

## ELIGIBILITY QUICK REFERENCE

### ADDING DEPENDENTS

Event	Notification Period	Effective Date of Change	Required Supporting Documents
Marriage/Domestic Partnership	Within 31 days of date of marriage	Date of marriage	Copy of marriage certificate or Declaration of Domestic Partnership filed with the Secretary of Nevada.
Birth	Within 31 days of date of birth	Date of birth	Copy of live birth confirmation
Adoption or placement for adoption	Within 31 days of date of adoption or placement for adoption	Date of the child's adoption or placement for adoption	Copy of adoption decree signed by the judge
Spouse loses coverage through spouse's employer	Within 31 days of loss of coverage	Date following last day of coverage	Certificate of creditable coverage and marriage certificate (if surname differs)
Gain child status	Within 31 days of gaining child status	First day of the event i.e. loss or gain of coverage	As applicable: <ul style="list-style-type: none"> <li>• Copy of birth certificate</li> <li>• Certificate of creditable coverage</li> <li>• Permanent legal guardianship papers</li> <li>• Copy of participant's marriage certificate</li> <li>• Proof of disabled dependent child documents</li> </ul>
Change required under terms of a Qualified Medical Child Support Order (QMCSO)	Within 60 days of issuance or release of QMCSO	Date of QMCSO	Copy of QMCSO or release of QMCSO

### REMOVING DEPENDENTS

Event	Notification Period	Effective Date of Change	Required Supporting Documents
Divorce/Annulment/Disso- lution of Domestic Partnership	Within 60 days of divorce date	Date of divorce	Copy of the divorce decree/annulment signed by the judge/domestic partnership termination form
Spouse gains coverage through spouse's employer	Within 31 days of gaining coverage	First day the spouse becomes covered under other coverage	Copy of the confirmation of coverage letter from the new health plan carrier
Loss of child status	Within 60 days of losing child status	First day of the event, i.e. loss or gain of coverage	As applicable: <ul style="list-style-type: none"> <li>▪ Copy of confirmation of coverage letter from new health plan carrier</li> <li>▪ Copy of military orders</li> <li>▪ Copy of a divorce decree if it stipulates that participant must provide health care coverage for a dependent</li> </ul>
Death of Participant	Within 31 days of date of death	Date of death	Copy of death certificate
Death of Dependent	Within 31 days of date of death	Date of death	Copy of death certificate
Cancellation of coverage for a dependent who becomes entitled to coverage under Medicaid or Medicare	Within 31 days of date of coverage under Medicaid or Medicare	Date Medicaid or Medicare becomes effective	<ul style="list-style-type: none"> <li>▪ Certificate of creditable coverage from Medicaid</li> <li>▪ Copy of Medicare Card</li> </ul>

**MISCELLANEOUS CHANGES**

<b>Event</b>	<b>Notification Period</b>	<b>Effective Date of Change</b>	<b>Required Supporting Documents</b>
Change of residence	Within 31 days of date of change	Date of Address Change	None
Becoming eligible for Medicare Parts A and/or B	Within 31 days of receipt of notice of eligibility for Medicare	Date Medicare becomes effective	Copy of Medicare card
Life insurance beneficiary change	Not applicable	Date form is signed	None
Extension of Coverage for Disabled Dependent Child	Within 31 days of child's attainment of limiting age	Not applicable	Certification of Dependent Disability. Physician letter, medical records and/or income tax returns may be requested.

**CHANGING MEDICAL PLANS**

<b>Event</b>	<b>Notification Period</b>	<b>Effective Date of Change</b>	<b>Required Supporting Documents</b>
Retirement	Within 30 days of retirement date	Date of retirement	Retiree Health Benefits Program Application
Change of residence	Within 31 days of date of change	Date of Address Change	None
Open Enrollment	Mid May – Mid June	July 1	Certification through ESS