

Special eligibility situations quick reference

This information describes changes subscribers can make when a special eligibility situation occurs. Unless otherwise noted, all changes must be made within 31 days of the event.

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Birth of child	<input type="checkbox"/> Employee alone <input type="checkbox"/> Employee and newborn child <input type="checkbox"/> Employee and existing child(ren) <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee, spouse, existing child(ren) and newborn child	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision <input type="checkbox"/> Enroll in Dependent Life-Child <input type="checkbox"/> Enroll in or increase Dependent Life-Spouse (\$10,000 or \$20,000 without evidence of insurability; more than \$20,000 with evidence of insurability) <input type="checkbox"/> Enroll in or increase Optional Life (up to \$50,000 without evidence of insurability; more than \$50,000 with evidence of insurability) <input type="checkbox"/> Review changes available with MSA/DCSA	<p>Health, dental and vision: Date of birth</p> <p>Optional Life and Dependent Life-Spouse: For amounts available without evidence of insurability, first of month following date of request. For amounts requiring evidence of insurability, first of month following date of approval.</p> <p>Dependent Life-Child: Date of birth</p>	<p>Long-form birth certificate of newborn baby</p> <p>and</p> <p>If adding spouse, marriage license or Page 1 of most recent tax return</p>
<p>Notes</p>				
<p>A. May not drop any coverage; may only change or add coverage.</p> <p>B. For Optional Life, if employee is not actively at work on the expected effective date, then the effective date will be first of the month following return to work. For Dependent Life, if dependent, other than a newborn, is confined to a hospital or elsewhere on the expected effective date, then the effective date will be deferred until the spouse or child is discharged from the hospital or no longer confined.</p>				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Adoption of child (or placement for adoption)	<input type="checkbox"/> Employee alone <input type="checkbox"/> Employee and newly adopted child <input type="checkbox"/> Employee and existing child(ren) <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee, spouse, existing child(ren) and newly adopted child	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision <input type="checkbox"/> Enroll in Dependent Life-Child <input type="checkbox"/> Enroll in or increase Dependent Life-Spouse (\$10,000 or \$20,000 without evidence of insurability; more than \$20,000 with evidence of insurability) <input type="checkbox"/> Enroll in or increase Optional Life (up to \$50,000 without evidence of insurability; more than \$50,000 with evidence of insurability) <input type="checkbox"/> Review changes available with MSA/DCSA	<p>Health, dental and vision: Date of adoption or placement for adoption, UNLESS baby is adopted or placed for adoption within 31 days of birth — then date of birth</p> <p>Optional Life and Dependent Life-Spouse: For amounts available without medical evidence, first of month following date of request. For amounts requiring evidence of insurability, first of month following date of approval.</p> <p>Dependent Life-Child: Date of birth for newborns. First of the month after date of request for other children.</p>	<p>A copy of a birth certificate (long form) listing the subscriber as the parent; legal adoption documentation from court, verifying adoption completed; or letter of placement from adoption agency, attorney, or DSS verifying adoption in progress</p> <p>and</p> <p>if adding spouse, marriage license or Page 1 of most recent tax return</p>
Notes				
<p>A. May not drop any coverage; may only change or add coverage.</p> <p>B. For Optional Life, if employee is not actively at work on the expected effective date, then the effective date will be first of the month following return to work. For Dependent Life, if dependent, other than a newborn, is confined to a hospital or elsewhere on the expected effective date, then the effective date will be deferred until the spouse or child is discharged from the hospital or no longer confined.</p>				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Placement of foster child (with court order) <i>If you have gained legal custody of your foster child, see Gains custody of child</i>	<input type="checkbox"/> Employee alone <input type="checkbox"/> Employee and new foster child <input type="checkbox"/> Employee and existing child(ren) <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee, spouse, existing child(ren) and new foster child	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or new foster child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision <input type="checkbox"/> Review changes available with MSA/DCSA	Health, dental and vision Date of placement (usually date of court order) <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of gaining child. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request.</i>	Court order placing child in foster care with the employee and if adding spouse, marriage license or Page 1 of most recent tax return
Notes				
A. May not drop any coverage; may only change or add coverage.				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Gains custody of child (with court order)	<input type="checkbox"/> Employee alone <input type="checkbox"/> Employee and child for whom he gained legal custody <input type="checkbox"/> Employee and existing child(ren) <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee, spouse, existing child(ren) and child for whom he gained legal custody	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision <input type="checkbox"/> Enroll in Dependent Life-Child <input type="checkbox"/> Review changes available with MSA/DCSA	<p>Health, dental and vision Date of court order</p> <p>Dependent Life-Child Date of birth for newborns. First of the month after date of request for other children.</p> <p><i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of gaining child. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request.</i></p>	<p>Court order granting custody of the child to employee</p> <p>and</p> <p>if adding spouse, marriage license or Page 1 of most recent tax return</p>
