

State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

Under Internal Revenue Service (IRS) tax code Section 125, guidelines are provided for a Qualifying Life Event (QLE) status change. Employees must upload supporting documents to eBenefits or provide them to their Health Benefits Representative (HBR) to verify the QLE, in accordance with State Health Plan rules. This process must be completed within 30 days of the QLE or within 60 days of becoming eligible for or losing eligibility for Medicaid or the Children's Health Insurance Program (CHIP).

Additionally, employees must provide documentation to verify a dependent's eligibility when adding them to the Plan due to a New Hire event, a QLE, or during Open Enrollment. For a list of acceptable documents, please refer to the chart on page 2.

QUALIFYING LIFE EVENTS	REQUIRED DOCUMENTATION FROM EMPLOYEE
ADOPTION	Refer to chart on page 2
BIRTH	
COURT ORDER <i>(may only be used to add dependents; cannot be used to drop dependents)</i>	
DEATH of a Dependent	Death Certificate / Obituary
Dependent GAINS Medicaid COVERAGE	Written notification showing effective date of Coverage or ID card with effective date.
DIVORCE	Divorce Decree / Judgment
ENROLL in 12-MONTH REDUCTION in FORCE (RIF)	See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements to add a dependent.
GUARDIANSHIP or LEGAL CUSTODY of a Child	Refer to chart on page 2
LEGAL SEPARATION	Separation Agreement or Affidavit (sworn, notarized statement) to validate legal separation.
LOSS OF MEDICAID or CHIP COVERAGE	Written notification showing termination date and current notification date. Refer to chart on page 2 for additional requirements to add a dependent.
LOSS OF OTHER COVERAGE	Certificate of creditable coverage or written notification from employer listing affected members and the effective date. Refer to chart on page 2 for additional requirements to add a dependent. If you or your dependents change your country of permanent residence by moving to or from the U.S., you must provide a signed written statement, along with proof of the date of the change. <i>Note: Losing individual coverage does not qualify as a qualifying life event if you voluntarily drop it, fail to pay premiums, or do not provide required documentation when requested.</i>
MARRIAGE (Employee)	Refer to chart on page 2
MILITARY LEAVE	See your HBR to process event. Requires copy of Active Duty documentation, including date active duty begins.
NEWLY ELIGIBLE for COVERAGE	Refer to chart on page 2 for additional requirements to add a dependent.
NOW ELIGIBLE for OTHER COVERAGE	Written notification from employer, Medicaid or CHIP showing effective date or Insurance Card with an effective date and notification date. If you or your dependents change your country of permanent residence by moving to or from the U.S., you must provide a signed written statement, along with proof of the date of the change.
RETURN from FAMILY and MEDICAL LEAVE (FMLA)	Refer to chart on page 2 for additional requirements to add a dependent.
RETURN from LEAVE of ABSENCE	Refer to chart on page 2 for additional requirements to add a dependent.
RETURN from MILITARY LEAVE	Requires copy of Active Duty documentation, including date active duty ends. Refer to chart on page 2 for additional requirements to add a dependent.
SIGNIFICANT CHANGE in COST of EXISTING COVERAGE	See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. See benefit booklet for details. Refer to chart on page 2 for additional requirements to add a dependent.

