



Qualifying Life Status Events

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- ◆ Summary of Supporting Eligibility Documents
- ◆ Qualifying Life Status Events Quick Reference Tables



Public Employees' Benefits Program

901 South Stewart Street, Suite
1001

Carson City, NV 89701

775-684-7000 . 800-326-5496

Fax: 775-684-7028

Email: mservices@peb.state.nv.us

www.pebp.state.nv.us

Qualifying Life Status Events

Federal regulations generally require that plan coverage remain in effect, without change, throughout the plan year unless a qualifying event occurs during the year (mid-year).

Qualifying events include the birth of a child, marriage, divorce, etc. (for a detailed explanation of qualifying events, see the [Master Plan Document for the PEBP Enrollment and Eligibility](#)). Any change made to health care benefits must be determined by PEBP to be necessary, appropriate, and consistent with the change in status. The plan must be notified in writing within 60 days of the qualifying event; otherwise, the request will not be accepted and the change cannot be made until the subsequent Open Enrollment period.

This document contains quick reference tables to assist you in determining what changes may be made online, types of qualifying events, required supporting documents, and the timeframe to submit change requests as a result of a qualifying event.

Any discrepancies between the information contained in this document and the Master Plan Document for the PEBP Enrollment and Eligibility shall be superseded by the [Master Plan Document for the PEBP Enrollment and Eligibility](#).

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Submitting Changes Due to a Qualifying Event

Description of Event	PEBP Benefits Portal The following events may be completed online using the PEBP Benefits Portal	Benefit Enrollment and Change Form The following events may be completed using the BECF (employees) or the R-BECF (retirees)
New Hire	√	√
Rehire	√	√
Reinstatement	√	√
Marriage	√	√
Divorce	√	√
Address Change	√	√
Name Change		√
Birth, Adoption or Guardianship	√	√
Dependent Loses Coverage	√	√
Dependent Gains Coverage	√	√
Dependent Dies	√	√
COBRA Election (Medical, Dental, Vision)		√
Moving Outside the Coverage Area	√	√
Death of Dependent	√	√
Terminate Domestic Partnership	√	√
Establish Domestic Partnership	√	√
Participant Gains Coverage from Spouse		√
Survivor		√
Retirement		√
Disabled Retirement		√
Medicare		√
Termination of Retiree or Survivor Benefits	Retirees may decline coverage at any time during the year. To decline coverage, PEBP will require a written request signed by the retiree to decline all PEBP benefits.	

To request the Benefit Enrollment and Change Form (BECF), please contact the PEBP office at (775) 684-7000 or (800) 326-5496 or via email at m-service@peb.state.nv.us

Summary of Supporting Eligibility Documents

Dependent Type	Social Security Number	Marriage Certificate	Birth Certificate	Hospital Birth Confirmation	Adoption Decree signed by a Judge	Nevada Certification of Domestic Partnership	Legal Permanent Guardianship signed by a judge	Certification of Disabled Dependent Child age 26 years or older
CHILD								
Newborn	√		√	√				
Child under age 26	√		√					
Adopted	√		√		√			
Permanent Legal Guardianship (child)	√		√				√	
Stepchild	√	√	√					
Domestic Partner's Child	√		√			√		
Domestic Partner's Adopted child	√		√		√	√		
Disabled Child	√		√					√
Disabled Stepchild	√	√	√					√
Domestic Partner's Disabled Child	√		√			√		√
SPOUSE/DOMESTIC PARTNER								
Spouse	√	√						
Domestic Partner	√					√		
<ul style="list-style-type: none"> When adding a dependent, other dependents cannot be dropped for the same qualifying event. Enrollment of a newly acquired spouse, domestic partner, and/or dependent child(ren) must occur no later than 60 days after the date of the qualifying event. In all cases, required supporting documentation must be submitted to PEBP within the same timeframe. Employees in declined coverage status and who experience a change in number of dependents may opt to enroll for coverage mid-year if adding a newly acquired dependent. All foreign documents must be translated to English. 								