Notes				
<p>A. May not drop any coverage; may only change or add coverage.</p> <p>B. For Dependent Life, if dependent, other than a newborn, is confined to a hospital or elsewhere on the expected effective date, then the effective date will be deferred until the spouse or child is discharged from the hospital or no longer confined.</p>				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Marriage	<input type="checkbox"/> Employee alone <input type="checkbox"/> Employee and any new stepchild <input type="checkbox"/> Employee and existing child(ren) <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee, spouse, existing child(ren) and any new stepchild	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or stepchild to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision <input type="checkbox"/> Enroll in Dependent Life-Spouse (\$10,000 or \$20,000 without medical evidence; more than \$20,000 with evidence of insurability) <input type="checkbox"/> Enroll in Dependent Life-Child <input type="checkbox"/> Enroll in or increase Optional Life (up to \$50,000 without evidence of insurability; more than \$50,000 with evidence of insurability) <input type="checkbox"/> Review changes available with MSA/DCSA	<p>Health, dental and vision: Date of marriage</p> <p>Optional Life and Dependent Life-Spouse: For amounts available without evidence of insurability, first of month following date of request. For amounts requiring evidence of insurability, first of month following date of approval.</p> <p>Dependent Life-Child: First of the month after date of request</p> <p><i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of marriage. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i></p>	<p>Marriage license</p> <p>and</p> <p>if adding stepchildren, also need long-form birth certificates for each child</p>
Notes				
<p>A. May not drop any coverage; may only change or add coverage.</p> <p>B. For Optional Life, if employee is not actively at work on the expected effective date, then the effective date will be first of the month following return to work. For Dependent Life, if dependent, other than a newborn, is confined to a hospital or elsewhere on the expected effective date, then the effective date will be deferred until the spouse or child is discharged from the hospital or no longer confined.</p>				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Divorce	<input type="checkbox"/> Former spouse and any former stepchildren	<input type="checkbox"/> The employee must drop former spouse and stepchildren from health, dental and vision. <input type="checkbox"/> Must drop Dependent Life for former spouse or stepchild, even if court ordered to continue. <input type="checkbox"/> If divorce decree requires the employee to continue coverage for former spouse, former spouse can enroll in own coverage.	<p>Health, dental and vision: First of month following divorce</p> <p>Dependent Life: Date of divorce</p> <p>Exception to 31-day rule: If dropping ineligible spouse or stepchildren and PEBA is notified more than 31 days after divorce, first of month following notification.</p>	Entire divorce decree
	<input type="checkbox"/> Employee	<input type="checkbox"/> Enroll in or increase Optional Life up to \$50,000 without evidence of insurability <input type="checkbox"/> Cancel or decrease Optional Life <input type="checkbox"/> Review changes available with MSA	<p>Optional Life: If employee is actively at work, first of month following date of request. If not actively at work, first of month following return to work.</p>	
<p>Notes</p>				
<p>A. May not drop coverage for himself or any dependents who remain eligible for coverage. B. For Optional Life, if employee is not actively at work on the expected effective date, then the effective date will be first of the month following return to work.</p>				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Employee loses other health coverage (includes Medicare)	If employee is not already enrolled in PEBA's health coverage: <input type="checkbox"/> Employee <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee and children <input type="checkbox"/> Employee, spouse and children	<input type="checkbox"/> Enroll in health <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision	Health, dental and vision: Date of loss of health coverage <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i>	Letter (on company letterhead) stating employee lost health coverage and date of loss And Long-form birth certificate if adding child; marriage license <u>or</u> Page 1 of most recent tax return if adding spouse
	If employee is already enrolled in PEBA health coverage: Not eligible to change elections	Not eligible to change elections		
Notes				
A. Letter does NOT have to state employee lost dental or vision to add dental or vision. B. Letter does not have to state spouse or children lost coverage to add them. C. May not drop any coverage but may add coverage.				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Spouse or child loses other health coverage (includes Medicare)	<input type="checkbox"/> Employee and spouse/child who lost health coverage	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision	Health, dental and vision: Date of loss of health coverage <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i>	Letter (on company letterhead) stating employee lost health coverage and date of loss and Long-form birth certificate if adding child; marriage license <u>or</u> Page 1 of most recent tax return if adding spouse
Notes				
A. Letter does NOT have to say spouse/child lost dental or vision to add dental or vision B. Employee may not make changes to coverage unless he adds spouse/child who lost health coverage. C. May not drop any coverage but may add coverage. D. If the spouse/child lost coverage through PEBA and he is then added to the employee's Dependent Life coverage, the effective date is the date of the loss or the first of the month following date of request, whichever is later.				

