

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 PEBB rules that affect when subscribers may make changes to their PEBB medical and/or dental coverage for themselves, a spouse or 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 rules comply with federal rules for employee benefit plans and 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) no later than **60 days** after 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

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[Adoption of a Child](#)

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

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[Subscriber loses an Eligible Dependent](#)

Examples of Special Open Enrollment Qualifying Events:

If this Qualifying Event occurs...	Subscriber Options	Subscriber Actions	Coverage Begins
Birth of a child	<p><i>If employee previously waived medical coverage, he/she must:</i></p> <ul style="list-style-type: none"> Enroll in medical to add the new child to medical 	<p>No later than 60 days after the date of birth submit the*:</p> <ul style="list-style-type: none"> Employee Enrollment/Change form 	<p>New Child – Coverage begins on the Date of Birth</p> <p>Spouse – Coverage begins on the first day of the month the birth occurs</p> <p>Plan Change – New plan coverage begins the first day of the month the birth occurs</p>
	<p><i>If employee is already enrolled, he/she may:</i></p>	<p>No later than 60 days after the birth submit the*:</p> <ul style="list-style-type: none"> Employee Enrollment/Change form Spouse or Qualified Domestic Partner Certification form if enrolling a spouse or domestic partner 	
	<ul style="list-style-type: none"> Enroll the new child in medical and/or dental Enroll the spouse in medical and/or dental provided they enroll the new child Change their medical and/or dental plan provided they enroll the child Waive medical for them self, and medical and/or dental for eligible dependents** 		

If a subscriber wants to enroll a newborn or child whom the subscriber has adopted or has assumed a legal obligation for total or partial support in anticipation of adoption, the subscriber should notify their personnel, payroll, or benefits office by submitting an enrollment form as soon as possible to ensure timely payment of claims. If adding the child increases the premium, the subscriber **must submit the appropriate enrollment form no later than 12 months after the date of birth, adoption, or the date the legal obligation is assumed for total or partial support in anticipation of adoption. Subscribers **may not** change plans or add a spouse 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) no later than **60 days** after 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
Adoption of a child*	<i>If employee previously waived medical coverage, he/she must:</i>		<p>New Child – Coverage begins on the date the subscriber assumes legal obligation in anticipation of the adoption</p> <p>Spouse – Coverage begins on the first day of the month the subscriber assumes legal obligation</p> <p>Plan Change – New plan coverage begins the first day of the month the subscriber assumes legal obligation</p>
	<ul style="list-style-type: none"> • Enroll in medical to add the new child to medical 	<p>No later than 60 days after assuming legal obligation for support in anticipation of the adoption submit the*:</p> <ul style="list-style-type: none"> • Employee Enrollment/Change form • Copy of adoption papers 	
	<i>If employee is already enrolled, he/she may:</i>		
	<ul style="list-style-type: none"> • Enroll the new child in medical and/or dental • Enroll the spouse in medical and/or dental provided they enroll the new child • Change their medical and/or dental plan provided they enroll the child • Waive medical for them self, and medical and/or dental for eligible dependents** 	<p>No later than 60 days after assuming legal obligation for support in anticipation of the adoption submit the*:</p> <ul style="list-style-type: none"> • Employee Enrollment/Change form • Spouse or Qualified Domestic Partner Certification form if enrolling a spouse or domestic partner • Copy of adoption papers 	

