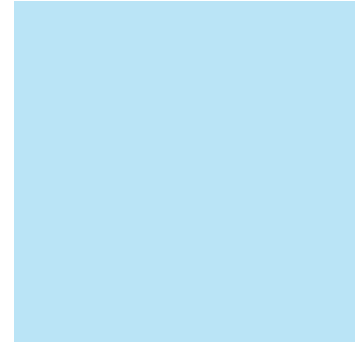




NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

**775-684-7000**  
or **1-800-326-5496**  
[www.pebp.state.nv.us](http://www.pebp.state.nv.us)



# QUALIFYING LIFE EVENTS

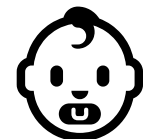
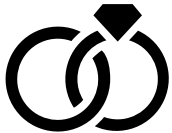
# Qualifying Life Events

Every effort has been made to ensure the accuracy of the information contained in this guide. This document contains quick reference tables to assist you in determining required supporting documents, and the timeframe to submit change requests as a result of a qualifying life event.

In the event of any discrepancies between the information in this document and the [Master Plan Document for PEBP Enrollment and Eligibility](#), the Master Plan Document will govern. These documents are available under *Getting to Know Your Plan* on PEBP's homepage at [www.pebp.state.nv.us](http://www.pebp.state.nv.us). Click [here](#) to view the glossary of health care and medical terms.

One of the things you can count on in life is change. When those changes come, they might open the door for you to qualify to make modifications to your health plan outside the annual open enrollment period. Here's what you need to know:

- Qualifying events include the birth of a child, marriage, divorce, etc.
- You *must* complete an online event and upload required supporting documents through your [E-PEBP Portal](#) within the specific time frame of the qualifying event, as outlined in this guide. If the online event, including submitting any required supporting documents, is not completed within the specific timeframe, the request will not be accepted, and the change cannot be made until the subsequent open enrollment period.



Should you have any questions regarding eligibility you may send a secure message through your E-PEBP portal or contact the PEBP office at 775-684-7000 or 1-800-326-5496

## 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 uploaded into your E-PEBP Portal account 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 who experience a change in number of dependents may opt to enroll in coverage mid-year if adding a newly acquired dependent. This also applies if an employee loses other group coverage mid-year.
- 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	Allowable Changes Based Upon the Event
<p><b>Employee Hire:</b></p> <ul style="list-style-type: none"> <li>• <b>New Hire</b></li> </ul>	<p>Within 15 days after the first day of employment OR No later than the last day of the month in which coverage is scheduled to become effective</p>	<p><b>If adding spouse/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 certified 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 certified 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 certified birth certificate(s)</li> <li><input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate</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 certified birth certificate(s)</li> <li><input type="checkbox"/> Copy of the certified marriage certificate or domestic partnership certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Full-time employees are eligible for coverage on the first day of the month concurrent with or following the date of hire</li> </ul>	<p>May add eligible dependent(s) in the family unit</p>
<p><b>Adoption of a Child or the Placement for Adoption of a Child</b></p>	<p>Within 60 days of the event date</p>	<ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate</li> </ul> <p><b>Within 120 days of the adoption</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SSN of child</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 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>	<p>May add the designated adopted child(ren) and other eligible dependent(s) in the family unit</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
<p><b>Newborn Child</b> Initial coverage terminates 31 days from the date of birth</p>	<p>To continue coverage beyond 31 days: Within 60 days of the event date</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the child’s hospital birth confirmation</li> <li><input type="checkbox"/> If not the primary insured’s child, a copy of the certified marriage or domestic partnership certificate</li> </ul> <p><b>Within 120 days of date of birth:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SSN of child</li> <li><input type="checkbox"/> Copy of the child’s certified birth certificate</li> </ul>	<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>	<p>May add newborn child and other eligible dependent(s) in the family unit</p>
<p><b>Disabled Child</b> (age 26 or older)</p>	<p>Within 31 days of the dependent child turning age 26 years</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Certification of Disabled Dependent Child Form</a></li> <li><input type="checkbox"/> SSN of the child</li> <li><input type="checkbox"/> If not the primary insured’s child, copy of the certified marriage or domestic partnership certificate</li> <li><input type="checkbox"/> Verification that the child has had continuous health insurance since the age of 26. 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).</li> </ul>	<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>	<p>Not applicable</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>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"/> Child's Social Security Number</li> <li><input type="checkbox"/> Copy of the child's certified birth certificate</li> <li><input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership 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>	Must add dependent(s) as stated in the QMCSO/NMSN May add other eligible dependent(s) in the family unit

