

ELIGIBILITY QUICK REFERENCE

ADDING DEPENDENTS

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

REMOVING DEPENDENTS

Event	Notification Period	Required Form	Effective Date of Change	Required Supporting Documents
Divorce/Annulment/Dissolution of Domestic Partnership	Within 60 days of divorce date	Enrollment	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	Enrollment	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	Enrollment	First day of the event, i.e. loss of full-time student status, loss or gain of coverage	As applicable: <ul style="list-style-type: none"> ▪ Marriage certificate ▪ Copy of confirmation of coverage letter from new health plan carrier ▪ Copy of military orders ▪ Copy of a divorce decree if it stipulates that participant must provide health care coverage for a dependent
Death of Participant	Within 31 days of DOD	Enrollment	Date of death	Copy of death certificate
Death of Dependent	Within 31 days of DOD	Enrollment	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	Enrollment	Date Medicare becomes effective	<ul style="list-style-type: none"> ▪ HIPAA certificate of creditable coverage from Medicaid ▪ Copy of Medicare Card

MISCELLANEOUS CHANGES

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