Special eligibility situations quick reference (cont.)

Event	This person/these people <i>(select one)</i>	Can do one or more of these actions <i>(select as many as apply)</i>	Effective date	Documentation required
Employee loses other dental coverage only (not health)	<input type="checkbox"/> Employee	<input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage	Dental: Date of loss of dental coverage <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i>	Letter (on company letterhead) stating employee lost dental coverage and date of loss
Employee loses other vision coverage only (not health)	<input type="checkbox"/> Employee	<input type="checkbox"/> Enroll in State Vision	Vision: Date of loss of vision coverage <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i>	Letter (on company letterhead) stating employee lost vision coverage and date of loss
Spouse or child loses other dental coverage only (not health)	<input type="checkbox"/> Employee and spouse/child who lost health coverage	<input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage	Dental: Date of loss of dental coverage <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i>	Letter (on company letterhead) stating spouse/child lost dental coverage and date of loss
	Notes If spouse/child not covered by employee for health, vision or life, must also submit dependent documentation.			

Special eligibility situations quick reference (cont.)

Event	This person/these people (<i>select one</i>)	Can do one or more of these actions (<i>select as many as apply</i>)	Effective date	Documentation required
Spouse or child loses other vision coverage only (not health)	<input type="checkbox"/> Employee and spouse/child who lost health coverage	<input type="checkbox"/> Enroll in State Vision	Vision: Date of loss of vision coverage <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request</i>	Letter (on company letterhead) stating spouse/child lost vision coverage and date of loss
Notes				
If spouse/child not covered by employee for health, dental or life, must also submit dependent documentation.				
Employee gains other health, dental, or vision coverage	<input type="checkbox"/> Employee	<input type="checkbox"/> Drop coverage gained	Health, dental, vision: First of the month following gain of coverage or the first of the month if coverage is gained on the first of the month	Letter (on company letterhead) stating subscriber gained coverage and date of gain
Notes				
A. Dependents enrolled in the same coverage must also be dropped. B. Cannot just drop dental or Dental Plus — must drop both if enrolled in both.				
Spouse/child gains other health, dental, or vision coverage	<input type="checkbox"/> Spouse/child who gained other coverage	<input type="checkbox"/> Drop coverage gained	Health, dental, vision: First of the month following gain of coverage or the first of the month if coverage is gained on the first of the month	Letter (on company letterhead) stating spouse/child gained coverage and date of gain
Notes				
A. Cannot just drop dental or Dental Plus — must drop both if enrolled in both. B. Only the spouse/child listed on gain of coverage letter may drop.				