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DEPENDENT ELIGIBILITY	REQUIRED DOCUMENTATION FROM EMPLOYEE
<p>LEGAL MARRIED SPOUSE Defined as legally married spouse, includes same and opposite gender spouses.</p>	<p>Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the spouse (may be joint or separate as long as the spouse is listed) & signature page or official tax transcript OR Official Marriage Certificate** PLUS one of the following to show current joint tenancy:</p> <ul style="list-style-type: none"> • Current joint lease or lease showing residency • Current joint of one of the below, or two separates of any of the below showing the same address, one listing the employee and the other listing the spouse: <ul style="list-style-type: none"> • Monthly utility bill or financial statement • Current year's property/vehicle tax or registration bill • Current insurance statement or bill • Designation of the spouse as a primary beneficiary on the employee's life insurance or retirement benefits and listing the primary residence
<p>BIOLOGICAL CHILD UNDER the AGE of 26 Defined as your biological child, includes child of same gender spouse.</p>	<p>Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent & signature page or official tax transcript OR</p> <ul style="list-style-type: none"> • Birth Certificate or Mother's Copy with subscriber's name listed as parent • Verification of Facts within 6 months of birth
<p>STEPCHILD UNDER the AGE of 26 Defined as your stepchild.</p>	<p>Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent & signature page or official tax transcript OR</p> <ul style="list-style-type: none"> • Birth Certificate or Mother's Copy with subscriber's name listed as parent AND Marriage Certificate (indicating employee's spouse is married to employee) • Verification of Facts within 6 months of birth
<p>ADOPTED CHILD UNDER the AGE of 26 Defined as a child you have legally adopted, or has been placed with you for adoption or in anticipation of legal adoption.</p>	<p>Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent & signature page or official tax transcript OR</p> <ul style="list-style-type: none"> • International adoption papers from the country of adoption • Official adoption agreement from adoption agency showing intent to adopt the dependent
<p>FOSTER CHILD UNDER the AGE of 26 Defined as your foster child or child placed with you for foster care.</p>	<p>Official State Agreement for placement specific to the dependent being added</p>
<p>CHILD UNDER the AGE of 26 for whom the Subscriber is COURT-APPOINTED GUARDIAN Defined as a child for whom the subscriber has become the court-appointed guardian or has been awarded legal and physical custody by a valid court order.</p>	<p>Page 1 of subscriber's most recent Federal Income Tax Return* (1040, 1040A, or 1040EZ) as filed with the IRS listing the child as a dependent & signature page or official tax transcript OR Court documents signed by a judge verifying legal custody of the child</p>
<p>CHILD UNDER the AGE of 26 for whom the Plan has received a QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) Defined as any recognized child you are required to cover under the Plan due to a QMCSO.</p>	<p>Court documents signed by a judge Medical support orders issued by a State</p>

*Most recent tax form from the previous year. If unavailable, the year prior will be accepted with a letter indicating you have an extension.

**Employees married less than a year are able to submit their marriage certificate only.

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UNACCEPTABLE DOCUMENTATION FOR DEPENDENTS:



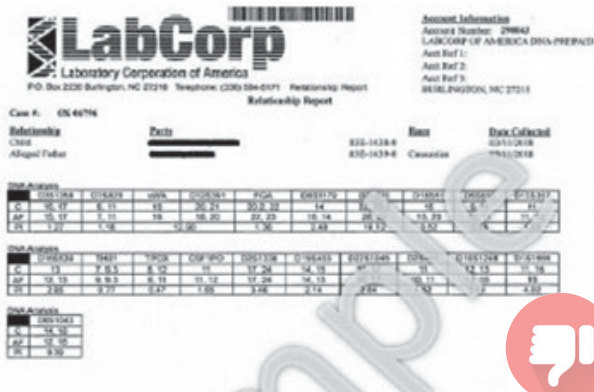
HOSPITAL BIRTH CERTIFICATE



IMMUNIZATION RECORDS



PATERNITY RESULTS



BIRTH CERTIFICATE APPLICATION



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ACCEPTABLE DOCUMENTATION FOR DEPENDENTS:

1040 TAX FORM

TAX FORM SIGNATURE PAGE

CERTIFICATE OF BIRTH

MOTHERS COPY

TAX TRANSCRIPT

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ACCEPTABLE DOCUMENTATION FOR DEPENDENTS:

VERIFICATION OF FACTS FOR DEPENDENTS UNDER 6 MONTHS OF AGE

Inland Medical Hospital North Carolina Department of Health and Human Services
 Baby's Date of Birth: N.C. Vital Records
 Baby's Place of Birth: N.C. Vital Records
 Baby's Sex: N.C. Vital Records

Verification of Facts

PARENT 1 : BIRTHING MOTHER'S INFORMATION

Baby's Legal Name	1	Request for Social Security Number	2
Current Legal Name (First, Middle, Last)	3	Marital Status	4
What was your name at birth if different from current legal name?			
5			
Date of Birth	6	Place of Birth	7
Residence Address			
8			
Home City/County?	Mailing Address/Residence Address Same?		
9			
Mailing Address			
10			
Social Security Number	11	Education	12
Race	13	Height	14
Weight	15	Pre-Pregnancy Weight	16
Cigarettes Smoked	17		
18			

PARENT 2 : FATHER/PARENT INFORMATION

Current Legal Name (First, Middle, Last)			
19			
Date of Birth	20	Place of Birth	21
Social Security Number	22	Education	23
Height	24	Weight	25
Pre-Pregnancy Weight	26		
27			

Name of Person Providing Information if other than Birthing Mother (First, Middle, Last):

Relationship to Birthing Mother:

I certify that I have reviewed the above information and attest that the information is correct.