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends
<p>Employee Hire:</p> <ul style="list-style-type: none"> • New Hire • Rehire • Reinstatement 	<ul style="list-style-type: none"> • Within 15 days after the first day of employment, or; • No later than the date coverage is scheduled to become effective. 	<p>If adding spouse or domestic partner:</p> <ul style="list-style-type: none"> • SSN of spouse or domestic partner and copy of the marriage certificate or Nevada domestic partnership certificate <p>If adding dependent child(ren):</p> <ul style="list-style-type: none"> • SSN of child(ren) and a copy of child(ren)'s birth certificates <p>If adding a child(ren) under legal guardianship to age 19 years:</p> <ul style="list-style-type: none"> • Copy of legal guardianship papers (signed by a judge); • SSN of child(ren) and copy of birth certificate; and • If not the primary insured's child, a copy of the marriage certificate or domestic partnership certificate. <p>If adding a stepchild(ren):</p> <ul style="list-style-type: none"> • SSN of child(ren) and a copy of birth certificate(s); and • Copy of the marriage certificate or Nevada domestic partnership certificate. 	<p>New Hire New Hire employees are eligible for coverage on the first day of the month concurrent with or following the date of hire.</p> <p>Reinstated Employee Reinstated employees are individuals who previously satisfied their benefit waiting period and reinstate employment with a State agency or the same non-State agency within 12 months of their termination of employment date. Reinstated employees are eligible for coverage on the first day of the month concurrent with or following the date of hire.</p> <p>Rehire Employee A rehire is an employee who returns to work more than 12 months after the employee's previous termination date. Rehire employees are eligible for coverage on the first day of the month concurrent with or following the date of hire.</p>

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Newborn child	Within 60 days of the event date	<ul style="list-style-type: none"> • Copy of the hospital's birth confirmation for the child • SSN of the child and copy of the child's birth certificate (within 120 days of date of birth) • If not the primary insured's child, a copy of the marriage certificate or Nevada domestic partner certificate 	<ul style="list-style-type: none"> • Newborn coverage is effective on the date of birth • Coverage for other dependent(s) is effective on the first day of the month concurrent with or following the newborn's date of birth 	May add newborn child and other eligible dependent(s) in the family unit
Adoption of a child or the placement for adoption of a child <ul style="list-style-type: none"> • Adoption occurs 60 or more days after the child's date of birth 	Within 60 days of the event date	<ul style="list-style-type: none"> • Copy of legal adoption papers or placement for adoption (signed by a judge), followed by final adoption papers within 60 days of issuance • SSN and copy of birth certificate (within 120 days of the adoption) • If not the primary insured's child, a copy of the marriage certificate or domestic partner certificate 	Coverage effective on the first day of the month in which child is adopted or placed for adoption, whichever date is earlier <ul style="list-style-type: none"> • Coverage for a child adopted within 60 days of the child's date of birth becomes effective on the date of birth 	May add the designated adopted child(ren) and other eligible dependent(s) in the family unit
Disabled Child age 26 or older	Within 31 days of the dependent child turning age 26 years	<ul style="list-style-type: none"> • Certification of Disabled Dependent Child Form (completed by primary participant and child's physician) • SSN of child • If not the participant's child, copy of the marriage or Nevada domestic partner certificate • Verification that the child has had continuous health insurance since the age of 26 years; and proof of support and maintenance through the submission of a copy of the participant's preceding year's income tax returns showing the child is a tax dependent. The Plan may thereafter require proof of child's continuing incapacity and dependency not more than once a year beginning 2 years after the child attains age 26 (NRS 689B.035) 	<ul style="list-style-type: none"> • If already covered under PEBP, coverage will continue • If new to PEBP plan, coverage becomes effective on the first day of the month concurrent with or following the qualifying event 	Not applicable