Special eligibility situations quick reference (cont.)

Event	This person/these people (<i>select one</i>)	Can do one or more of these actions (<i>select as many as apply</i>)	Effective date	Documentation required
Employee gains Medicaid or CHIP coverage	<input type="checkbox"/> Employee	<input type="checkbox"/> Drop health <input type="checkbox"/> Drop dental and Dental Plus <input type="checkbox"/> Drop vision	<p>Health, dental, vision: Exception to 31-day Rule: Employee has 60 days from the date notified by Medicaid of gain of coverage to drop health, dental and/or vision.</p> <p>If notified by Medicaid within 60 days of gain of coverage, date of gain of Medicaid.</p> <p>If notified by Medicaid more than 60 days after gain of coverage, first of month following request. (See Note B below)</p>	Copy of Medicaid approval letter
	<p>Notes</p> <p>A. Spouse or children enrolled in the same coverage will also be dropped.</p> <p>B. If the employee contacts PEBA later than 60 days after he was notified by Medicaid, no change can be made due to gain of Medicaid.</p>			
Spouse/child gains Medicaid or CHIP coverage	<input type="checkbox"/> Spouse/child who gained Medicaid or CHIP coverage	<input type="checkbox"/> Drop health <input type="checkbox"/> Drop dental and Dental Plus <input type="checkbox"/> Drop vision	Same as above	Copy of Medicaid approval letter
	<p>Notes</p> <p>A. Only the spouse/child listed on gain of coverage letter may drop.</p> <p>B. If the employee contacts PEBA later than 60 days after dependent was notified by Medicaid, no change can be made due to gain of Medicaid.</p>			

Special eligibility situations quick reference (cont.)

Event	This person/these people (<i>select one</i>)	Can do one or more of these actions (<i>select as many as apply</i>)	Effective date	Documentation required
Employee loses Medicaid or CHIP coverage	If employee is not already enrolled in PEBA's health coverage: <ul style="list-style-type: none"> <input type="checkbox"/> Employee <input type="checkbox"/> Employee and spouse <input type="checkbox"/> Employee and children <input type="checkbox"/> Employee, spouse and children 	<ul style="list-style-type: none"> <input type="checkbox"/> Enroll in health <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision 	Health, dental and vision: Exception to 31-day rule: <ul style="list-style-type: none"> • Employee has 60 days from the date notified by Medicaid of loss of coverage to enroll. • If notified by Medicaid within 60 days, date of loss of Medicaid. • If notified by Medicaid more than 60 days after loss, first of month following request. (See Note C below) • <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request.</i> 	Copy of Medicaid loss letter and Long-form birth certificate if adding child; marriage license <u>or</u> Page 1 of most recent tax return if adding spouse
	If employee is already enrolled in PEBA health coverage: Not eligible to change elections	Not eligible to change elections		
Notes <ul style="list-style-type: none"> A. Letter does not have to state spouse or children lost coverage to add them. B. May not drop any coverage but may add coverage. C. If the employee contacts PEBA later than 60days after he was notified by Medicaid, no change can be made due to gain of Medicaid. 				
Spouse/child loses Medicaid or CHIP coverage	<input type="checkbox"/> Employee and spouse/child who lost health coverage	<ul style="list-style-type: none"> <input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision 	Same as above	Copy of Medicaid loss letter and Long-form birth certificate if adding child; marriage license <u>or</u> Page 1 of most recent tax return if adding spouse
	Notes <ul style="list-style-type: none"> A. May only add the employee with the spouse/child who lost Medicaid. B. May not drop any coverage but may add coverage. 			

Special eligibility situations quick reference (cont.)