AFFIDAVIT OUT OF WEDLOCK

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK
 (Form NC 100-1)

I, the undersigned, declare that I am the father of the child named above. I declare and affirm that I am not married to the mother of the child named above. I was not married at the child's conception or birth. I was married to someone other than the above-named father after the child's birth.

I acknowledge that I have reviewed and understand the contents of this affidavit and the obligations on the other side of this form that require the proper and consistent reporting of support and visitation, including parental responsibilities in my child's life.

Mother: I am the natural mother and the true natural parent of the child named above. I declare and affirm that I am not married to the father of the child named above. I was not married at the child's conception or birth. I was married to someone other than the above-named father after the child's birth.

Father: I acknowledge that I am the natural father of the child named above. I understand that this affidavit shall, when signed and sworn to by both parents, have the same force and effect as a judgment of the court as to paternity.

Signatures of Mother: _____
 Signatures of Father: _____

My notary public expires: _____
 My notary public expires: _____



CERTIFICATE OF MARRIAGE

This certifies that _____ & _____
 Were United in The Holy Bonds Of Matrimony
 At _____
 On the _____ Day of _____ in the year _____
 Signatures _____ & _____
 Witnessed _____ & _____
 Officiated by _____
 Authorized By _____ Signature _____



DIVORCE DECREE

NO. _____

IN THE MATTER OF THE MARRIAGE OF JANE DOE AND JOHN DOE
 IN THE DISTRICT COURT _____ JUDICIAL DISTRICT BELL COUNTY, TEXAS

FINAL DECREE OF DIVORCE

On _____ the Court heard this case.

Appearances

Petitioner, JANE DOE, appeared in person and announced ready for trial.

Respondent, JOHN DOE,

appeared in person and announced ready.

although duly and properly cited to appear or answer failed to appear or answer and wholly made default.

has made a general appearance and was duly notified of trial but failed to appear and wholly made default.

waived issuance and service of citation by waiver duly filed and did not otherwise appear.

Record

The making of a record of testimony was waived by the parties with the consent of the Court.

OR

A record of testimony was duly reported by the Court's reporter.

Jurisdiction and Domicile



INSURANCE CARD WITH EFFECTIVE DATE

<p>Member Name John Doe</p> <p>Member ID EXF00099900</p> <p>Group No. 32155-000 Effective Date 11/01/11</p>	<p>Dependent Name Jane Doe</p> <p>Plan STANDARD OPTION</p>	<p>www.BlueCross.com Direct: 312-935-9216* Toll Free: 866-584-2700* For pre-authorization or emergency medical assistance call: 312-935-9216* (24 hours). For providers in the U.S. call: 1-800-810-BLUE For eligibility in the U.S. call: 1-800-476-BLUE *Claims administration, member of the medical assistance and phone provided by AIAA Assistants. Mail Claims to: BlueWorldwide Expat, P.O. Box 2711, Chicago, IL 60690</p>
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State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility



ACCEPTABLE DOCUMENTATION FOR DEPENDENTS:

LEGAL SEPARATION WITH NOTARY

NOTARIAL AGREEMENT AND RELEASE IN FULL

This Separation Agreement and Release in Full (this "Agreement") is made and entered into by and between the City of Charlotte, a North Carolina Municipal Corporation ("City"), and Randall W. Kovich ("Employee"). This Agreement is effective as of October 1, 2013 ("Effective Date").

PRELIMINARY STATEMENT

Employee was hired by City on or about March 21, 2010, and has worked most recently as a Charlotte-Mecklenburg Police Officer. On September 18, 2011, Employee was suspended without pay. Subsequent to Employee's suspension, the City Manager made a determination, pursuant to a City Council resolution adopted December 13, 2011 and recorded at Resolution Book 13, pages 140-141, that the City would not defend, or pay for the defense, of a civil lawsuit against Employee.

Employee and City are desirous to terminate their employment relationship in a definitive manner and to settle and resolve any and all claims they may have against each other. City, in reliance on the release provided by Employee below, and Employee's agreement with various provisions set forth herein, has agreed to provide Employee with separation benefits that it may not otherwise be legally obligated to provide. This Agreement sets forth the parties' understanding and agreement with respect to such employment separation, post-employment obligations, release of claims, and several matters.