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Permanent Guardianship of a Child to age 19	Within 60 days of the event date	<ul style="list-style-type: none"> • Copy of legal guardianship papers (signed by a judge) • SSN of child • Copy of birth certificate • If not the primary insured's child, a copy of the marriage certificate or domestic partnership certificate 	<ul style="list-style-type: none"> • Coverage effective on the first day of the month concurrent with or following the legal guardianship papers signed by a judge • Coverage is provided only up to age 19 years 	May add the child(ren) to age 19 years and other eligible dependent(s) in the family unit
Permanent Guardianship of Unmarried Child age 19 to age 26 currently enrolled in a PEBP Plan	Within 60 days of the event date	Completion of the Legal Guardianship Certification Form and any required supporting documents listed in the certification	<ul style="list-style-type: none"> • Coverage continues to age 26 assuming child continues to meet eligibility requirements as set forth in Legal Guardianship Form • Coverage ends the last day of the month child turns age 19 or last day of the month PEBP determines the child is no longer eligible 	Not applicable
Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN)	Within 60 days of issuance of QMCSO or Release of QMCSO	Copy of QMCSO appropriately signed	<ul style="list-style-type: none"> • QMCSO: First of the month concurrent with or following the date PEBP receives the QMCSO • Release of QMCSO: Coverage terminates on the last day of the month concurrent with or following the date PEBP receives the Release of QMCSO 	<ul style="list-style-type: none"> • Must add dependent(s) as stated in the QMCSO • May add other eligible dependent(s) in the family unit

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<p>Dependent Loses Coverage Spouse/domestic partner or eligible dependents experience a change of status resulting in a loss of eligibility from another Employer Group Health Plan</p>	<p>Within 60 days of the event date</p>	<ul style="list-style-type: none"> • HIPAA certificate(s) from other employer group coverage stating the insurance end date and identity of covered individual(s) for each dependent being added to your coverage • SSN for all dependent(s) being added • Copy of marriage or Nevada Domestic Partnership certificate • If adding dependent child(ren), a copy of the child(ren)'s birth certificates 	<p>Coverage effective on the first day of the month concurrent with or following the date of the loss of coverage</p>	<p>May add the spouse or domestic partner and all other eligible dependent(s) in the family unit who experienced a loss of coverage</p>
<p>Dependents Gains Coverage Spouse/domestic partner or eligible dependent experiences a change of status resulting in a gain of eligibility from another employer group health plan</p>	<p>Within 60 days of the event date</p>	<p>Confirmation of coverage letter from other employer group coverage stating the insurance effective date and identity of covered individual(s) for each dependent being deleted from your coverage</p>	<p>Coverage terminates on the last day of the month the event occurs</p>	<p>Must delete spouse or domestic partner if coverage is employer based; and may delete any dependent(s) that are being added to the employer group coverage</p>

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Establish Domestic Partnership	Within 60 days of the event date	<ul style="list-style-type: none"> • SSN for spouse or domestic partner and/or covered children • Copy of the Nevada Domestic Partnership certificate • If adding dependent child(ren), a copy of the child(ren)'s birth certificates 	Coverage effective on the first day of the month concurrent with or following the date of registration of domestic partnership with the Nevada Secretary of State's office	May add domestic partner and other eligible dependent(s) in the family unit
Marriage	Within 60 days of the event date	<ul style="list-style-type: none"> • SSN for spouse and/or child(ren) to be enrolled • Copy of the certified marriage certificate • If adding dependent child(ren), a copy of the child(ren)'s birth certificates 	Coverage effective on the first day of the month concurrent with or following the date of marriage	May add spouse and other eligible dependent(s) in the family unit
Divorce, Annulment or Termination of Domestic Partnership	Within 60 days of the event date	<ul style="list-style-type: none"> • Copy of the divorce/annulment decree signed by the judge (all pages) • Copy of the Termination of Domestic Partnership filed with the Nevada Secretary of State's office 	<ul style="list-style-type: none"> • Coverage terminates on the last day of the month in which divorce decree is signed by the judge or termination of DP is filed with the Secretary of State's office. • If the divorce decree/termination of domestic partnership is received more than 60 days after the divorce, coverage ends at the end of the month of receipt of the divorce decree/termination of domestic partnership 	Must delete ex-spouse or ex-domestic partner and all other ineligible dependent(s)

