



LIFE CHANGE EVENT INFORMATION

Before completing the online process, be sure that you have read and understand the details of your Health Benefit Plans and the list of qualifying events on pages 4 - 6. Use this information to prepare for your benefit change selections. All changes are due within **30 days** of your qualifying event.

If you are adding dependents to your Health Benefits, you must submit approved documents to validate these dependents. The list of approved validation documents are listed on page 3.

You have 30 days from the date of the change to complete your Life Change Event paperwork through your Retatrust.org account. To begin the electronic process, log in to your account, and click on the "Submit Life Event" button under "Quick Links." You may be asked to provide supporting documents.

Remember, you can waive medical only if you have other medical coverage and you must submit proof of coverage. You must select a Dental/Vision plan.

All coverage begins on the 1st day of the month following the event, unless the event date is the 1st of the month, then coverage begins immediately on the 1st.

Status Change Guidelines

- Some insurance carriers do not allow enrollment changes for all of the examples listed here. All changes are subject to carrier approval.
- Loss of eligibility for Indian tribal government coverage allows enrollment of family members, but your premium payroll deduction will be after-tax for the rest of the plan year.
- Family members you want to cover must meet the eligibility requirements.
- Dental/Vision coverage is required for all eligible employees; where dropping coverage is indicated, it does not apply to employee coverage.
- If you are on an unpaid OFLA/FMLA or other leave of absence, special rules apply to making changes before, during, and upon return from your leave, in addition to the options listed in the chart for OFLA/FMLA. Contact your employer for details.

Tax Consequences of Retroactive Changes

To avoid tax consequences when the following changes are made retroactively (after the event date), you must sign and submit a new enrollment form by these deadlines:

- If enrolling in an Archdiocesan health plan because other coverage is ending due to a qualifying event, on or before the last day the previous coverage is in effect
- If you get married, on or before your marriage date

- If terminating participation in an Archdiocesan health plan because of eligibility for another employer-sponsored plan, Medicare, or Medicaid, before the other plan becomes effective

If you submit an enrollment form after the above deadlines, but within 30 days (except for Medicaid or CHIP coverage, which allows 60 days) of the event, your payroll adjustments will be affected in these ways:

- If you were receiving unused flex credits as cash back, a change in coverage will not change your amount of cash back or before-tax credits.
- If you already have a before-tax deduction, a change in coverage will not change the before-tax deduction amount.
- Any additional premium cost will be deducted after taxes.
- If you waive your own medical coverage or stop coverage for family members who are still eligible, the premium and coverage change will become effective the first of the month after the form is signed and submitted (this could result in a brief period of double coverage).

This treatment of before and after-tax earnings will continue until the next plan year, unless another status change occurs and you submit a new form by the deadlines listed above.

Remember submit all changes to Retatrust.org!



Reta Trust Dependent Validation Approved Documents

<u>Dependent Type</u>	<u>Approved Documents Requirement</u>
Spouse	Marriage certificate plus one piece of documentation dated within the past 60 days to establish a common residence or financial interdependence – Examples of secondary documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Jointly filed Form 1040 <input type="checkbox"/> Separately filed Form 1040 with the same address <input type="checkbox"/> Financial documents in both parties name <input type="checkbox"/> Utility bill in both parties' name
Child to age 26	Birth certificate listing the employee's name Hospital Birth Record (newborns only)
Stepchild	Birth certificate naming spouse as the child's biological parent and Marriage Certificate and Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names Utility bill in both names
Disabled Dependent	Birth certificate and a copy of the employee's recent Form 1040 claiming the individual as a dependent OR the dependent's Form 1040 filed from the employee's address OR SSDI documentation
Adoption/placed for adoption	Appropriate court document
Legal Guardianship/Foster Child	Court document establishing employee or the employee's spouse is the legal guardian