AGREEMENT

NOW, THEREFORE, in consideration of the agreements and representations hereinafter set forth, and the other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, Employee and City, intending to be legally bound, hereby agree to the provisions of their employment relationship in accordance with terms and conditions hereinafter set forth:

1. **Termination from Employment.** Employee hereby voluntarily resigns as an employee of the City, and Employee and City confirm Employee's resignation from employment with

said cause may be had without further notice.

Dated _____, 20____.

SIGNATURE: _____

STATE OF _____ }
County of _____ }

I, _____, a Notary Public in and for said County and State, do hereby certify that _____, personally known to me to be the same person whose name is subscribed to the foregoing waiver of summons, appeared before me this day in person, and acknowledged that he signed said appearance as his free and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal, _____, 20____.

NOTARY PUBLIC



MONTHLY UTILITY BILL

DUKE ENERGY
PROGRESS

Customer Bill page 1 of 1

Account number _____
Total due _____
Current charges past due after _____
Seek you for your payment _____
Usage period _____
This bill was mailed on _____

Employee and Spouse's Name and Address _____

Usage Water meter _____
Readings _____
Usage _____
Days in period 30 Average kWh _____

Billing Service _____



BENEFICIARY DESIGNATION

Principal Financial Group Mailing Address: Des Moines, IA 50392-0002 Principal Life Insurance Company Employee Enrollment & Waiver - KY

Company name: WESLEY VILLAGE Division level: _____ Account number/unit number: _____

Employee information
Name: _____ Social security number: _____
Mailing address (street): _____ Birth date: _____ male female
(city): _____ (state): _____ (ZIP code): _____ Do you have an eligible spouse or child?
 Yes No
Date employed full-time: _____ Hours worked per week: _____ Job occupation/class: _____ Location: _____
Salary amount: _____ Salary mode: yearly weekly hourly monthly bi-weekly
What is your payroll mode? monthly semi-monthly weekly bi-weekly Employer ZIP: _____ Employer county: _____

Long Term Disability
Employee: Elect Decline

Group Term Life
Employee: Elect Decline

Group Term Life Beneficiary Designation (Complete if covered for group term life coverage.)
All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below.

Primary Beneficiaries:
Name: _____ Percentage: _____ Relationship: _____
Address: _____ Social security number: _____
Name: _____ Percentage: _____ Relationship: _____
Address: _____ Social security number: _____
Name: _____ Percentage: _____ Relationship: _____
Address: _____ Social security number: _____

Contingent Beneficiaries:
Name: _____ Percentage: _____ Relationship: _____
Address: _____ Social security number: _____



PROPERTY / VEHICLE TAX

NC COMBINED VEHICLE REGISTRATION RENEWAL AND PROPERTY TAX NOTICE
Date of Notice: _____
Customer: _____

VEHICLE PROPERTY TAX INFORMATION
Tax County: _____ Appraised Value: _____
Taxing Districts: _____ Tax Rate Per \$100 Value: _____ Amount Due: _____
PROPERTY TAX: \$ _____

Vehicle Registration Questions:
NC Division of Motor Vehicles
919-814-1779
www.ncdot.gov/dmv
ATTENTION
A vehicle that is subject to a safety or emissions inspection must have passed an inspection no more than 90 days before the plate expires.
Verify all vehicle information, if incorrect, please make any correction in the space provided on the back of the tear off coupon below.

VEHICLE REGISTRATION / INSPECTION INFORMATION
Year: _____ License #: _____
Make: _____ Due Date: _____
Style: _____ NC INSPECTION REQUIRED
VIN: _____ Licensed Weight: _____
Title Number: _____ Equip #: _____
Lessor Name: _____
Insurance Co: _____ Policy Number: _____
REGISTRATION FEE: \$ _____

TOTAL AMOUNT DUE: \$ _____

Due Date: _____ PLEASE DETACH & RETURN THIS PORTION WITH YOUR PAYMENT. Tax County: _____

License # Title Number Vehicle Identification Number Year Make Style Licensed Weight

IF TOTAL AMOUNT IS NOT PAID IN FULL, REGISTRATION WILL NOT BE PROCESSED.
Total Amount Due: _____
Name and Address: _____
00003583177553081014051YNS214303013



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ACCEPTABLE DOCUMENTATION FOR DEPENDENTS:

ADOPTION DECREE

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
DOMESTIC RELATIONS BRANCH – ADOPTION**

EX PARTE IN THE MATTER OF: Adoption Case No. A-_____

THE PETITION OF [Petitioners' Initials]