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Employer of spouse/domestic partner offers an Open Enrollment period	Within 60 days of the event date	<ul style="list-style-type: none"> • Proof of Open Enrollment from the employer • Confirmation of coverage letter from the insurance carrier stating the effective date of new coverage and the identity(ies) of the newly covered individual(s) 	<ul style="list-style-type: none"> • If deleting dependent child(ren) from the other employer’s Group Health Plan and enrolling them in PEBP coverage, the effective date is the first day of the month concurrent with or following the coverage end date • If declining PEBP coverage, the coverage terminates on the last day of the month prior to the month the other coverage becomes effective 	<ul style="list-style-type: none"> • Participant and any covered dependents may decline PEBP coverage to newly enroll in the other employer’s coverage; or • Participant and eligible dependent in declined status with PEBP may re-enroll in PEBP coverage if the other employer coverage is terminated
PEBP’s Open Enrollment Period	Typically May 1 - May 31 of each year	<ul style="list-style-type: none"> • If adding a dependent, refer to the Summary of Supporting Document Requirements in this document • Required supporting documents are due by June 15 	Coverage effective date is July 1 immediately following Open Enrollment Period	May add or delete dependents, change plan options or, decline coverage
Participant death*	Within 60 days of the event date	Copy of certified death certificate	<ul style="list-style-type: none"> • Participant coverage terminates on the date of death; and • Coverage for any covered dependent terminates on the last day of the month concurrent with the participant’s date of death 	Covered dependents may qualify for re-enrollment in Survivor’s coverage if he/she meets the eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document
Dependent Death*	Within 60 days of the event date	Copy of certified death certificate	Coverage for deceased dependent terminates on the date of death	Must delete the deceased dependent from coverage and any ineligible dependent(s) (e.g. children of domestic partner or stepchildren)

***Late Notification of Death**

Adjustments in premiums resulting from the death of a covered participant or dependent will be refunded if notification of death is received within 60 days of the participant’s or dependent’s date of death. Notification of death beyond the 60 day period will not be refunded.

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<p>Retiree/dependent or survivor's entitlement to Medicare Parts A and/or B</p>	<p>End of the month following the date the individual becomes eligible for Medicare</p>	<ul style="list-style-type: none"> • Copy of Medicare Parts A and B card • If ineligible for premium-free Part A, must provide PEBP a copy of the Medicare Benefit Verification Letter issued by the Social Security Administration (SSA) • If covered under Tricare for Life, must provide a copy of the military ID card to PEBP • Benefit Enrollment and Change Form (BECF); only if Medicare entitlement includes Parts A and B and participant is changing health plans to the Medicare Exchange 	<p>Coverage under Medicare Exchange becomes effective within 60 days of Medicare effective date or retirement date, whichever is later</p>	<ul style="list-style-type: none"> • Must enroll in a Medicare exchange plan if retiree and all covered dependents (if any) are eligible for free Part A; otherwise, coverage is terminated • If one person in the family is not eligible for free Part A, the entire family may continue PEBP CDHP or HMO coverage or the Part A individual may choose coverage through the exchange
<p>Termination of Retiree Benefits</p>	<p>Upon request from participant</p>	<p>Written request signed by the retiree to decline all PEBP benefits</p>	<p>Coverage ends on the last day of the month after PEBP receives the request to decline coverage</p>	<ul style="list-style-type: none"> • Coverage terminates for retiree and any covered dependents

