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	
BIRTH	Refer to chart on page 2
COURT ORDER (may only be used to add dependents; cannot be used to drop dependents)	
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. 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.
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.

DEPENDENT ELIGIBILITY	REQUIRED DOCUMENTATION FROM EMPLOYEE
of an extension which the area	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
LEGAL MARRIED SPOUSE Defined as legally married spouse, includes same and opposite gender spouses.	Official Marriage Certificate** PLUS one of the following to show current joint tenancy: 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: 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
BIOLOGICAL CHILD UNDER the AGE of 26 Defined as your biological child, includes child of same gender spouse.	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 • Birth Certificate or Mother's Copy with subscriber's name listed as parent • Verification of Facts within 6 months of birth
STEPCHILD UNDER the AGE of 26 Defined as your stepchild.	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 • 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
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.	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 International adoption papers from the country of adoption Official adoption agreement from adoption agency showing intent to adopt the dependent
FOSTER CHILD UNDER the AGE of 26 Defined as your foster child or child placed with you for foster care.	Official State Agreement for placement specific to the dependent being added
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.	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
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.	Court documents signed by a judge Medical support orders issued by a State

^{*}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.











HOSPITAL BIRTH CERTIFICATE



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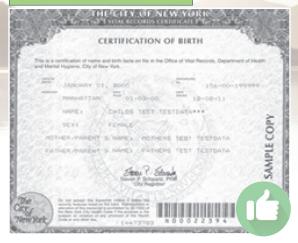
BIRTH CERTIFICATE APPLICATION

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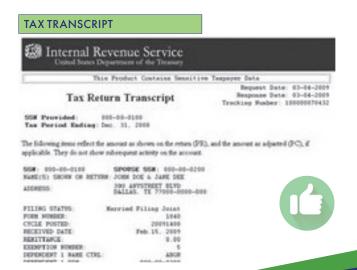


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CERTIFICATE OF BIRTH



MOTHERS COPY ***BOTHERS COPY ***BOTHER





VERIFICATION OF FACTS FOR DEPENDENTS UNDER 6 MONTHS OF AGE DEPENDENTS UNDER 6 MONTHS OF AGE Note: Vision of Broke. Note: Verification of Facts PARENT 1: BURTHING MOTHER'S INFORMATION Broke Index Days Note: Registed for Social Broke. Note: Verification of Facts Parent of Broke. Note: Verification of Facts Parent of Broke. Note: Verification of Facts No

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DIVORCE DECREE	
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IN THE MATTER OF THE MARRIAGE OF JANE DOE	§ IN THE DISTRICT COURT § § JUDICIAL DISTRICT
AND	§
JOHN DOE	§ BELL COUNTY, TEXAS
FIN	AL DECREE OF DIVORCE
On	_ the Court heard this case.
Appearances	
Petitioner, JANE DOE, ap	peared 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 genera	al appearance and was duly notified of trial but failed to
appear and wholly made default	
waived issuance a	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

BlueCross BlueShield	BlueWorldwide Expat	BlueCross BlueShield	www.bluetspat.com Circol 312-935-9216* Tall free: 866-384-2793* For pre-authorization or emergescy medic		
Member Name John Doe Member ID EXF000099900	Dependent Name Jane Doe	Members: See your benefit booklet for covered services. Pre-authorization must be obtained for elective inpotient domissions and all other services specified under the "Pre-authorization" section of your werillister.	assistance call: \$13.935-9216* [24 flown]. For provides in the U.S. call: \$400-815-84UE for eligibility in the U.S. call: \$400-815-84UE "Claims administration, member etchility."		
Group No. 32155-000 Effective Date 11/01/11	Plan STANDARD OPTION	Underwhitten by 4 Eyer Life Insurance Company, an independent Licensee of the Blue Cross Blue Shield Association.	medical assistance and pho- growided by AVA Assistan Mail Claims to: Bleethonfielde Enpa P-0, 80x 2731 Oricago, 11, 60690		



LEGAL SEPARATION WITH NOTARY

SEPARATION AGREEMENT AND RELEASE IN PIRE.

This Supersion Agreement and Release in Full (this "Agreement") is study and extented into by and between the City of Charlette, a North Combine Manachyd Corporation ("Char'), and Reside! N. Kerrick ("Employer"). This Agreement is effective as of Online 2, 2011 ("Effective Deat").

