

When You Can Make Changes to Your Medical and/or Dental Benefit Elections

You can change your benefits and/or levels of coverage during the annual open enrollment period.

Outside the annual open enrollment period, except in certain cases involving a significant reduction in health coverage or a significant increase in the cost of health coverage under the *Benefits of Caring* health program, you may change your elections during the program year only if:

- you experience a “qualified family status event” as defined under the program and
- your change in benefit election is consistent with that “qualified family status event”.

Qualified Family Status Events include:

- birth or adoption of a child,
- marriage,
- divorce or legal separation,
- change in a dependent’s eligibility (for example, if a dependent reaches the age limit or gets married), death of a spouse or dependent child,
- change in employment that affects benefit coverage for you, your spouse or a dependent child.

Changing Your Elections

If you have a Qualified Family Status Event and are seeking to change your benefit elections, you must:

- notify your employer, and
- complete and return this Medical / Dental Elections Change Request Form to the Plan Administrator, along with appropriate proof of the status change (e.g., a marriage certificate, birth certificate, adoption decree or death certificate) within 30 days of the date of the actual event. For example, within 30 days of the date of birth or within 30 days of the loss of benefits by your spouse.

If you do not provide the appropriate documentation to the Plan Administrator within 30 days, you will not be able to make any benefit election changes until the next open enrollment period.

Please note that the benefit change you make must be consistent with your status change. For example, if you get married, you may add your spouse to your medical coverage, but you may not change your medical plan choice until the next open enrollment period.