

Benefit Planning, Inc.

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

This matrix outlines the qualifying events under Section 125 which allow election changes during the Plan Year and the permissible changes allowed for each Plan Class. You will see codes, footnotes, or endnotes showing restrictions or qualifications following each action. The code definitions can be found on page 9. The endnotes (also defined on page 9) contain information that is referred to on more than one page. Information that only refers to one place is placed in footnotes with that information shown at the bottom of that particular page. The P/C column refers to Personal or Corporate events and are defined on the **Statement of Qualifying Event Form** attached to the **Personal Benefit Election Change Request Form** or the **Corporate Benefit Election Change Order Form**, whichever is applicable. This matrix does not address changes to individually owned policies under a Health Premium Reimbursement Plan. To find allowable changes, look under the Plan Class pertinent to the individually owned policy.

Event	P/C	Plan Class 5.1 Core Health	Plan Class 5.2 Sup Health	Plan Class 5.3 GTL	Plan Class 5.4 STD	Plan Class 5.5 LTD	Plan Class 5.7 Health FSA	Plan Class 5.8 DCAP	Plan Class 5.11 Dental	Plan Class 5.12 Vision	Plan Class 5.13 AD&D
1. STATUS CHANGES											
1.1 Change in Employee's Legal Marital Status											
1.1.1 Employee Gains Spouse: Marriage	P-1	Add sp/dep: H1,C,T Drop dependents: C1 Drop Coverage: C1	Add sp/dep: H2,C,T Drop dependents: C1 Drop Coverage: C1	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Increase coverage: C,H2 Decrease coverage ¹ : C	Add Coverage ² : C2 Increase coverage ² : C2 Drop Coverage ³ : C2 Decrease coverage ³ : C2	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Increase coverage: C,H2,T Drop Coverage: C1 Decrease coverage: C1
1.1.2 Lose Spouse: Divorce, Legal Separation, Annulment, Death of Spouse	P-2	Add Coverage ⁴ : C,H1 Add dependents ⁴ : H1,C Revoke election only for spouse: C	Add Coverage ⁴ : C,H2 Add dependents ⁴ : C,H2 Revoke election only for spouse: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Decrease coverage ⁵ : C,H2	Add Coverage ² : C2 Increase Coverage ² : C2 Drop Coverage ⁶ : C2 Decrease coverage ⁶ : C2	Add Coverage ⁴ : C,H2 Add dependents ⁴ : C,H2 Revoke election only for spouse: C	Add Coverage ⁴ : C,H2 Add dependents ² : C,H2 Revoke election only for spouse: C	Add Coverage ⁴ : C, H3 Increase coverage ⁴ : C, H3 Revoke election only for spouse: C

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1.2 Change in Number of Employee's Dependents											
1.2.1 Gain Dependent: Birth, Adoption, Legal Guardianship	P-3	Add Coverage: H1,T,C Add sp/dep: H1,T,C	Add Coverage: H2 T,C Add sp/dep: C,H2,T	No change allowed.	No change allowed.	No change allowed.	Add Coverage: C,H2 Increase coverage: C, H2	Add Coverage: C2,H2 Increase coverage C2, H3	Add Coverage: H2,T,C Add sp/dep: H2,T,C	Add Coverage: H2 T ,C Add sp/dep: H2,T,C	No change allowed.
1.2.2 Lose Dependent: Death, Placement for Adoption	P-4	Drop affected dependent: C	Drop affected dependent: C	No change allowed.	No change allowed.	No change allowed.	Decrease coverage ⁷	Decrease coverage ⁵	Drop affected dependent: C	Drop affected dependent: C	No change allowed.
1.3 Change in Employment Status of Employee, Spouse, or Dependent that Affects Eligibility*											
1.3.1 Employee Gains Eligibility under Employer's Plan	P-5	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EY,C	Add Coverage: EY,C	Add Coverage: EY,C	Add Coverage: EY,C	Add Coverage: EY,C2	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EY,C
1.3.2 Employee Maintains Prior Eligibility under Employer's Plan after return from termination or unpaid leave within 30 days.	C-2	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸ .	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ^{8 9}	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸ .	Reinstate prior election at termination unless another event has occurred that allows a change ⁸	Reinstate prior election at termination unless another event has occurred that allows a change ⁸
1.3.3 Employee Rehired or returns from unpaid leave after 30 days ¹⁷	P-5	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.
1.3.4 Employee Loses Eligibility under Employer's Plan through Change in Employment	C-1	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰	Drop Coverage ¹⁰
1.3.5 Spouse/Dependent Gains Eligibility under their Employer's Plan	P-6	Drop Coverage ¹¹ Drop sp/dep ¹¹	Drop Coverage ¹¹ Drop sp/dep ¹¹	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Drop coverage ¹¹ Decrease coverage ¹¹	Add Coverage ¹² Increase coverage ¹² Drop Coverage ¹¹	Drop Coverage ¹¹ Drop sp/dep ¹¹	Drop Coverage ¹¹ Drop sp/dep ¹¹	No change allowed

* Can be such events as starting or ending employment; switching between part time and full time, hourly and salary; starting or ending strike/lockout; or any other event causing gain or loss of eligibility.

