

If you have elected to have your premiums deducted pre-tax, mid-year election changes are regulated by federal law. The Internal Revenue Code Section 125 contains provisions defining “qualifying events” which allow mid-year changes to your Medical, Dental, Vision, Life, Health and/or Dependent Care Flexible Spending Account plan elections.

With the exception of deleting dependents or coverage termination, change in status events use the same eligibility criteria to determine election changes whether premiums are paid on a pre-tax or post-tax basis.

Common Types of Qualifying Events

The following list represents examples of *common* types of IRS qualifying events:

- Change in legal marital status, domestic partnership or civil union status
- Change in the number of eligible dependents of the employee or dependents of the domestic partner or civil union partner
- Gain Dependent—birth, adoption, placement for adoption, stepchildren, etc.
- Loss of Dependent—dies or reaches age 26 unless disabled as defined under the eligibility section
- Change in employee’s, spouse’s, domestic partner’s, civil union partner’s or dependent’s employment status (commencement or termination of employment, strike or lock-out, unpaid leave, etc.)
- Gain / lose entitlement to Medicare or Medicaid (60 days)
- A change in residence of the employee, spouse, domestic partner, civil union partner or eligible dependent, which affects eligibility for coverage
- Judgment, decree, or Qualified Medical Child Support order for health coverage of an eligible child
- Significant change in health coverage of an eligible child
- Significant change in coverage or cost of dependent’s plan

The type of IRS approved qualifying event determines the changes that are permissible. For example, marriage of the employee would permit a change from employee only coverage to employee + 1 coverage as well as the option to change medical plan elections, e.g., Green Plan to POS Plan.

Official Documentation

Before entering a change into [Employee Self-Service](#), it is necessary to provide documentation within 30 days of the effective date to substantiate the qualifying event and to establish the eligibility for, and the effective date of the requested change.

Examples of required [documentation](#) due within 30 days of the effective date:

- Legal documents for adoption, divorce, marriage, civil union partner, etc.
- Affidavit of Common Law Marriage
- Affidavit of Domestic Partnership
- One joint financial document dated within in the past 60 days that shows you and your spouse/ Domestic Partner/Civil Union Partner at the same address
- Documentation on company letterhead which includes:
 - Defined qualifying event type and effective date of coverage
 - Name of individual(s) affected by a status change
 - Name(s) of individuals who had been covered under other plan
 - Medical, Dental and/or Vision coverage effective date or termination date (or other benefits as applicable).