



## Qualifying Life Events

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901 S. Stewart Street, Suite 1001  
Carson City, NV 89701

Telephone: 775-684-7000  
Toll Free: 1-800-326-5496  
Fax: 775-684-7028

Email: [mervices@peb.state.nv.us](mailto:mervices@peb.state.nv.us)  
[www.pebp.state.nv.us](http://www.pebp.state.nv.us)

# Qualifying Life 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, either by completing an online event through your E-PEBP Portal or completing and returning the required Benefit Enrollment and Change Form within 60 days of the qualifying event. If the online event or form, including submitting any required supporting documents, is not completed within the specific timeframe as outlined in this guide, 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, what changes must be done by requesting a form, 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information contained in this document and the Master Plan Document for the PEBP Enrollment and Eligibility shall be superseded by the [Master Plan Document for the PEBP Enrollment and Eligibility](#).



## Submitting Changes Due to a Qualifying Event

Description of Event	E-PEBP Portal The following events may be completed online using the <a href="#">E-PEBP Portal</a>	Benefit Enrollment and Change Form The following events may be completed using the BECF (employees) or the RBECEF (retirees)
New Hire	√	√
Rehire	√	√
Reinstatement	√	√
Marriage	√	√
Divorce	√	√
Establish Domestic Partnership	√	√
Terminate Domestic Partnership	√	√
Address Change	√	√
Name Change		√
Birth, Adoption, or Guardianship	√	√
Dependent Loses Coverage	√	√
Dependent Gains Coverage	√	√
Death of Dependent	√	√
Moving Outside the Coverage Area	√	√
COBRA Election (Medical, Dental, Vision)		√
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. PEBP will require a written request signed by the retiree to decline all PEBP benefits.	

To request the Benefit Enrollment and Change Form (BECF or RBECEF), please contact the PEBP office at 775-684-7000 or 1-800-326-5496 or via email at [mervices@peb.state.nv.us](mailto:mervices@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	Certificate of Registered Domestic Partnership	Legal Permanent Guardianship Signed by a Judge	Certification of Disabled Dependent Child age 26 Years or Older
<b>CHILD</b>								
Newborn	√		√	√				
Child under age 26	√		√					
Adoption	√		√		√			
Permanent Legal Guardianship (child)	√		√				√	
Stepchild	√	√	√					
DP's Child	√		√			√		
DP's Adopted Child	√		√		√	√		
Disabled Child	√		√					√
Disabled Stepchild	√	√	√					√
DP's Disabled Child	√		√			√		√
<b>SPOUSE/DOMESTIC PARTNER</b>								
Spouse	√	√						
Domestic Partner (DP)	√					√		

- Required supporting documentation must be submitted to PEBP within the specified timeframe.
- 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.
- Employees in declined coverage status and who experience a change in number of dependents may opt to enroll in coverage mid-year if adding a newly acquired dependent.
- All foreign documents must be translated to English.

## Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends
<p><b>Employee Hire:</b></p> <ul style="list-style-type: none"> <li>• <b>New Hire</b></li> <li>• <b>Reinstatement</b></li> <li>• <b>Rehire</b></li> </ul>	<ul style="list-style-type: none"> <li>• Within 15 days after the first day of employment</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• No later than the last day of the month in which coverage is scheduled to become effective</li> </ul>	<p><b>If adding spouse or domestic partner:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SSN of spouse or domestic partner</li> <li><input type="checkbox"/> Copy of the marriage certificate or domestic partnership certificate</li> </ul> <p><b>If adding dependent child(ren):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SSN of child(ren)</li> <li><input type="checkbox"/> Copy of child(ren)'s birth certificate(s)</li> </ul> <p><b>If adding a child(ren) under legal guardianship to age 19 years:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of legal guardianship papers (signed by a judge)</li> <li><input type="checkbox"/> SSN of child(ren)</li> <li><input type="checkbox"/> Copy of birth certificate(s)</li> </ul> <p><b>If adding a stepchild(ren):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SSN of child(ren) and a copy of birth certificate(s)</li> <li><input type="checkbox"/> Copy of the marriage certificate or domestic partnership certificate</li> </ul>	<p><b>New Hire</b> New Hire employees are eligible for coverage on the first day of the month concurrent with or following the date of hire.</p> <p><b>Reinstated Employee</b> 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><b>Rehire Employee</b> 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 Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Newborn Child</b>	Within 60 days of the event date	<input type="checkbox"/> Copy of the child’s hospital’s birth confirmation <input type="checkbox"/> If not the primary insured’s child, a copy of the certified marriage certificate or domestic partnership certificate  <b>Within 120 days of date of birth:</b> <input type="checkbox"/> Copy of child’s Social Security Card <input type="checkbox"/> Copy of the child’s certified birth certificate	<ul style="list-style-type: none"> <li>• Newborn coverage is effective on the date of birth</li> <li>• Coverage for other dependent(s) is effective on the first day of the month concurrent with or following the newborn’s date of birth</li> </ul>	May add newborn child and other eligible dependent(s) in the family unit
<b>Adoption of a Child or the Placement for Adoption of a Child</b>	Within 60 days of the event date	<input type="checkbox"/> Copy of legal adoption papers or placement for adoption (signed by a judge), followed by final adoption papers within 60 days of issuance  <b>Within 120 days of the adoption</b> <input type="checkbox"/> Copy of child’s Social Security Card <input type="checkbox"/> Copy of the child’s certified birth certificate	<ul style="list-style-type: none"> <li>• Coverage effective on the first day of the month in which child is adopted or placed for adoption, whichever date is earlier</li> <li>• Coverage for a child adopted within 60 days of the child’s date of birth becomes effective on the date of birth</li> </ul>	May add the designated adopted child(ren) and other eligible dependent(s) in the family unit
<b>Disabled Child (age 26 or older)</b>	Within 31 days of the dependent child turning age 26 years	<input type="checkbox"/> <a href="#">Certification of Disabled Dependent Child Form</a> (completed by primary participant and child’s physician) <input type="checkbox"/> SSN of the child <input type="checkbox"/> If not the primary insured’s child, copy of the certified marriage certificate or domestic partnership certificate <input type="checkbox"/> 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 will thereafter require proof of the 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"> <li>• If already covered under PEBP, coverage will continue</li> <li>• If new to PEBP plan, coverage becomes effective on the first day of the month concurrent with or following the qualifying event</li> </ul>	Not applicable

## Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Permanent Guardianship of a Child to Age 19</b>	Within 60 days of the event date	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of legal guardianship papers (signed by a judge)</li> <li><input type="checkbox"/> Copy of child’s Social Security Card</li> <li><input type="checkbox"/> Copy of the child’s certified birth certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage effective on the first day of the month concurrent with or following the legal guardianship papers signed by a judge</li> <li>• Coverage is provided only up to age 19 years</li> </ul>	May add the child(ren) to age 19 years and other eligible dependent(s) in the family unit
<b>Permanent Guardianship of Unmarried Child Age 19 to Age 26 Currently Enrolled in a PEBP Plan</b>	Within 60 days of the event date	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completion of the <a href="#">Legal Guardianship Form</a> and any required supporting documents listed in the certification</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage continues to age 26 assuming child continues to meet eligibility requirements as set forth in <a href="#">Legal Guardianship Form</a></li> <li>• 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</li> </ul>	Not applicable
<b>Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN)</b>	Within 60 days of issuance of QMCSO/NMSN or Release of QMCSO/NMSN	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of QMCSO/NMSN appropriately signed by issuing agency</li> </ul>	<ul style="list-style-type: none"> <li>• QMCSO/NMSN : First of the month concurrent with or following the date PEBP receives the QMCSO/NMSN</li> <li>• Release of QMCSO/NMSN : Coverage terminates on the last day of the month concurrent with or following the date PEBP receives the Release of QMCSO/NMSN</li> </ul>	<ul style="list-style-type: none"> <li>• Must add dependent(s) as stated in the QMCSO/NMSN</li> <li>• May add other eligible dependent(s) in the family unit</li> </ul>

## Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<p><b>Dependent Loses Coverage</b> Spouse/DP or eligible dependents experience a change of status <i>resulting in a loss</i> of eligibility from another employer group health plan, Medicaid, or Nevada Check-Up (CHIP)</p>	<p>Within 60 days of the event date</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Creditable Coverage Certificate(s) stating the insurance end date and names of covered individual(s) for each dependent being added to your coverage</li> <li><input type="checkbox"/> SSN for all dependent(s) being added</li> <li><input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate</li> <li><input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificate(s)</li> </ul>	<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><b>Dependents Gains Coverage</b> Spouse/DP or eligible dependent experiences a change of status <i>resulting in a gain</i> of eligibility from another employer group health plan, Medicare, Medicaid, or Nevada Check-Up (CHIP)</p>	<p>Within 60 days of the event date</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Confirmation of coverage letter stating the group insurance effective date and names of covered individual(s) for each dependent being deleted from your coverage</li> <li><input type="checkbox"/> If Medicare was gained, copy of Medicare Parts A and B Card</li> </ul>	<p>Coverage terminates on the last day of the month the event occurs. If coverage begins the first day of the month, coverage will terminate the last day of the prior month</p>	<ul style="list-style-type: none"> <li>• Must delete spouse or domestic partner* if coverage is employer based</li> <li>• May delete any dependent(s) that are being added to the employer group coverage</li> </ul> <p style="text-align: right;"><i>*Premium refunds will not be given for late notification</i></p>