PRELIMINARY STATEMENT

Employee was faired by City on or about March 21, 2018, and has weeked most secondly as a Chartest Mocklositus; Police Officer. On Supersolve 16, 2011, Employee was cospended without pay. Subsequent to Engloyee's expension, the City Manager mode a determination, stammed to a City Council constation subsymb December 12, 1977 and recorded at Recordations Stock 13, pages 140-143, that the City would not defined, or pay for the defense, of a cityl lawrest equinal Employee.

Employes and City new desire to tensione their employment relationship in a definitive necessed to entitle and resolves any sed all claims they use have against much offer. On, in enchange for the relaxes provided by Employees below, and Employee's agreement with retries enveneent set. Both beavir, has agreed to provide Employee with expension based to the in tray set observed to logicily originated as provide. This Agreement with topics of enderstanding and agreement with respect to such employment expension, pool-employment obligations, release of claims, and educad earthers.

MORE EMENT

NOW, T220271855, in consideration of the approximate and exponentiation bendutable set. Seth, and the other good and valuable contributions, the receipt and refficiency of which we havely acknowledged, Confrience and City, intending to be legally broad, leadily again to the speciation of their employment relationship in accordance with terms and conditions bendunfor and facility.

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SIGNATURE:				
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County of	}			
before me this day in pe	se name is subscribed to the son, and acknowledged the purpose therein set forth.	ne toregoing waiv at he signed said	ersonally kno er of summo	en to me to ns, appeared
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Company name WESLEY VILLAGE				Division level			Account number/unit number		
Employee Inform	ation		MIN 1990	1250	STELL ST	US SW	SECURE	200	10000
Name					Social sec	urity nu	mber		
Mailing address (street)					Birth date				male
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PROPERTY / VEHICLE TAX

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

	VEHIC Tax County:	LE PROPER	TY TAX INFORMA Appraised Value	
Property Tax Questions/Appeals:	Taxing Districts		Tax Rate Per \$100 Value	Amount Due
Backson County Finance Dept 828-631-2299 401 Grindstell Core Rd Sylva, NC 28779 www.jacksonse.org	COMPA	errors.	.30000	1.00
Please review the Tasing Districts shown on this nation. If the Tasing Districts whom we defined than the actual location of this value and the time of necessit, do not sood this reviewed by mail because the property to amount must be re-accounted you need a re-adoutation see the reverse side for additional eliteration see the reverse side for additional eliteration.		PI	ROPERTY TAX: 1	
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www.nodot.gov/dmv/	Style :			ON REQUIRED
ATTENTION	VIN: Title Number		Licensed V Equip #:	veignt.
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.	Classification: Lessor Name: Insurance Co:			
Verify all vehicle information. If incorrect, please make any correction in the space provided on the back of the tear off coupon below.	Policy Number:	REGIS	TRATION FEE:	1
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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] JUDGE RONNA LEE BECK FOR ADOPTION OF MINOR CHILD FINAL DECREE OF ADOPTION Upon consideration of the Petition for Adoption filed by [ourient name of child] for the adoption of a minor child born (current name of child), in (current name of

COM TO COMPANY PROPERTY & ACCOUNTS 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 adop adoptee; (5) That the adoptee has resided with the petitioner since (o) child) (if this is a foreign readoption, replace with: That the adoptee hi legal care and control of petitioners by virtue of an adoption (or, if appli

QUALIFIED MEDICAL CHILD SUPPORT ORDER

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and a		or	ALIPIED MEDICAL
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	Defendant.		
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	. §240(1). This Qualified Mode ripsted dependents named hereit		QMCSO) orders and descri
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are contribed to be	e enrolled in and receive the ben	elles for which the legal	y responsible relative named
	, under the group health plan to be Retirement Income Security /		nce with Socion 609 of the
	(legally responsible relative) is:		20.00
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Nanc	Sec	Sec.P.	
Chara S.DB Ave. SAN			
IF The group best	th plan subject to this order is:		

COURT APPOINTED GUARDIAN

	Page 191.50
	In The General Court Of Justice
NAIE County	Superor Court Division Before the Clark
IN THE MATTER OF THE ESTATE OF.	860101001
over Street	LETTERS OF APPOINTMENT LIMITED GUARDIAN OF THE PERSON
	of guardians of incompetent persons, and upon proper application, has of the Penson of the want named above and has ordered that these Latter
Eachpt as set forth below, the Limited Guardian of the Faston's custody, care and control of the ward.	a fully authorized and entitled under the taxe of North Ceroline to have
The ward retains the following legal rights a (Chock of the apply)	and privileges:
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LEASE AGREEMENT

