



Janet T. Mills, Governor
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STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES
Bureau of Human Resources
Division of Employee Health, Wellness, & Workers' Compensation
114 State House Station
Augusta, ME 04333-0114



Shonna Poulin-Gutierrez, Executive Director

LIFE EVENTS/FAMILY STATUS CHANGES

Outside of the open enrollment period, changes can only be made to your health, dental, and vision insurance plans if you experience a certain "life event." This rule also applies to the Flexible Spending Accounts and is governed by the IRS. Request for change must be received within **30 days** of the date of the life event. In most cases, the effective date of the change will be the first of the month following either the receipt of the application by Employee Health, Wellness, & Workers' Compensation or the date of the life event, whichever is later. (Requests also have to be consistent with the life event as stated in the "Changes Allowed" column below.)

If you don't see your situation listed below, please call Employee Health and Wellness at 1-800-422-4503

Life Event	Applies to Retirees	Documentation Required	Changes Allowed <i>(request must be received within 30 days of event)</i>
Marriage of employee	✓	Copy of marriage certificate and birth certificates if adding children.	You may add any or all family members.
Marriage of dependent of employee	✓	Copy of marriage certificate.	Employee may remove that dependent but no other family members.
Divorce	✓	Copy of divorce judgement.	It is mandatory to remove your ex-spouse & stepchildren. It is considered fraud to continue to cover these members on your existing policy after divorce. You may remove any other family members.
Domestic partnership – 6 month relationship period met, etc.		Domestic partner affidavit and supporting documents to include birth certificates if applicable.	May only add domestic partner and domestic partner's children.
End of domestic partner relationship	✓	Employee must submit affidavit of termination of domestic partnership.	It is mandatory to remove your domestic partner and the partner's children. You may remove any other family members.
Dependent child turning 1 year old (DENTAL ONLY)		Copy of birth certificate if not already on file.	You may <u>add</u> your dependent child effective the 1 st of the month following the child's 1 st birthday*. This applies to the <u>dental plan only</u> . EH&B must receive your application in the previous month. <i>*Effective July 1, 2015</i>
Birth of a child	✓	Birth certificate for any children you wish to add including newborn and marriage certificate if adding spouse.	You may add any family members.
Adoption of a child	✓	Copy of court documentation /birth certificate/marriage certificate if adding spouse.	You may add any family members.
Death of spouse, qualified domestic partner or dependent	✓	Copy of certified death certificate.	You may remove any or all family members.

Life Event <i>(continued)</i>	Applies to Retirees	Documentation Required	Changes Allowed <i>(request must be received within 60 days of event)</i>
Involuntary loss of coverage: to include MaineCare, Medicare, employer sponsored coverage or COBRA (NOT STATE OF MAINE SPONSORED COBRA)	✓	Notice from employer stating insurance end date and reason, or plan documents showing end date of coverage and who suffered the loss.	You may add any or all family members who suffered the loss of insurance. Please note: only the loss of employer sponsored coverage applies to retirees.
Medical Support order by DHHS, or National Medical Support Orders	✓	Copy of medical support order.	Change must be consistent with order. EH&B will comply with all court orders.
Become eligible for Other Coverage: to include Mainecare, Medicare, employer sponsored coverage	✓	Eligibility notice showing start date of coverage or signed document from employer.	You may remove any or all family members or cancel entire contract.
Change in employment status resulting in loss of coverage or gain of coverage (for example: Change in number of hours worked, work assignment ends, start/return from unpaid or seasonal leave of absence, acting capacity status to permanent regular status, etc.)		Notice from employer, birth certificates and marriage certificate if applicable.	Request must be consistent with the event. For example, if changing from part-time to full-time you may <u>enroll</u> yourself or <u>add</u> family members. However, if you are changing from full-time to part-time you may <u>remove</u> family members or <u>cancel</u> entire contract.
Legal separation		The State of Maine does not recognize legal separation.	If you reside in another state that recognizes legal separation, please call our office.
Spouse, domestic partner or dependent's annual enrollment		Notice from current employer stating insurance end date or start date.	You may add any or remove all family members who are affected.
Court order requiring adding or removing of children	✓	Copy of court documents.	The change must be consistent with the court order to add or remove your dependent(s).
Called for active military service - employee		Signed request to cancel or continue coverage.	You may continue coverage for all covered family members or just yourself. You may remove any or all family members or cancel entire contract.

Please note: If you cancel your entire health insurance contract based on any of the events above, this may affect your health insurance benefits in retirement.

Please contact Employee Health, Wellness, & Workers' Compensation for more information.