <b>60 days</b> of the birth submit the*: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>Spouse or Qualified Domestic Partner Certification form if enrolling a spouse or domestic partner</li> </ul>	

\*The 60 day rule applies when adding the newborn increases the premium (e.g. first born). If adding the newborn does not increase the premium (e.g. second or subsequent child), the employee should be encouraged to submit the proper forms to prevent delay of covered services because enrollment is not documented. Employees **may not** change plans or add or remove dependents outside of the 60 day special open enrollment.

\*\*Must have other comprehensive group coverage

**Note: Changes to the enrollee's account must be based on and related to the qualifying event** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage Begins
<b>Adoption of a child*</b>	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<p><b>New Child</b> – Coverage begins on the date the subscriber assumes legal obligation in anticipation of the adoption</p> <p><b>Spouse</b> – Coverage begins on the first day of the month the subscriber assumes legal obligation</p> <p><b>Plan Change</b> – New plan coverage begins the first day of the month the subscriber assumes legal obligation</p>
	<ul style="list-style-type: none"> <li>• Enroll in medical to add the new child to medical</li> </ul>	<p>Within <b>60 days</b> of assuming legal obligation for support in anticipation of the adoption submit the*:</p> <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Copy of adoption papers</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>• Enroll the new child in medical and/or dental</li> <li>• Enroll the spouse in medical and/or dental provided they enroll the new child</li> <li>• Change their medical and/or dental plan provided they enroll the child</li> <li>• Waive medical for them self, and medical and/or dental for eligible dependents**</li> </ul>	<p>Within <b>60 days</b> of assuming legal obligation for support in anticipation of the adoption submit the*:</p> <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Spouse or Qualified Domestic Partner Certification form if enrolling a spouse or domestic partner</li> <li>• Copy of adoption papers</li> </ul>	

*\*The 60 day rule applies when adding the adopted child increases the premium (e.g. first child dependent). If adding the adopted child does not increase the premium (e.g. second or subsequent child), the employee should be encouraged to submit the proper forms to prevent delay of covered services because enrollment is not documented. Employees **may not** change plans or add or remove dependents outside of the 60 day special open enrollment.*

*\*\*Must have other comprehensive group coverage*

**Note: Changes to the enrollee's account must be based on and related to the qualifying event** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage Begins
<b>Marriage or declaration/ registration of a qualified domestic partnership</b>	<p><i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i></p> <ul style="list-style-type: none"> <li>Enroll in medical to add the new spouse or qualified domestic partner to medical</li> </ul>	<p>Within <b>60 days</b> of the marriage or declaration/registration of partnership submit the:</p> <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>Spouse or Qualified Domestic Partner Certification form or a copy of the Certificate of State Registered Domestic Partnership or registration card</li> </ul>	<p><b>Coverage and/or Plan Change –</b>            Begins on the first day of the month following the marriage or declaration/registration of the partnership            Unless the marriage or declaration/ registration occurs on the first day of the month, then coverage and/or plan change begins on that day.</p>
	<p><i>If employee is <b>already enrolled</b>, he/she <b>may</b>:</i></p> <ul style="list-style-type: none"> <li>Enroll the spouse or qualified domestic partner in medical and/or dental</li> <li>Enroll newly eligible dependents in medical and/or dental</li> <li>Change their medical and/or dental plan provided they enroll the spouse or qualified domestic partner or newly eligible child(ren)</li> <li>Waive medical for them self, and medical and/or dental for eligible dependents*</li> </ul>	<p>Within <b>60 days</b> of the marriage or declaration/registration of partnership submit the:</p> <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>Spouse or Qualified Domestic Partner Certification form or a copy of the Certificate of State Registered Domestic Partnership or registration card</li> <li>Any required dependent forms</li> </ul>	

*\*Must have other comprehensive group coverage*

**Note: Changes to the enrollee’s account must be based on and related to the qualifying event – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within 60 days of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.**

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
<b>Legal guardianship</b> <i>(also applies when a court awards custody to a subscriber's spouse or qualified domestic partner)</i>	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<b>Coverage and/or Plan Change –</b> Begins on the first day of the month following the date custody is awarded. Unless custody is awarded on the first day of the month, then coverage and/or plan change begins on that day.
	<ul style="list-style-type: none"> <li>Enroll in medical to add the newly eligible child(ren) to medical</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form**</li> <li>Extended Dependent Certification form</li> <li>A copy of the court order awarding guardianship</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>Enroll the newly eligible child(ren) in medical and/or dental</li> <li>Change their medical and/or dental plan provided they enroll the newly eligible dependent</li> <li>Waive medical for them self, and medical and/or dental for eligible dependents*</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form**</li> <li>Extended Dependent Certification form</li> <li>A copy of the court order awarding guardianship</li> </ul>	

\*Must have other comprehensive group coverage

\*\*For agencies that key into PAY1: Key the enrollment/changes into the system, including the extended dependent. Submit the Enrollment/Change form, the Extended Dependent form, and a copy of the court order to the PEBB Program for certification.