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This Losse Agreement (this "Agreement") is made thisday of, by and between, located at, AL
, ("Lendlord") and and, located at
("Landloof") and and located at AL ("Tomor"). Each Tomast is jointly and arrivally hable to Landloof for payment of test and performance in accordance with all other terms of this
Agreement.
Premises. The premises leaved are located atAL.
(the "frenies")
2. Agreement to Lease. Landlord agrees to hime to Tonact and Tenant agrees to home
from Landovil, the Premises according to the torns and conditions in this Agreement.
3. Toron. This Lease will be for a term of
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in advance and due on the lot of each month during the Torm. The rest will be paid to the
Landing it the Landing's address stated shows (or at another address as directed by
Landford) by mail or in person and accepted via one of the following methods: The first rest beautions in persolds to Landford when Tonest signs this Agreement.
5. Additional Rent. There may be instances under this Agreement where Tenant may be
required to pay additional charges to Landford. All such charges are considered additional rest 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
No of the monthly met and such late charge will be paid as additional rest. Landord has the same rights and Tenant has the same obligations with respect to
additional test as they do with rest.
 Use of Premises. The Premises will be occupied only by the Tenant and his/hor/their immediate family and used only for residential purposes.

7. Landford's Fullure to Circ Passession. In the event Landford is use possession of the Francisco to Touset on the start date of the Term, Tend labbe for rest until other Landford gives possession of the Francisco to Te not affine the end date of the Term.



LOSS OF OTHER COVERAGE LETTER

****This is an automatically generated email. Please do not respond as it will not be received.****

University Name North Carolina Central University

Enrollment Confirmation # E-497E9D0E472AAAE

Coverage Period Spring/Summer 2019

Dear Itiana Hutchinson.

This email serves as notification that your enrollment in the North Carolina Central University Medical Insurance Plan for Spring/Summer 2019 is now Void.

As a result you DO NOT have coverage for Spring/Summer whose coverage period is 01/01/2019 through 07/31/2019.

NOW ELIGIBLE FOR OTHER COVERAGE LETTER

Covered individual's full name) Covered individual's] City], [State] [Zip code]

Mr./Ms.] [Last name):

This letter is to serve as confirmation that [insert policyholder's name] has an active health neurance policy in place with [insert name of insurance company]. This is [phocse one) [an ndividual plan] [a group plan provided through (specify name of employer through which the group san is offered]].

The policy number is [insert policy] and the effective date is [insert effective date]. The policy stude to [specify the name of the insured]. The following dependents of the policyholder are powered under this policy.

- · [First and last name of covered dependent
- First and last name of covered dependent

My signature on this letter certifies that the above information is true and correct as of the date of his letter. If you require any additional information, please contact me at [insert email address] or Insert phone number, with extension if applicable].

Regards.

Signature

Typed name of authorized insurance company representative)



MEDICAID APPROVAL LETTER

	APPROVAL NOTICE	
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Please note:

Review your benefit booklet for further details.

MEDICAID TERMINATION LETTER

Re County DSS 0. Box 340

Cost Mentils Worker:

Hole County DSS P.O. Box 340 Resided NC 1970

Employee's Name and Address

Notice of Termination of Public Assistance

Ciele ID: Ald Program Category: Medical Assistance

is latter is to notify you of a change which in about to take place in your excitance.

IE CHANGE WHICH WILL TAKE PLACE:

Effective 11-30-2018 All Medicaid benefits will stop for the following individuals:

WHY THE CHANGE WILL BE MADE:

Nand, Disabled Manuel or Section 3255, 3310 and 3360 of the Fensily and Children's Manuel.

WHEN THE CHANGE WILL BE MADE:

the strongs was no expected on 17-40-2410

Indicitions who are inaligable for full Medical coronage may be display for bothli issummon—and help perjudy for 8—through the Health Insurance Medicaphics. We see proposed information in them. You can write in a street from the Medicaphics or you contained them descript, To content the Medicaphics, go collect to Healthcare gover cell 1:460-311-2706. After you complete your application, the Medicaphics of the West Medicaphics of the Medicaphics o

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If this action says "ADEQUATE" in the upper right corner; Your benefits will be changed without further notice. You may request

If you choose to have your Wark First Family Antistones or Raflague Assistance continued and the backing shows were correct, you must easy, the backing some motival while writing first the having dictains. If you choose to be refuged in Assistance continued and the bearing shows that the changes were convex, you may have to supely the white wating for the having doctains. If you choose set to have benefits continued and the hearing doctains.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS

DSS-8110 (Rev. 12/17)