If a subscriber wants to enroll a newborn or child whom the subscriber has adopted or has assumed a legal obligation for total or partial support in anticipation of adoption, the subscriber should notify their personnel, payroll, or benefits office by submitting an enrollment form as soon as possible to ensure timely payment of claims. If adding the child increases the premium, the subscriber **must submit the appropriate enrollment form no later than 12 months after the date of birth, adoption, or the date the legal obligation is assumed for total or partial support in anticipation of adoption. Subscribers **may not** change plans or add a spouse 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) no later than **60 days** after 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
Marriage or declaration/ registration of a qualified domestic partnership	<i>If employee previously waived medical coverage, he/she must:</i>		Coverage and/or Plan Change – 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.
	<ul style="list-style-type: none"> • Enroll in medical to add the new spouse or qualified domestic partner to medical 	No later than 60 days after the date of marriage or declaration/registration of partnership submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form • Spouse or Qualified Domestic Partner Certification form or a copy of the Certificate of State Registered Domestic Partnership or registration card 	
	<i>If employee is already enrolled, he/she may:</i>		
	<ul style="list-style-type: none"> • Enroll the spouse or qualified domestic partner in medical and/or dental • Enroll newly eligible dependents in medical and/or dental • Change their medical and/or dental plan provided they enroll the spouse or qualified domestic partner or newly eligible child(ren) • Waive medical for them self, and medical and/or dental for eligible dependents* 	No later than 60 days after the date of marriage or declaration/registration of partnership submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form • Spouse or Qualified Domestic Partner Certification form or a copy of the Certificate of State Registered Domestic Partnership or registration card • Any required dependent forms 	

**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) no later than 60 days after 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
Legal guardianship <i>(also applies when a court awards custody to a subscriber's spouse or qualified domestic partner)</i>	<i>If employee previously waived medical coverage, he/she must:</i> <ul style="list-style-type: none"> • Enroll in medical to add the newly eligible child(ren) to medical 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form** • Extended Dependent Certification form • A copy of the court order awarding guardianship 	Coverage and/or Plan Change – 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.
	<i>If employee is already enrolled, he/she may:</i> <ul style="list-style-type: none"> • Enroll the newly eligible child(ren) in medical and/or dental • Change their medical and/or dental plan provided they enroll the newly eligible dependent • Waive medical for them self, and medical and/or dental for eligible dependents* 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form** • Extended Dependent Certification form • A copy of the court order awarding guardianship 	

*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) no later than 60 days after 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 previously waived medical coverage, he/she must:</i>		Coverage and/or Plan Change – Begins on the first day of month of the quarter/semester that the student is registered
	<ul style="list-style-type: none"> Enroll in medical to add the newly eligible dependent to medical 	No later than 60 days after the first day of the month of the quarter/semester in which the student is enrolled submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form** Student Certification form 	
	<i>If employee is already enrolled, he/she may:</i>		
	<ul style="list-style-type: none"> Enroll newly eligible dependent in medical and/or dental Change their medical and/or dental plan provided they enroll the newly eligible dependent Waive medical for them self, and medical and/or dental for eligible dependents* 	No later than 60 days after the first day of the month of the quarter/semester in which the student is enrolled submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form Student Certification form 	

**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.

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) no later than 60 days after 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 dependent, age 20 or older becomes eligible as a dependent with disabilities	<i>If employee previously waived medical coverage, he/she must:</i>		Coverage and/or Plan Change – Begins on the first day of the month that eligibility is certified by PEBB Benefit Services.
	<ul style="list-style-type: none"> Enroll in medical to add the newly eligible dependent to medical 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form** Dependent with Disabilities Certification form 	
	<i>If employee is already enrolled, he/she may:</i>		
	<ul style="list-style-type: none"> Enroll the newly eligible dependent(s) in medical and/or dental Change their medical and/or dental plan provided they enroll the newly eligible dependent Waive medical for them self, and medical and/or dental for eligible dependents* 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form** Dependent with Disabilities Certification form 	

**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) no later than 60 days after 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>Court order or medical support enforcement for coverage of a dependent *</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 previously waived medical coverage, he/she must:</i></p> <ul style="list-style-type: none"> • Enroll in medical to add the newly eligible dependent to medical 	<p>No later than 60 days after the date of the court order submit the:</p> <ul style="list-style-type: none"> • Employee Enrollment/Change form • Any necessary dependent certifications • A copy of the court order or medical support enforcement 	<p>Coverage and/or Plan Change – 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 already enrolled, he/she may:</i></p> <ul style="list-style-type: none"> • Enroll newly eligible dependent in medical and/or dental • Change their medical and/or dental plan provided they enroll the newly eligible dependent 	<p>No later than 60 days after the date of the court order submit the:</p> <ul style="list-style-type: none"> • Employee Enrollment/Change form • Any necessary dependent certifications • A copy of the court order or medical support enforcement 	