For Employer Groups and K-12 that do not have access the PAY1 system: Continue to submit your forms to Neysa Caywood in PEBB Outreach and Training.

**Note: Changes to the enrollee's account must be based on and related to the qualifying event – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within 60 days of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.**

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
Subscriber's 20-23 year old dependent becomes eligible as a student	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<b>Coverage and/or Plan Change –</b> Begins on the first day of month of the quarter/semester that the student is registered
	<ul style="list-style-type: none"> <li>• Enroll in medical to add the newly eligible dependent to medical</li> </ul>	Within <b>60 days</b> of the first day of the month of the quarter/semester in which the student is enrolled submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form**</li> <li>• Student Certification form</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she <b>may</b>:</i>		
	<ul style="list-style-type: none"> <li>• Enroll newly eligible dependent in medical and/or dental</li> <li>• Change their medical and/or dental plan provided they enroll the newly eligible dependent</li> <li>• Waive medical for them self, and medical and/or dental for eligible dependents*</li> </ul>	Within <b>60 days</b> of the first day of the month of the quarter/semester in which the student is enrolled submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Student Certification form</li> </ul>	

*\*Must have other comprehensive group coverage*

**\*\*For agencies that key into PAY1:** Key the enrollment/changes into the system, including the student. Submit the Enrollment/Change form, and the Student Certification form to the PEBB Program for certification.

**For Employer Groups and K-12 that do not access the PAY1 system:** Continue to submit your forms to Neysa Caywood in PEBB Outreach and Training.

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If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
Subscriber's dependent, age 20 or older becomes eligible as a dependent with disabilities	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<b>Coverage and/or Plan Change</b> – Begins on the first day of the month that eligibility is certified by PEBB Benefit Services.
	<ul style="list-style-type: none"> <li>Enroll in medical to add the newly eligible dependent to medical</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form**</li> <li>Dependent with Disabilities Certification form</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>Enroll the newly eligible dependent(s) in medical and/or dental</li> <li>Change their medical and/or dental plan provided they enroll the newly eligible dependent</li> <li>Waive medical for them self, and medical and/or dental for eligible dependents*</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form**</li> <li>Dependent with Disabilities Certification form</li> </ul>	

*\*Must have other comprehensive group coverage*

**\*\*For agencies that key into PAY1:** Key the enrollment/changes into the system, including the dependent with disabilities. Submit the Enrollment/Change form, and the Dependent with Disabilities Certification form to the PEBB Program for certification.

**For Employer Groups and K-12 that do not access the PAY1 system:** Continue to submit your forms to Neysa Caywood in PEBB Outreach and Training.

**Note: Changes to the enrollee's account must be based on and related to the qualifying event** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
<p><b>Court order or medical support enforcement for coverage of a dependent *</b></p> <p><i>*(also applies when a court order is issued to a subscriber's spouse or qualified domestic partner)</i></p>	<p><i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i></p> <ul style="list-style-type: none"> <li>• Enroll in medical to add the newly eligible dependent to medical</li> </ul>	<p>Within <b>60 days</b> of the court order submit the:</p> <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certifications</li> <li>• A copy of the court order or medical support enforcement</li> </ul>	<p><b>Coverage and/or Plan Change –</b> Begins on the first day of the following month. Unless the event occurs on the first of the month, then coverage begins on the first of the month.</p>
	<p><i>If employee is <b>already enrolled</b>, he/she may:</i></p> <ul style="list-style-type: none"> <li>• Enroll newly eligible dependent in medical and/or dental</li> <li>• Change their medical and/or dental plan provided they enroll the newly eligible dependent</li> </ul>	<p>Within <b>60 days</b> of the court order submit the:</p> <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certifications</li> <li>• A copy of the court order or medical support enforcement</li> </ul>	

**Note: Changes to the enrollee's account must be based on and related to the qualifying event – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within 60 days of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.**