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Declination of coverage for a Dependent Child(ren) who become eligible for and enrolled in Medicare	Within 60 days of the event date	<ul style="list-style-type: none"> • Copy of Medicare card 	Coverage terminates on the last day of the month preceding the Medicare coverage effective date	May delete the dependent who becomes entitled to Medicare
Declination of Coverage for dependent child(ren) who become eligible for and enrolled in Medicaid and/or Nevada Check Up	Within 60 days of the event date	<ul style="list-style-type: none"> • PEBP requires proof of eligibility and/or coverage effective date 	Coverage for dependent child(ren) will terminate on the last day of the month PEBP receives proof of Medicaid and/or Nevada Check Up effective date	Covered dependent child(ren) may decline coverage due to enrollment in Medicaid and/or Nevada Check Up
Loss of coverage for dependent child(ren) under Medicaid or Nevada Check Up	Within 60 days of the event date	<ul style="list-style-type: none"> • Creditable Coverage letter indicating the name of the dependent child(ren) and coverage end date • Copy of the birth certificate(s) for each dependent child(ren) being added to the plan 	Coverage for dependent child(ren) will become effective on the first day of the month following PEBP's receipt of loss of coverage from Medicaid and/or Nevada Check Up	Eligible dependent child(ren) may be added to the Employee/Retiree's health plan

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Declination of coverage due to marriage and enrollment in spouse's Employer Group Health Plan	Within 60 days of the event date	<ul style="list-style-type: none"> • Copy of certified marriage certificate • Confirmation of coverage letter from the spouse's employer/insurance carrier stating the effective date of the new coverage and the identity(ies) of the newly covered individual(s) 	Coverage ends the last day of month participant marries	Primary participant may decline coverage
Medicare Part B Premium Credit	No later than the end of the month prior to the Part B effective date	<ul style="list-style-type: none"> • Copy of Medicare Part B card; or • Copy of the Medicare Part B award letter 	Part B premium credit starts on the first of the month following receipt of required supporting document	Premium credit will only apply to primary retirees covered under the Consumer Driven Health Plan or an HMO Plan
Survivor's Coverage <ul style="list-style-type: none"> • Surviving dependent must be enrolled on a PEBP plan as a dependent on the date of death of the primary participant 	Within 60 days of the primary participant's date of death	Retiree Benefit Enrollment and Change Form (R-BECF)	Coverage for eligible survivors is effective on the first day of the month following the primary participant's date of death	May qualify for Survivor's coverage if the dependent meets the Survivor's eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document

Qualifying Life Status Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Survivor's Coverage of Police/Firefighter killed in the line of duty	Within 60 days of the police officer's or firefighter's date of death	<ul style="list-style-type: none"> • BECF • Written notification to employer of the Survivor's intent to enroll in Survivor's coverage • Copy of death certificate • SSN and copy of marriage certificate • If adding dependent(s), a copy of child(ren)'s birth certificate(s) 	Coverage for eligible survivor(s) is effective on the first of the month following the police officer's or firefighter's date of death	May qualify for Survivor's coverage if the dependent meets the Survivor's eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document
Settlement Agreement	Within 60 days of Settlement Agreement	Copy of Hearing Officer's decision	<ul style="list-style-type: none"> • Retroactive to date established by the Hearing Officer decision under the CDHP; • Not more than 6 months prior to PEBP's receipt of the Hearing Officer's decision for the HMO; or • The first month after the decision is received by PEBP if the employee chooses not to pay back premiums 	<ul style="list-style-type: none"> • Employee may re-enroll in coverage; or • Decline coverage
Initial Retirement Coverage for eligible retiring employees	Within 60 days of the employee's date of retirement	<ul style="list-style-type: none"> • BECF • Years of Service Certification Form • If age 65 or older, copy of Medicare Parts A and/or B card • If age 65 or older and ineligible for premium-free Medicare Part A, a copy of the Medicare Benefits Verification Letter 	Retiree coverage is effective on the first day of the month concurrent with or following the date of retirement	<ul style="list-style-type: none"> • May add dependent(s) • May select a new health plan option If retiree is eligible for free Medicare Part A, may be required to enroll for coverage through the Medicare exchange as stated in the PEBP Enrollment and Eligibility Master Plan Document