## 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 for Employee, Retiree, Spouse, DP or Dependent who Becomes Eligible for and Enrolls in Medicare Part A or B</b>	Within 60 days of the Medicare effective date	<input type="checkbox"/> Copy of Medicare card	<ul style="list-style-type: none"> <li>Coverage terminates on the last day of the month preceding the Medicare Part A or B coverage effective date</li> </ul>	Employee or Retiree may who enrolls in Medicare Part A or B may decline coverage, Spouse, DP or Dependent who becomes Eligible for and Enrolls in Medicare Part A or B may decline coverage.
<b>Declination of Coverage for Employee, Retiree Spouse, DP, or Dependent who Becomes Eligible for and Enrolls in CHIP, Medicaid or Nevada Check Up</b>	Within 60 days of CHIP, Medicaid or Nevada Check Up effective date	<input type="checkbox"/> Documentation from Medicaid, CHIP or Nevada Check Up showing that the eligibility for Medicaid, CHIP, or Nevada Check Up was approved and the coverage effective date	<ul style="list-style-type: none"> <li>Coverage terminates on the last day of the month preceding coverage effective under CHIP/Medicaid or Nevada Check Up coverage effective date</li> </ul>	Covered Employee, Retiree Spouse, DP, or dependent who becomes Eligible for and Enrolled in CHIP/Medicaid or Nevada Check Up may decline coverage.
<b>Employee, Spouse, DP or Dependent Loses Coverage Under CHIP, Medicaid or Nevada Check Up</b>	Within 60 days of CHIP, Medicaid or Nevada Check Up termination date	<input type="checkbox"/> Documentation from Medicaid, CHIP or Nevada Check Up showing that the dependent's eligibility for Medicaid or CHIP was denied and when it was denied. Or documentation that the coverage ended or will end  <input type="checkbox"/> Copy of certified birth certificate(s) for each dependent child(ren) being added to the plan; and/or Copy of marriage or domestic partner certification	<ul style="list-style-type: none"> <li>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</li> </ul>	Eligible Employee, Spouse, DP or dependent child(ren) may enroll for coverage.

## 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.</p>	<p>Within 60 days of the event date</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A letter from previous insurance carrier 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>	<ul style="list-style-type: none"> <li>• Coverage effective on the first day of the month concurrent with or following the date of the loss of coverage</li> </ul>	<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.</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> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<p>Must delete spouse or domestic partner* if coverage is employer based</p> <p>May delete any dependent(s) that are being added to the employer group coverage</p> <p><i>*Premium refunds will not be given for late notification</i></p>

If an employee or dependent lost other health care coverage as a result of the individual's voluntary cancellation of coverage, termination of coverage through the state health exchange (Affordable Care Act), failure to pay premiums, reduction or elimination of employer financial payment of premiums, or for cause, such as making a fraudulent claim, that individual does not have enrollment rights.



## 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 first day of the month concurrent with or following the start date of the other coverage</li> </ul>	Participant and any covered dependents may decline PEBP coverage to newly enroll in the other employer's coverage OR Participant and eligible dependents in declined status with PEBP may re-enroll in PEBP coverage if the other employer group coverage is terminated
<b>PEBP's Open Enrollment Period</b>	Each year typically May 1 -May 31	<ul style="list-style-type: none"> <li><input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Eligibility Document Requirements in this document</li> <li><input type="checkbox"/> Required supporting documents are due by June 15</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage effective date is July 1 immediately following open enrollment period</li> </ul>	May add or delete dependents May change plan options May decline coverage
<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"/> Call PEBP to update address OR</li> <li><input type="checkbox"/> Send a secure message through your E-PEBP portal</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage under the CDHP, LD 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</li> </ul>	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)