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
<b>DSHS determines that PEBB coverage is more cost-effective</b>	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<b>Coverage and/or Plan Change –</b> Begins on the first day of the month following the determination.  Unless the determination occurs on the first day of the month, then coverage and/or plan change begins on that day.
	<ul style="list-style-type: none"> <li>Enroll in medical to add the newly eligible dependents to medical</li> </ul>	Within <b>60 days</b> of the determination submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>A copy of the letter from DSHS</li> <li>Any necessary dependent certification forms</li> </ul>	
<b>Address change that affects plan availability, benefits, or cost</b>	<i>If employee is <b>already enrolled</b>, he/she may:</i>		<b>Plan Change –</b> begins on the first day of the month following the move.  Unless the move occurs on the first of the month, then the plan change begins on that day
	<ul style="list-style-type: none"> <li>Enroll the newly eligible dependent(s) in medical and/or dental</li> <li>Change their medical and/or dental plan provided they enroll the newly eligible dependents</li> </ul>	Within <b>60 days</b> of the determination submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>Any necessary dependent certification forms</li> </ul>	
	<ul style="list-style-type: none"> <li>Change their medical and/or dental plan</li> </ul>	Within <b>60 days</b> of move submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> </ul>	

**Note: Changes to the enrollee’s account must be based on and related to the qualifying event – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within 60 days of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.**

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
Subscriber or dependent loses other comprehensive group coverage*	<i>If employee <b>previously waived</b> medical coverage, he/she <b>must</b>:</i>		<b>Coverage and/or Plan Change –</b> Begins on the first day of the month following the loss of coverage.
	<ul style="list-style-type: none"> <li>• Enroll in medical</li> <li>• Enroll in medical to add eligible dependent in medical</li> </ul>	Within <b>60 days</b> of the loss of coverage submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/ Change form</li> <li>• Any necessary dependent certification forms</li> <li>• Proof of loss statement from the insurance coverage or a letter from previous employer indicating date of loss and family members that were covered</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>• Enroll the eligible dependent in medical and/or dental</li> <li>• Change their medical and/or dental plan provided they enroll the eligible dependent</li> </ul>	Within <b>60 days</b> of the loss of coverage submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/ Change form</li> <li>• Any necessary dependent certification forms</li> <li>• Proof of loss statement from the insurance company or a letter from previous employer stating date of loss and family members that were covered</li> </ul>	

*\*Outside of annual open enrollment send the Enrollment form and Proof of Loss to PEBB Outreach and Training for processing in the PAY1 system.*

**Note: Changes to the enrollee's account must be based on and related to the qualifying event – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within 60 days of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.**

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
<b>Change in employment status that affects health plan availability, benefits, or the cost of insurance</b>	<i>If employee <b>previously waived</b> medical coverage, he/she may:</i>		<b>Coverage and/or Plan Change –</b> Begins on the first day of the month following the change in status.  Unless the change in status occurs on the first day of the month, then coverage and/or plan change begin on that day.
	<ul style="list-style-type: none"> <li>• Enroll in medical</li> <li>• Enroll in medical to add an eligible dependent</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certification forms</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>• Enroll an eligible dependent in medical and/or dental</li> <li>• Change their medical and/or dental plan</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/ Change form</li> <li>• Any necessary dependent certification forms</li> </ul>	
<b>Seasonal employee whose off season occurs during annual open enrollment</b>	<i>If employee <b>previously waived</b> medical coverage, he/she may:</i>		<b>Coverage and/or Plan Change –</b> Begins on the first day of the month following their return.  Unless their return occurs on the first day of the month, then coverage and/or plan change begin on that day.
	<ul style="list-style-type: none"> <li>• Enroll in medical</li> <li>• Enroll in medical to add an eligible dependent</li> </ul>	Within <b>60 days</b> of returning to work submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certification forms</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>• Change their medical and/or dental plan</li> <li>• Enroll an eligible dependent in medical and/or dental</li> <li>• Waive medical for them self, and medical and/or dental for eligible dependents*</li> </ul>	Within <b>60 days</b> of returning to work submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certification forms</li> </ul>	

*\*Must have other comprehensive group coverage*

**Note: Changes to the enrollee’s account must be based on and related to the qualifying event – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within 60 days of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.**

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
Subscriber loses an eligible dependent or Dependent loses eligibility*	<i>If employee <b>previously waived</b> medical coverage, he/she may:</i>		<b>Coverage</b> – Begins the first day of the month following the dependents loss of eligibility <b>Ineligible Dependent</b> – Enrollment ends the last day of the month in which they are no longer eligible <b>Plan Change</b> – begins on the first day of the month following the dependent’s loss of eligibility
	<ul style="list-style-type: none"> <li>Enroll in medical</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she must:</i>		
	<ul style="list-style-type: none"> <li>Remove the ineligible dependent**</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> </ul>	
<i>If employee is <b>already enrolled</b>, he/she may:</i>			
<ul style="list-style-type: none"> <li>Change their medical and/or dental plan</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> </ul>		

\*Dependents loss of eligibility includes loss of student eligibility, as well as, dependents that turn age 20 and do not qualify as a student or dependent with disabilities. Employees may enroll their dependents, age 20 through 24, as an adult dependent within 60 days of the dependent losing eligibility. Adult dependents must be enrolled in the same plan as the employee. The employee is responsible for the full premium.

