

## Mid-Year Qualifying Events or Status Changes Outside of Open Enrollment

Effective date will be determined by the qualifying event date that allows for no break in service  
 This does not apply to Individual Retiree Plans (IRPs such as CompanionCare, KPSA, or Blue Shield 65 Plus)  
 This table is not all inclusive and is subject to SISC approval, retro & participation guidelines

Employee/Retiree experiences the following qualifying event	Employee/Retiree MAY make the following change within 31 days of the qualifying event	Employee/Retiree may NOT make the following changes	<b>REQUIRED Documentation:</b> SISC Membership Change Form Maintenance Activity Report, & applicable documents below
Birth, Adoption, Legal Guardianship or Loss of Eligibility for coverage elsewhere  <b>NOTE:</b> HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>•Enroll self, if applicable</li> <li>•Enroll newly eligible child and any other eligible dependents</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self or any other covered dependents	<ul style="list-style-type: none"> <li>•Birth certificate indicating parents' full name</li> <li>•Adoption/Guardianship documents issued by a court</li> <li>•All documentation should include both child's and parent's full names</li> </ul>
Marriage or Commencement of Domestic Partnership  <b>NOTE:</b> HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>•Enroll self, if applicable</li> <li>•Enroll spouse/domestic partner and any newly eligible dependent children</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self, <b>unless</b> employee works less than 90% of a full-time position	<ul style="list-style-type: none"> <li>•Marriage Certificate</li> <li>•Declaration of Domestic Partnership filed with the California Secretary of State</li> <li>•SISC Domestic Partnership Affidavit, if applicable (opposite-sex domestic partners)</li> </ul>
Divorce or Termination of Domestic Partnership  <b>NOTE:</b> HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>•Drop spouse/domestic partner</li> <li>•Drop stepchildren gained from marriage or domestic partnership</li> <li>•Enroll self and any dependent children who lost eligibility under spouse's plan, if such individual(s) lost eligibility as a result of the divorce/termination of domestic partnership</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self or any other covered dependents (unless stepchildren)	<ul style="list-style-type: none"> <li>•Final Divorce Decree</li> <li>•Dissolution of Domestic Partnership filed with the California Secretary of State</li> <li>•SISC Affidavit of Termination of Domestic Partnership (opposite-sex domestic partners)</li> </ul>
Death of Dependent (spouse/domestic partner or child)  <b>NOTE:</b> HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>•Remove the dependent from coverage</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self or any other covered dependents	<ul style="list-style-type: none"> <li>•Membership Change form</li> </ul>
Qualified Medical Child Support Order (QMCSO) requiring enrollment of dependent child	<ul style="list-style-type: none"> <li>•Enroll self, if not already enrolled in coverage</li> <li>•Enroll dependent child named on the QMCSO to employee's health coverage</li> <li>•Change health plans when options are available</li> </ul>	Make any other changes, except as required by the QMCSO	<ul style="list-style-type: none"> <li>•Birth Certificate indicating parents' full names</li> <li>•Qualified Medical Child Support Order (QMCSO) court document</li> </ul>

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Change of home address causing Loss of Eligibility (e.g. Moving outside HMO service area)	Change health plans when options are available	Drop health coverage for self or any other covered individuals not impacted by this change	<ul style="list-style-type: none"> <li>•PPO enrollment form</li> <li>•Changes/Transfer MAR, if applicable</li> </ul>
Change in Employment Status  (e.g. Part-time to Full-time, Full-time to Part-time, Hourly to Salaried, Unpaid Leave of Absence, Change in Bargaining Unit, etc.)	<ul style="list-style-type: none"> <li>•Enroll self, if applicable</li> <li>•Enroll spouse/domestic partner and any eligible dependent children</li> <li>•Drop coverage, if applicable</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self, <b>unless</b> employee works less than 90% of a full - time position	<ul style="list-style-type: none"> <li>•Enrollment form, if enrolling self</li> <li>•Membership Change form, if enrolling dependents</li> <li>•Changes/Transfer MAR, if applicable</li> <li>•Termination MAR, if applicable</li> <li>•Other supporting documents for spouse/domestic partner or dependent children as applicable</li> </ul>
Commencement of Employment or Other Change in Employment Status by Spouse/Domestic Partner or Dependent Child  (Triggers eligibility of spouse/domestic partner or dependent under employer plan)	<ul style="list-style-type: none"> <li>•Drop coverage for spouse/domestic partner or dependent child if enrolled in own employer's health plan</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self, <b>unless</b> employee works less than 90% of a full-time position	<ul style="list-style-type: none"> <li>•Membership Change form</li> <li>•Termination MAR, if applicable</li> <li>•Proof of spouse's/domestic partner's enrollment in other group coverage</li> </ul>
Gain or Loss of Entitlement to Medicare/Medicaid coverage by covered person  <b>NOTE:</b> HIPAA special enrollment rights may apply	<ul style="list-style-type: none"> <li>•Enroll self, if applicable</li> <li>•Enroll spouse/domestic partner and any eligible dependent children</li> <li>•Drop coverage for person who became entitled and enrolled in Medicare/Medicaid</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self or any other covered dependents who are not newly eligible to Medicare/Medicaid	<ul style="list-style-type: none"> <li>•Enrollment form, if enrolling self</li> <li>•Membership Change form, if enrolling dependents</li> <li>•Proof of Enrollment in or Loss of Coverage in Medicare/Medicaid (whichever applicable)</li> <li>•Other supporting documents for spouse/domestic partner or dependent children as applicable</li> </ul>
Significant <b>increase</b> in the cost of coverage or an unpaid leave where the district will no longer be making a contribution	<ul style="list-style-type: none"> <li>•Drop self, if going on an unpaid leave of absence</li> <li>•Drop spouse/domestic partner and/or any other dependent children</li> <li>•Change to a less expensive health plan when options are available</li> </ul>	No change is allowed <b>unless</b> the increased cost causes a loss or a significant reduction of the employer contribution for medical coverage	<ul style="list-style-type: none"> <li>•Termination MAR, if dropping self</li> <li>•Membership Change Form, if dropping dependents</li> <li>•Proof of increase in cost of coverage (e.g. district submitted plan change)</li> </ul>
Significant <b>decrease</b> in the cost of coverage or return from an unpaid leave	<ul style="list-style-type: none"> <li>•Enroll self, if not previously enrolled</li> <li>•Enroll spouse/domestic partner and eligible children</li> <li>• Based on event employee can make a corresponding change in health plans</li> </ul>	No change is allowed <b>unless</b> the decrease in cost results in new eligibility or a significant change in the employer contribution for	<ul style="list-style-type: none"> <li>•Enrollment form, if enrolling self</li> <li>•Membership Change form</li> <li>•Changes/Transfer MAR</li> <li>• Other supporting documents for spouse/domestic partner or dependent children as applicable</li> </ul>