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1.3.6 Spouse/Dependent Loses Eligibility under their Employer's Plan	P-7	Add Coverage ¹³ : T,H1 Add sp/dep ¹³ : T, H1,	Add Coverage ¹³ : T, H2 Add sp/dep ¹³ : T, H2	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Increase coverage: EN Decrease coverage: EN	Add Coverage ¹³ : H2 Increase coverage ¹³ : H2	Add Coverage ¹³ Increase coverage ¹³ Drop Coverage ¹⁴	Add Coverage ¹³ : T, H2 Add sp/dep ¹³ : T, H2	Add Coverage ¹³ : T, H2 Add sp/dep ¹³ : T, H2	No change allowed
1.4 Event Causing Employee's Dependent to Satisfy or Cease to Satisfy Eligibility Requirement*											
1.4.1 Dependent Gains Eligibility under Employee's Plan	P-8	Add dependents: C,T	Add dependents: C,T	No change allowed.	No change allowed.	No change allowed.	Add Coverage ⁷ : C Increase coverage: ⁷ C	Add Coverage ⁷ : C2 Increase coverage ⁷ : C2	Add dependents: C,T	Add dependents: C,T	No change allowed.
1.4.2 Dependent Loses Eligibility under Employee's Plan	P-9	Drop affected dependent: C	Drop affected dependent: C	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: ⁷ C	Decrease coverage ⁷ : C2	Drop affected dependent: C	Drop affected dependent: C	No change allowed.
1.5 Change in Place of Resident of Employee, Spouse, or Dependent											
1.5.1 Move by Employee Causes Gain of Eligibility	P-10	Add Coverage: EY,C	Add Coverage: EY,C	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Add Coverage: EY,C	Add Coverage: EY,C	Not applicable ¹⁵
1.5.2 Move by Employee causes Loss of Eligibility	P-11	Drop and elect alternate coverage: E,C,D	Drop and elect alternate coverage: E, C,D	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Drop and elect alternate coverage: E, C,D	Drop and elect alternate coverage: E, C,D	Not applicable ¹⁵
1.5.3 Spouse's or Dependent's move causes gain of eligibility	P-12	Add sp/dep: EY,C	Add sp/dep: EY,C	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Add sp/dep: EY,C	Add sp/dep: EY,C	Not applicable ¹⁵
1.5.4 Spouse's or Dependent's move causes loss of eligibility	P-13	Drop sp/dep: E,C	Drop sp/dep: E,C	Not applicable ¹⁵	Not applicable ¹⁵	Not applicable ¹⁵	Increase coverage ¹⁶ : C Decrease coverage ¹⁶ : C	Not applicable ¹⁵	Drop sp/dep: E,C	Drop sp/dep: E,C	Not applicable ¹⁵

* Can be such actions as attaining a specified age; switching between single and married, student or non-student, or any other event causing gain or loss of eligibility.

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2. SMALL COST CHANGES¹⁷											
2.1 Small Cost Changes¹⁷											
2.1.1 Employer- Initiated Automatic Small Cost Changes: Includes Collective Bargaining	C-3	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost
2.1.2 Employer- Initiated Automatic Small Cost Changes for Individuals *	C-4	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost
2.1.3 Employee-Initiated Small Cost Changes: DCAP Provider or Personal Policy	P- 14, 15	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Increase or Decrease Cost ^{† 17}	Not applicable	Not applicable	Not applicable
3. SIGNIFICANT COST INCREASES¹⁷											
3.1 Significant Cost Increases¹⁷											
3.1.1a Employer-Initiated Change	C-3	Increase Costs	Increase Costs	Increase Costs	Increase Costs	Increase Costs	No change allowed.	Not applicable	Increase Costs	Increase Costs	Increase Costs
3.1.1b Permitted Response by Employee to Significant Cost Increase	P- 16	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	No change allowed.	Not applicable	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D
4. SIGNIFICANT CURTAILMENT OF COVERAGE											
4.1 Significant Coverage Curtailment											
4.1.1a Employer-Initiated Significant Coverage Curtailment	C-4	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	No change allowed.	No change allowed.	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment
4.1.1b Permitted Response by Employee to Significant Coverage Curtailment	P- 17	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	No change allowed.	No change allowed.	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D

* Includes pre-established cost change parameters such as increases in life insurance triggered by salary increase or credit provisions, changes resulting from employee satisfying requirement such as stop smoking, or any similar event which changes cost of premium.

† No change allowed if day care provider is a relative of the employee.