\*\*Subscribers must remove dependents that lose eligibility. Consequences for not removing the dependent that is no longer eligible may include:

- Dependent’s loss of eligibility to continue enrollment under one of the continuation options (i.e. COBRA)
- Subscriber may be billed for claims paid by the health plan for services after the dependent lost eligibility
- Subscriber is responsible for premiums paid by the employer for the dependent’s health plan enrollment after the dependent lost eligibility.

**Note: Changes to the enrollee’s account must be based on and related to the qualifying event** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
<b>Divorce, annulment, legal separation, or dissolution of a domestic partnership</b>	<i>If employee <b>previously waived</b> medical coverage, he/she may:</i>		<b>Coverage</b> – Begins the first day of the month following the dependents loss of eligibility <b>Ineligible Dependent</b> – Enrollment ends the last day of the month in which they are no longer eligible <b>Plan Change</b> – begins on the first day of the following month
	<ul style="list-style-type: none"> <li>Enroll in medical</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>A copy of the court order for divorce, annulment, legal separation, or dissolution (if part of the Secretary of State registry)</li> <li>Remind subscriber to review life insurance beneficiaries</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
	<ul style="list-style-type: none"> <li>Remove former spouse or qualified domestic partner*</li> <li>Change their medical and/or dental plan</li> </ul>	Within <b>60 days</b> of the event submit the: <ul style="list-style-type: none"> <li>Employee Enrollment/Change form</li> <li>A copy of the court order for divorce, annulment, legal separation, or dissolution (if part of the Secretary of State registry)</li> <li>Remind subscriber to review life insurance beneficiaries</li> </ul>	

\*Subscribers may remove a lawful spouse in the event of a legal separation documented by a court order, provided the court order does not require the subscriber to maintain the spouse's health plan.

Subscribers must remove former spouses and former qualified domestic partners when a divorce or dissolution of a domestic partnership is finalized, even if a court order requires the subscriber to provide health insurance for the former spouse or partner. Consequences for not removing the former spouse or partner may include:

- Dependent's loss of eligibility to continue enrollment under one of the continuation options (i.e. COBRA)
- Subscriber may be billed for claims paid by the health plan for services after the dependent lost eligibility
- Subscriber is responsible for premiums paid by the employer for the dependent's health plan enrollment after the dependent lost eligibility.

**Note: Changes to the enrollee's account must be based on and related to the qualifying event** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage begins
<b>Employee or Dependent becomes eligible for Medicaid or CHIP (Children’s Health Insurance Program)</b>	<i>If employee is <b>already enrolled</b>, he/she may:</i>		<b>Coverage</b> – Begins the first day of the month following notification of the eligibility for Medicaid or CHIP <b>Plan Change</b> – begins on the first day of the following month <b>Waive Coverage</b> – Enrollment ends the last day of the month in which they are notified of eligibility for Medicaid or CHIP
	<ul style="list-style-type: none"> <li>• Enroll an eligible dependent in medical and/or dental</li> <li>• Change their medical and/or dental plan</li> <li>• Waive medical coverage for self and/or dependent(s)</li> </ul>	Within <b>60 days</b> of notification, submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certification forms</li> <li>• Copy of letter from DSHS indicating employee and/or dependents are eligible</li> </ul>	
<b>Employee or dependent is no longer eligible for Medicaid or CHIP (Children’s Health Insurance Program)</b>	<i>If employee <b>previously waived</b> medical coverage, he/she may:</i>		<b>Coverage</b> – Begins the first day of the month following notification of loss of eligibility for Medicaid or CHIP <b>Plan Change</b> – begins on the first day of the following month
	<ul style="list-style-type: none"> <li>• Enroll in medical</li> <li>• Enroll in medical to add eligible dependent(s)</li> </ul>	Within <b>60 days</b> of notification, submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certification forms</li> <li>• Copy of letter from DSHS indicating employee and/or dependents no longer eligible</li> </ul>	
	<i>If employee is <b>already enrolled</b>, he/she may:</i>		
<ul style="list-style-type: none"> <li>• Waive medical coverage for self and/or dependent(s)</li> <li>• Enroll an eligible dependent in medical and/or dental</li> <li>• Change their medical and/or dental plan</li> </ul>	Within <b>60 days</b> of notification, submit the: <ul style="list-style-type: none"> <li>• Employee Enrollment/Change form</li> <li>• Any necessary dependent certification forms</li> <li>• Copy of letter from DSHS indicating employee and/or dependents no longer eligible</li> </ul>		

**Note: Changes to the enrollee’s account must be based on and related to the qualifying event** – the event that triggered the Special Open Enrollment. To make a change, the subscriber must complete and submit the appropriate form(s) within **60 days** of the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.