Employee/Retiree experiences the following qualifying event	Employee/Retiree MAY make the following change within 31 days of the qualifying event	Employee/Retiree may <b>NOT</b> make the following changes	<b>REQUIRED Documentation:</b> SISC Membership Change Form Maintenance Activity Report, & applicable documents below
Significant curtailment <b>without</b> loss of coverage in employee's coverage or that of the employee's spouse's/domestic partner's group coverage	<ul style="list-style-type: none"> <li>•Enroll self, if previously not enrolled because of prior coverage under spouse's or domestic partner's health plan</li> <li>•Enroll spouse/domestic partner and any eligible dependent children</li> <li>•Change to a plan providing similar coverage</li> </ul>	<p>No change is allowed <b>unless</b> there is an overall reduction in coverage</p> <p>(e.g. increased deductible or coinsurance)</p>	<ul style="list-style-type: none"> <li>•Enrollment form, if enrolling self</li> <li>•Membership Change form, if enrolling dependents</li> <li>•Changes/Transfer MAR, if applicable</li> <li>•Other supporting documents for spouse/domestic partner or dependent children as applicable</li> </ul>
Changes to coverage as a result of Open Enrollment under other employer plan/different plan year including enrollment in a Qualified Health Plan (QHP) through a Public Marketplace such as Covered CA	<ul style="list-style-type: none"> <li>•Enroll self, if previously not enrolled because of prior coverage under spouse's or domestic partner's health plan</li> <li>•Enroll spouse/domestic partner and any eligible dependent children</li> <li>•Change health plans when options are available</li> </ul>	Drop coverage for self <b>unless</b> enrolled in a Qualified Health Plan (QHP) through the Marketplace during their Open Enrollment	<ul style="list-style-type: none"> <li>•Enrollment form, if enrolling self</li> <li>•Other supporting documents for spouse/domestic partner or dependent children as applicable</li> <li>•Proof of Open Enrollment dates from other employer</li> <li>•Proof of enrollment Marketplace such as Covered CA</li> </ul>
Significant curtailment <b>with</b> loss of coverage in employee's coverage or that of the employee's spouse's/domestic partner's group coverage	<ul style="list-style-type: none"> <li>•Enroll self, if previously not enrolled because of prior coverage under spouse's or domestic partner's health plan</li> <li>•Enroll spouse/domestic partner and any eligible dependent children</li> <li>•Change to a plan providing similar coverage</li> </ul>	No change is allowed <b>unless</b> there is a loss in coverage	<ul style="list-style-type: none"> <li>• Enrollment form, if enrolling self</li> <li>• Membership Change form, if enrolling dependents</li> <li>• Changes/Transfer MAR, if applicable</li> <li>•Other supporting documents for spouse/domestic partner or dependent children as applicable</li> </ul>
Termination of Employment or Other Change in Employment Status by Spouse/Domestic Partner or Dependent Child	<ul style="list-style-type: none"> <li>•Enroll self, if applicable</li> <li>•Enroll spouse/domestic partner or dependent who lost eligibility under spouse's or domestic partner's or dependent's employer's plan</li> <li>•Change health plans when options are available</li> </ul>	Drop health coverage for self or any other covered dependents	<ul style="list-style-type: none"> <li>•Enrollment form, if enrolling self</li> <li>•Membership Change form, if enrolling dependents</li> <li>•Changes/Transfer MAR, if applicable</li> <li>•Other supporting documents for spouse/domestic partner or dependent children as applicable</li> <li>•Proof of Loss of Coverage</li> </ul>