*Not required of marriage less than 90 days

Life Event Status Change Chart

<u>Event</u>	<u>Medical/Prescription Drug & Dental/Vision</u>	<u>HCSA</u>	<u>Additional Life/AD&D STD & Buy-up LTD</u>
Marriage	<ul style="list-style-type: none"> -Add self/family members if adding new spouse or new dependents -Drop self or dependents whose coverage starts under new spouse's employer. -Switch medical plans if adding new family 	<ul style="list-style-type: none"> -Add or increase contributions -Drop or decrease contributions if family members become covered under a spouse's employer's health care or HCSA plan 	Add, increase, decrease, or drop
New dependent (birth, adoption, placement for adoption)	<ul style="list-style-type: none"> -Add self/family members if adding new dependent -Drop family members whose coverage starts under spouse's employer -Switch medical plans if adding new dependent 	Add or increase contributions	Add, increase, decrease, or drop
Divorce, annulment	<ul style="list-style-type: none"> -Add self/dependents whose coverage ends under former spouse's employer -Must Drop former spouse -Drop family members whose coverage starts under former spouse's employer -Switch medical plans if adding family members 	<ul style="list-style-type: none"> -Add or increase contributions if health coverage or HCSA is lost under former spouse's employer -Drop or decrease contributions 	Add, increase, decrease, or drop
Spouse dies	<ul style="list-style-type: none"> -Add self and dependents losing coverage under spouse's employer -Must drop deceased spouse -Switch medical plans if adding dependents who lost coverage under spouse's employer 	<ul style="list-style-type: none"> -Add or increase contributions if health coverage or HCSA is lost under deceased spouse's employer -Drop or decrease contributions 	Add, increase, decrease, or drop
Child loses eligibility or dies	Must drop child	Drop or decrease contributions	Add, increase, decrease, or drop

You, your spouse, or child becomes covered under other employer plan	Drop self/family members who become covered under other employer (employee cannot waive own dental/vision coverage)	Drop or decrease contributions if health coverage or HCSA starts under other employer	Add, increase, decrease, or drop
You, your spouse, or child has change in employment status resulting in loss of other employer plan, or you lose coverage under a parent's employer plan	-Add self/family members losing coverage under other employer -Switch medical plans if adding family members	Add or increase contributions if health coverage or HCSA is lost under other employer	Add, increase, decrease, or drop
Election to terminate coverage under another employer plan during other employer's open enrollment or special election period	-Add self/family members losing coverage -Switch medical plans if adding family members	None	None
Medicare, Medicaid, or CHIP coverage change	-Add family members losing coverage -Switch medical plans if adding family members -Drop family members who become covered under Medicare Part A, B, or D or Medicaid	-Add or increase contributions if family members lose eligibility -Drop or decrease contributions if family members become covered	None
Any family member moves into or out of health plan's coverage area	-Add family members losing coverage under other plan who have no other benefit option -Switch plans if adding family members -Drop family members outside of area -Waive own coverage if eligible for another	None	None

Court order to add coverage	-Add children covered by order -Drop if court orders coverage by another person	-Add or increase contributions if required to provide health coverage -Drop or decrease contributions if other person required to	None
Significant change to Archdiocesan program such as premium increase or dropping or adding plans during the plan year	-Drop family members -Switch plans -Waive own coverage if enrolling in another plan	None	Drop or decrease
Loss of medical coverage due to exhaustion of COBRA or state continuation period	-Add family members losing coverage -Switch medical plans if adding family members	Add or increase contributions	None
Wage increase or decrease	None	None	Must reduce life/AD&D coverage if wage-based maximum would otherwise be exceeded
Any family member loses coverage under state health benefits pool, Indian tribal government coverage, or foreign government plan	-Add family members losing coverage -Switch medical plans if adding family members	None	None
Unpaid leave protected by Family Medical Leave Act	-Stop contributions -Prepay coverage during leave	-Stop contributions -Prepay coverage during leave	Increase or decrease