Event	This person/these people (<i>select one</i>)	Can do one or more of these actions (<i>select as many as apply</i>)	Effective date	Documentation required
Employee gains premium assistance through Medicaid or CHIP	If employee is not already enrolled in PEBA's health coverage: <input type="checkbox"/> Employee	<input type="checkbox"/> Enroll in health <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision	Health, dental and vision: Exception to 31-day rule: <ul style="list-style-type: none"> Employee has 60 days from the date notified of gain of Medicaid premium assistance to enroll. If notified by Medicaid within 60 days, date of gain of assistance. If notified by Medicaid more than 60 days after gain, first of month following request. <i>If enrolled in MoneyPlus Pretax Premium Feature, premiums must be paid post-tax for retroactive coverage back to the date of loss. Premiums may be paid through the Pretax Premium Feature beginning first of the month following date of request.</i> 	Copy of Medicaid approval letter
	If employee is already enrolled in PEBA health coverage: Not eligible to change elections	Not eligible to change elections		
	Notes A. May not drop any coverage but may add coverage. B. If the employee contacts PEBA later than 60 days after he was notified by Medicaid, no change can be made due to gain of Medicaid premium assistance.			
Spouse/child gains premium assistance through Medicaid or CHIP	<input type="checkbox"/> Employee and spouse/child who gained Medicaid or CHIP premium assistance	<input type="checkbox"/> Enroll in health (if employee already enrolled in health, may change plans if adding spouse or child to health) <input type="checkbox"/> Enroll in State Dental <input type="checkbox"/> Enroll in State Dental and Dental Plus <input type="checkbox"/> Add Dental Plus to existing State Dental coverage <input type="checkbox"/> Enroll in State Vision	Same as above	Copy of Medicaid approval letter and Long-form birth certificate if adding child; marriage license <u>or</u> Page 1 of most recent tax return if adding spouse
	Notes A. May only add the employee with the spouse/child who Medicaid gain letter. B. May not drop any coverage but may add coverage.			

Special eligibility situations quick reference (cont.)

Event	This person/these people (<i>select one</i>)	Can do one or more of these actions (<i>select as many as apply</i>)	Effective date	Documentation required
Employee loses premium assistance through Medicaid or CHIP	<input type="checkbox"/> Employee	<input type="checkbox"/> Drop health <input type="checkbox"/> Drop State Dental and Dental Plus <input type="checkbox"/> Drop State Vision	Health, dental and vision: Exception to 31-day rule: <ul style="list-style-type: none"> Employee has 60 days from the date notified of loss of Medicaid premium assistance to enroll. If notified by Medicaid within 60 days, date of loss. If notified by Medicaid more than 60 days after gain, first of month following request. 	Copy of Medicaid loss letter
	Notes			
	A. If the employee drops coverage, spouse or children enrolled in the same coverage will also be dropped. B. If the employee contacts PEBA later than 60 days after he was notified by Medicaid, no change can be made due to loss of Medicaid premium assistance.			
Spouse/child loses premium assistance through Medicaid or CHIP	<input type="checkbox"/> Spouse/child who lost Medicaid or CHIP premium assistance	<input type="checkbox"/> Drop health <input type="checkbox"/> Drop State Dental and Dental Plus <input type="checkbox"/> Drop State Vision	Same as above	Copy of Medicaid loss letter
	Notes			
	A. Only the spouse/child listed on loss of premium assistance letter may drop B. If the employee contacts PEBA later than 60 days after he was notified by Medicaid, no change can be made due to loss of Medicaid premium assistance			
Employees not enrolled in the MoneyPlus Pretax Group Insurance Premium feature can also make the following changes:				
Marital separation	<input type="checkbox"/> Employee's separated spouse	<input type="checkbox"/> Drop health, dental and vision	First of the month following date of notification	Decree of Separate Maintenance or other order filed with court
	<input type="checkbox"/> Employee	<input type="checkbox"/> Enroll in or increase Optional Life up to \$50,000 <input type="checkbox"/> Cancel or decrease Optional Life	Optional Life: if employee is actively at work, first of month following date of request. If not actively at work, first of month after return to work.	
	Notes			
A. Must notify within 31 days of court order or no election change can be made. B. If dropping a separated spouse, this is an all-or-nothing election change for all the benefits listed in column 3. The employee may not choose among the options. C. For Optional Life, if employee is not actively at work on the expected effective date, then the effective date will be first of the month following return to work.				