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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Establish Domestic Partnership</b>	Within 60 days of the event date	<input type="checkbox"/> SSN for domestic partner <input type="checkbox"/> Copy of the Certificate of Registered Domestic Partnership <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificate(s) and SSN	Coverage effective on the first day of the month concurrent with or following the date of registration of domestic partnership	May add domestic partner and other eligible dependent(s) in the family unit
<b>Marriage</b>	Within 60 days of the event date	<input type="checkbox"/> SSN for spouse <input type="checkbox"/> Copy of the certified marriage certificate <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s birth certificate(s) and SSN	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
<b>Divorce, Annulment, or Termination of Domestic Partnership</b>	Within 60 days of the event date	<input type="checkbox"/> Copy of the divorce/annulment decree signed by the judge (all pages) <input type="checkbox"/> Copy of the Termination of Certificate of Registered Domestic Partnership	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>	Must delete ex-spouse or ex-domestic partner* and all other ineligible dependent(s)  <i>*Premium refunds will not be given for late notification and COBRA Coverage will not be offered</i>

## Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Employer of Spouse/Domestic Partner Offers an Open Enrollment Period</b>	Within 60 days of the event date	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of Open Enrollment from spouse/domestic partner's employer</li> <li><input type="checkbox"/> Confirmation of coverage letter from the insurance carrier stating the effective date of new coverage and the name(s) of the newly covered individual(s)</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• If declining PEBP coverage, the coverage terminates on the last day of the month prior to the month the other coverage becomes effective</li> </ul>	<ul style="list-style-type: none"> <li>• Participant and any covered dependents may decline PEBP coverage to newly enroll in the other employer's coverage or</li> <li>• Participant and eligible dependent in declined status with PEBP may re-enroll in PEBP coverage if the other employer group coverage is terminated</li> </ul>
<b>PEBP's Open Enrollment Period</b>	Typically May 1 - May 31 of each year	<ul style="list-style-type: none"> <li><input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Document Requirements in this document</li> <li><input type="checkbox"/> Required supporting documents are due by June 15</li> </ul>	Coverage effective date is July 1 immediately following Open Enrollment Period	<ul style="list-style-type: none"> <li>• May add or delete dependents</li> <li>• May change plan options</li> <li>• May decline coverage</li> </ul>
<b>Primary Participant Moves Outside EPO or HMO Plan Coverage Area</b>	Within 30 days of moving outside EPO or HMO coverage area	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete a change of address by contacting PEBP Member Services by phone or</li> <li><input type="checkbox"/> Complete a change of address online using the E-PEBP Portal or</li> <li><input type="checkbox"/> Complete Benefit Enrollment and Change form</li> </ul>	Coverage under the new PPO, EPO or HMO plan will begin on the first day of the month concurrent with or following the date PEBP is notified of the address change	Participants who move outside an EPO or HMO coverage area must select another coverage option.  Note: Moving outside the EPO or HMO coverage area is not a qualifying event to add or delete dependents  For exceptions, see Qualified Medical Child Support Orders (QMCSO) or National Medical Support Notice (NMSN)

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Retiree/Dependent or Survivor's Entitlement to Medicare Parts A and/or B</b>	End of the month following the date the individual becomes eligible for Medicare	<input type="checkbox"/> Copy of Medicare Parts A and B card <input type="checkbox"/> 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) <input type="checkbox"/> If covered under TRICARE for Life, must provide a copy of the military ID card (front and back) <input type="checkbox"/> Retiree Benefit Enrollment and Change Form only if Medicare entitlement includes Parts A and B and participant is changing health plans to the Medicare Exchange	Coverage under Medicare Exchange must become effective within 60 days of Medicare effective date or retirement date, whichever is later	<ul style="list-style-type: none"> <li>• 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</li> <li>• If one person in the family is not eligible for free Part A, the entire family may continue PEBP PPO, EPO or HMO coverage or the Part A individual may choose coverage through the Exchange</li> </ul>
<b>Medicare Part B Premium Credit</b>	No later than the end of the month prior to the Part B effective date	<input type="checkbox"/> Copy of Medicare Part B card or <input type="checkbox"/> 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 PPO, EPO or HMO Plan
<b>Termination of Retiree Benefits</b>	Upon request from participant	<input type="checkbox"/> Written request signed by the retiree to decline all PEBP benefits	Coverage ends on the last day of the month after PEBP receives the request to decline coverage	Coverage terminates for retiree and any covered dependents

## Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Declination of Coverage Due to Marriage or Establishment of Domestic Partnership (DP) and Enrollment in Spouse's/DP's Employer Group Health Plan</b>	Within 60 days of marriage or establishment of domestic partnership	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate</li> <li><input type="checkbox"/> Creditable Coverage letter from the spouse's/domestic partner's Employer or Group Health Plan stating the effective date of the new coverage and the name(s) of the newly Covered Individual(s)</li> </ul>	Coverage for the primary participant and any covered dependents will terminate on the last day of month of marriage or establishment domestic partnership	Primary participant may decline PEBP coverage
<b>Active Employee Reinstatement from Declined Status</b> Active employee experiences a change of status resulting in a loss of eligibility from another Employer Group Health Plan, Medicaid, or Nevada Check-Up (CHIP)	Within 60 days of the event date	<ul style="list-style-type: none"> <li><input type="checkbox"/> Creditable Coverage letter or HIPAA certificate(s) stating the insurance end date and names of covered individual(s) for each person being added to your coverage</li> <li><input type="checkbox"/> SSN for all dependent(s) being added</li> <li><input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate</li> <li><input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificates</li> </ul>	Coverage effective on the first day of the month concurrent with or following the date of the loss of coverage	Participant and eligible dependent(s) in declined status with PEBP may re-enroll in PEBP coverage if other employer group health plan is terminated

## Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Settlement Agreement</b>	Within 60 days of Settlement Agreement	<input type="checkbox"/> Copy of Hearing Officer's decision	<ul style="list-style-type: none"> <li>• Retroactive to date established by the Hearing Officer decision under the CDHP or</li> <li>• Not more than 6 months prior to PEPP's receipt of the Hearing Officer's decision for the EPO or HMO or</li> <li>• The first month after the decision is received by PEPP if the employee chooses not to pay back premiums</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may re-enroll in coverage</li> <li style="text-align: center;">or</li> <li>• Decline coverage</li> </ul>
<b>Initial Retirement Coverage for Eligible Retiring Employees</b>	Within 60 days of the employee's date of retirement	<input type="checkbox"/> If age 65 or older, copy of Medicare Parts A and B card <input type="checkbox"/> If age 65 or older and ineligible for premium-free Medicare Part A, a copy of the Medicare Benefits Verification Letter and a copy of Medicare Part B card <input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Document Requirements in this document	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"> <li>• May add dependent(s)</li> <li>• May select a new health plan option</li> </ul> <p>If retiree is eligible for free Medicare Part A, may be required to enroll for coverage through the Medicare Exchange as stated in the PEPP <a href="#">Enrollment and Eligibility Master Plan Document</a></p>
<b>Survivor's Coverage of Police/Firefighter Killed in the Line of Duty</b>	Within 60 days of the police officer's or firefighter's date of death	<input type="checkbox"/> Written notification to employer of the Survivor's intent to enroll in Survivor's coverage <input type="checkbox"/> Copy of death certificate <input type="checkbox"/> SSN and copy of certified marriage certificate <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified 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 PEPP <a href="#">Enrollment and Eligibility Master Plan Document</a>

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<b>Participant Death*</b>	Within 60 days of the event date	<input type="checkbox"/> Copy of certified death certificate	<ul style="list-style-type: none"> <li>• Participant coverage terminates on the date of death; and</li> <li>• Coverage for any covered dependent terminates on the last day of the month concurrent with the participant's date of death</li> </ul>	Covered dependents may qualify for re-enrollment in Survivor's coverage if he/she meets the eligibility requirements as stated in the PEBP <a href="#">Enrollment and Eligibility Master Plan Document</a>
<b>Dependent Death*</b>	Within 60 days of the event date	<input type="checkbox"/> 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)
<b>Survivor's Coverage</b> 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	<input type="checkbox"/> Retiree Benefit Enrollment and Change Form	Coverage for eligible Survivor(s) 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 <a href="#">Enrollment and Eligibility Master Plan Document</a>

**\*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. Premiums will not be refunded if notification of death and required documents are received beyond the 60 day period.