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) no later than 60 days after 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
DSHS determines that PEBB coverage is more cost-effective	<i>If employee previously waived medical coverage, he/she must:</i>		Coverage and/or Plan Change – 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"> Enroll in medical to add the newly eligible dependents to medical 	No later than 60 days after the date of the determination submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form A copy of the letter from DSHS Any necessary dependent certification forms 	
Address change that affects plan availability, benefits, or cost	<i>If employee is already enrolled, he/she may:</i>		Plan Change – 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"> Enroll the newly eligible dependent(s) in medical and/or dental Change their medical and/or dental plan provided they enroll the newly eligible dependents 	No later than 60 days after the date of the determination submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form Any necessary dependent certification forms 	
Address change that affects plan availability, benefits, or cost	<i>If employee is already enrolled, he/she may:</i>		Plan Change – 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"> Change their medical and/or dental plan 	No later than 60 days after the date of move submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form 	

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) no later than 60 days after 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 previously waived medical coverage, he/she must:</i>		Coverage and/or Plan Change – Begins on the first day of the month following the loss of coverage.
	<ul style="list-style-type: none"> • Enroll in medical • Enroll in medical to add eligible dependent in medical 	No later than 60 days after the date of the loss of coverage submit the: <ul style="list-style-type: none"> • Employee Enrollment/ Change form • Any necessary dependent certification forms • Proof of loss statement from the insurance coverage or a letter from previous employer indicating date of loss and family members that were covered 	
	<i>If employee is already enrolled, he/she may:</i>		
	<ul style="list-style-type: none"> • Enroll the eligible dependent in medical and/or dental • Change their medical and/or dental plan provided they enroll the eligible dependent 	No later than 60 days after the date of the loss of coverage submit the: <ul style="list-style-type: none"> • Employee Enrollment/ Change form • Any necessary dependent certification forms • Proof of loss statement from the insurance company or a letter from previous employer stating date of loss and family members that were covered 	

**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) no later than 60 days after 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
Change in employment status that affects health plan availability, benefits, or the cost of insurance	<i>If employee previously waived medical coverage, he/she may:</i> <ul style="list-style-type: none"> • Enroll in medical • Enroll in medical to add an eligible dependent 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form • Any necessary dependent certification forms 	Coverage and/or Plan Change – 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.
	<i>If employee is already enrolled, he/she may:</i> <ul style="list-style-type: none"> • Enroll an eligible dependent in medical and/or dental • Change their medical and/or dental plan 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> • Employee Enrollment/ Change form • Any necessary dependent certification forms 	
Seasonal employee whose off season occurs during annual open enrollment	<i>If employee previously waived medical coverage, he/she may:</i> <ul style="list-style-type: none"> • Enroll in medical • Enroll in medical to add an eligible dependent 	No later than 60 days after the date of returning to work submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form • Any necessary dependent certification forms 	Coverage and/or Plan Change – 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.
	<i>If employee is already enrolled, he/she may:</i> <ul style="list-style-type: none"> • Change their medical and/or dental plan • Enroll an eligible dependent in medical and/or dental • Waive medical for them self, and medical and/or dental for eligible dependents* 	No later than 60 days after the date of returning to work submit the: <ul style="list-style-type: none"> • Employee Enrollment/Change form • Any necessary dependent certification forms 	

**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) no later than 60 days after 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 previously waived medical coverage, he/she may:</i> <ul style="list-style-type: none"> Enroll in medical 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form 	Coverage – Begins the first day of the month following the dependents loss of eligibility Ineligible Dependent – Enrollment ends the last day of the month in which they are no longer eligible Plan Change – begins on the first day of the month following the dependent’s loss of eligibility
	<i>If employee is already enrolled, he/she must:</i> <ul style="list-style-type: none"> Remove the ineligible dependent** 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form 	
	<i>If employee is already enrolled, he/she may:</i>		
	<ul style="list-style-type: none"> Change their medical and/or dental plan 	No later than 60 days after the date of the event submit the: <ul style="list-style-type: none"> Employee Enrollment/Change form 	

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

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

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) no later than **60 days** after the date of the qualifying event. Employees should submit the appropriate forms to their personnel, payroll, or benefits office.