FOR ADOPTION OF MINOR CHILD

JUDGE RONNA LEE BECK

FINAL DECREE OF ADOPTION

Upon consideration of the Petition for Adoption filed by [current name of child] for the adoption of a minor child born [current name of child], in [current name of child], and upon the reported recommendation of the Child and Family Services Agency of the District of Columbia (the "Agency"), it appears to the satisfaction of the court: (1) That the court has jurisdiction pursuant to D.C. Code Ann. § 16-301 (2001); (2) That the adoptee is physically, mentally, and otherwise suitable for adoption by the petitioner; (3) That the petitioner is fit and able to give the adoptee a proper home and education; (4) That the adoption will be for the best interest of the adoptee; (5) That the adoptee has resided with the petitioner since [date] [if this is a foreign readoption, replace with: That the adoptee has been in the legal care and control of petitioner by virtue of an adoption (or, if applicable, a guardianship)]



COURT APPOINTED GUARDIAN

STATE OF NORTH CAROLINA

IN THE MATTER OF THE ESTATE OF _____

LETTERS OF APPOINTMENT LIMITED GUARDIAN OF THE PERSON

The Court in the exercise of its jurisdiction for the appointment of guardians of incompetent persons, and upon proper application, has appointed the person(s) named below as Limited Guardian(s) of the Person of the ward named above and has ordered that these Letters of Appointment be issued.

The ward retains the following legal rights and privileges:

(Check all that apply)

- Determine his/her degree of participation in interpersonal relationships and social, religious, and community activities.
- Make Assent in decisions regarding living arrangements.
- Make Assent in decisions regarding employment.
- Make Assent in decisions regarding health treatment.
- Take care of minor health problems.
- Contact service providers as needed.
- Make decisions regarding social, religious, and community activities.
- Other _____

EX OFFICIO JUDGE OF PROBATE



QUALIFIED MEDICAL CHILD SUPPORT ORDER

At a term of the Supreme Court of the State of New York, held in and for the County of _____, New York.

PRESENT: Hon. _____ Justice/Judge

Plaintiff: _____ Index No. _____

Defendant: _____

QUALIFIED MEDICAL CHILD SUPPORT ORDER

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING, RESULT IN YOUR COMMITMENT TO JAIL FOR UP TO SIX MONTHS, FOR CONTEMPT OF COURT.

Pursuant to DRL §240(3), This Qualified Medical Child Support Order (QMCSO) orders and directs that the unremarried dependent(s) named herein:

Name	Date of Birth	Soc. Sec.#	Mailing Address

The Participant (legally responsible relative) is:

Name	Soc. Sec.#	Mailing Address

The Dependents' Custodial Parent or Legal Guardian who is to be provided with information cards and benefits claim forms on behalf of dependent(s):

Name	Soc. Sec.#



LEASE AGREEMENT

This Lease Agreement (this "Agreement") is made this _____ day of _____, by and between _____ located at _____, AL, ("Landlord") and _____ and _____ located at _____, AL, ("Tenant"). Each Tenant is jointly and severally liable to Landlord for payment of rent and performance in accordance with all other terms of this Agreement.

1. Premises. The premises leased are located at _____, AL, (the "Premises").

2. Agreement to Lease. Landlord agreed to lease to Tenant and Tenant agrees to lease from Landlord, the Premises according to the terms and conditions in this Agreement.

3. Term. This Lease will be for a term of _____ months beginning on _____ and ending on _____ (the "Term").

4. Rent. Tenant will pay Landlord a monthly rent of \$_____. The rent is payable in advance and due on the 1st of each month during the Term. The rent will be paid to the Landlord at the Landlord's address stated above (or at another address as directed by Landlord) by mail or in person and accepted via one of the following methods: The first rent payment is payable to Landlord when Tenant signs this Agreement.

5. Additional Rent. There may be instances under this Agreement where Tenant may be required to pay additional charges to Landlord. All such charges are considered additional rent under this Agreement and will be paid with the next regularly scheduled rent payment. If Tenant does not pay rent, Tenant will pay a late charge in the amount of _____% of the monthly rent and such late charge will be paid as additional rent. Landlord has the same rights and Tenant has the same obligations with respect to additional rent as they do with rent.

6. Use of Premises. The Premises will be occupied only by the Tenant and his/her immediate family and used only for residential purposes.

7. Landlord's Failure to Give Possession. In the event Landlord is unable to give possession of the Premises to Tenant on the start date of the Term, Tenant will be liable for rent until after Landlord gives possession of the Premises to Tenant, not after the end date of the Term.