## 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>Establish Domestic Partnership</b>	Within 60 days of the event date	<ul style="list-style-type: none"> <li><input type="checkbox"/> SSN for domestic partner</li> <li><input type="checkbox"/> Copy of the Certificate of Registered Domestic Partnership</li> <li><input type="checkbox"/> If adding dependent child(ren), SSN and a copy of the child(ren)'s certified birth certificate(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage effective on the first day of the month concurrent with or following the date of registration of domestic partnership, or the first day of the month following the date the employee notifies the Plan and requests enrollment, whichever is later</li> </ul>	May add domestic partner and other eligible dependent(s) in the family unit
<b>Marriage</b>	Within 60 days of the event date	<ul style="list-style-type: none"> <li><input type="checkbox"/> SSN for spouse</li> <li><input type="checkbox"/> Copy of the certified marriage certificate</li> <li><input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificate(s) and SSN</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage effective on the first day of the month concurrent with or following the date of marriage, or the first day of the month following the date the employee notifies the Plan and requests enrollment, whichever is later</li> </ul>	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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the divorce/annulment decree signed by the judge (all pages)</li> <li><input type="checkbox"/> Copy of the Termination of Certificate of Registered Domestic Partnership</li> </ul>	<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 domestic partnership is filed with the Secretary of State's</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)  COBRA is offered to the ex-spouse or ex-domestic partner for up to 36 months if notified within 60 days  <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>Retiree/Dependent or Survivor's Entitlement to Medicare Parts A and/or B</b>	End of the month preceding the date the individual becomes eligible for Medicare	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Medicare Parts A and B card</li> <li><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)</li> <li><input type="checkbox"/> If covered under TRICARE for Life, must provide a copy of the military ID card (front and back)</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage under Medicare Exchange must become effective within 60 days of Medicare effective date or retirement date, whichever is later</li> </ul>	<p>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</p> <p>If one person in the family is not eligible for free Part A, the entire family may remain on the CDHP, LD-PPO, EPO, or HMO coverage or the Part A individual may choose coverage through the Exchange</p>
<b>Medicare Part B Premium Credit</b>	No later than the end of the month in which your Medicare Part B is effective	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Medicare Part B card or Copy of the Medicare Part B award letter</li> </ul>	<ul style="list-style-type: none"> <li>• Part B premium credit will apply concurrent with the Medicare Part B effective date or the first of the month concurrent with or following PEBP's receipt of the retiree's Medicare Part B card, whichever is later</li> </ul>	<p>Premium credit will only apply to primary retirees covered under the CDHP, LD-PPO, EPO or HMO Plan.</p>
<b>Termination of Retiree Benefits*</b>	Upon request from participant	<ul style="list-style-type: none"> <li><input type="checkbox"/> Written request signed by the retiree to decline all PEBP benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage ends on the last day of the month after PEBP receives the request to decline coverage</li> </ul>	<p>Coverage terminates for retiree and any covered dependents</p>

\*Please note that declining the PEBP-sponsored coverage includes medical, dental, vision, prescription drug coverage, Basic Life Insurance, Voluntary Life Insurance (if applicable), years of service premium subsidy, and HRA funds that may be on your HealthSCOPE visa debit card (if 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>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>	<ul style="list-style-type: none"> <li>• Coverage for the primary participant and any covered dependents will terminate on the last day of month of marriage or establishment domestic partnership</li> </ul>	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>	<ul style="list-style-type: none"> <li>• Coverage effective on the first day of the month concurrent with or following the date of the loss of coverage</li> </ul>	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>	Employee may re-enroll in coverage  OR  Decline coverage
<b>Initial Retirement Coverage for Eligible Retiring Employees</b>	Within 60 days of the employee's date of retirement	<input type="checkbox"/> Years of Service Certification form <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 <a href="#">Summary of Supporting Eligibility Documents</a>	<ul style="list-style-type: none"> <li>• Retiree coverage is effective on the first day of the month concurrent with or following the date of retirement</li> </ul>	May add dependent(s) May select a new health plan option If retiree is eligible for free Medicare Part A, must purchase Part B, and 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>
<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 certified death certificate <input type="checkbox"/> SSN and copy of certified marriage certificate	<ul style="list-style-type: none"> <li>• Coverage for eligible survivor(s) is effective on the first of the month following the police officer's or firefighter's date of death</li> </ul>	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>

## 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>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	<ul style="list-style-type: none"> <li>Coverage for deceased dependent terminates on the date of death</li> </ul>	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"/> Copy of certified death certificate <input type="checkbox"/> Retiree Benefit Enrollment and Change Form	<ul style="list-style-type: none"> <li>Coverage for eligible survivor(s) is effective on the first day of the month following the primary participant's date of death</li> </ul>	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>
<b>Declining Unsubsidized or Survivor's Dependent Coverage</b>	Upon request from participant	<input type="checkbox"/> Written request signed by the retiree to decline all PEBP benefits	<ul style="list-style-type: none"> <li>Coverage ends on the last day of the month after PEBP receives the request to decline coverage</li> </ul>	Coverage terminates for survivor, covered dependents any unsubsidized dependent

**\*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.