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5. ADDITION OR ELIMINATION OF BENEFIT PACKAGE OPTION											
5.1 Change in Benefits Offered under Cafeteria Plan											
5.1.1a Employer Adds New Benefit or Option	C-6	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.1b Permitted Response by Employee to Addition of New Benefit or Option	P-18	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	No change allowed.	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages	Add and make related election changes for other options providing similar Coverages
5.1.2a Employer Drops Existing Benefit or Option	C-7	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.2b Permitted Response by Employee to Drop of Existing Benefit or Option	P-19	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	No change allowed.	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages	Elect another option and make related election changes for other options providing similar Coverages
5.1.3a Employer Replaces one Benefit or Option with Similar Benefit or Option	C-8	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System
5.1.3b Permitted Response by Employee to Replacement of Benefit or Option	P-20	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	No change allowed.	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D	Drop and elect alternate coverage: D
5.1.7 Employee changes DCAP providers	P-21	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Change Deductions to reflect new rates	Not applicable	Not applicable	Not applicable

* Deductions can be changed to zero if relative is keeping child for free.

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6. CHANGE IN COVERAGE FOR SP/DEP UNDER OTHER EMPLOYER'S PLAN											
6.1 Change in Coverage of Spouse or Dependent under their Employer's Cafeteria Plan											
6.1.1 Other Employer-Initiated Change Adds or Increases Coverage	P-22	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸	No change allowed.	Drop Coverage ¹⁸ Decrease coverage ¹⁸	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Drop Coverage ¹⁸ Decrease coverage ¹⁸
6.1.2 Other Employer-Initiated Change Drops or Decreases Coverage	P-23	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹	No change allowed.	Add Coverage ¹⁹ Increase coverage: ¹⁹	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Add sp/dep ¹⁹	Add Coverage ¹⁹ Increase coverage: ¹⁹
6.1.3 Open Enrollment under Employer Plan of Spouse or dependent'	P-24	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	No change allowed.	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Add sp/dep ¹⁹ Drop Coverage ¹⁸ Drop sp/dep ¹⁸	Add Coverage ¹⁹ Increase coverage ¹⁹ Drop Coverage ¹⁸ Decrease coverage ¹⁸
7. FMLA LEAVE											
7.1 Commencement of FMLA Leave											
7.1.1 Employee begins FMLA Leave	P-25	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA
7.2 Return from FMLA Leave											
7.2.1 Employee returns from FMLA Leave	P-26	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA

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8. COBRA EVENTS											
8.1 COBRA (or similar state law continuation) Events											
8.1.1 Employee COBRA Event with Employee remaining eligible for Cafeteria Plan	P- 27	Increase coverage ²⁰	Increase coverage ²⁰	No change allowed	No change allowed	No change allowed	No change allowed	No change allowed	Increase coverage ²⁰	Increase coverage ²⁰	No change allowed.
8.1.2 Spouse/Dependent COBRA Event [†] .	P- 28	Increase coverage ^{20 21}	Increase coverage ^{20 21}	No change allowed	No change allowed	No change allowed	No change allowed	No change allowed	Increase coverage ^{20 21}	Increase coverage ^{20 21}	Increase coverage ^{20 21}
9. JUDGEMENT, DECREE, OR ORDER											
9.1 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent Child to be Provided by Employee											
9.1.1 Judgment, Decree, or Order Requires Coverage under Employee's Plan	P- 29	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	No change allowed.	No change allowed.	No change allowed.	Add Coverage: C Increase coverage	No change allowed.	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	No change allowed.
9.2 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent to be Provided by Spouse, Former Spouse, or Other Person											
9.2.1 Judgment, Decree, or Order Requires Spouse, Former Spouse, or Other Person to Provide Coverage	P- 30	Drop affected dependent:	Drop affected dependent:	No change allowed.	No change allowed.	No change allowed.	Decrease coverage:	No change allowed.	Drop affected dependent	Drop affected dependent	No change allowed.
10. ENTITLEMENT TO MEDICARE, MEDICAID, OR OTHER FEDERAL/STATE AGENCY BENEFITS[‡]											
10.1 Employee or Employee's Spouse or Dependent Becomes Entitled to Medicare, Medicaid, or Other Federal/State Agency Benefits[‡]											
10.1.1 Employee Becomes Entitled	P- 31	Drop Coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Decrease coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.
10.1.2 Spouse/Dependent under Employer's Plan Becomes Entitled	P- 32	Drop sp/dep:	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Decrease coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.

* Such as reduction in work hours resulting in employee no longer eligible for employer contribution credit.

† Such as dependent reaching maximum age under group plan and employee continues coverage for dependent under COBRA.

‡ Other than coverage solely for pediatric vaccines.

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10.2 Employee or Employee's Sp/dep Loses Eligibility for Medicare, Medicaid, or Other Federal/State Agency Benefits											
10.2.1 Employee Loses Eligibility	P-33	Add Coverage: C	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Increase coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.
10.2.2 Spouse/Dependent under Employer's Plan Loses Eligibility	P-34	Add sp/dep: C	No change allowed.	No change allowed.	No change allowed.	No change allowed.	Increase coverage:	No change allowed.	No change allowed.	No change allowed.	No change allowed.
11. ADMINISTRATIVE EVENTS											
11.1 Correcting Obvious Errors*											
11.1.1 Employee mistake in an making election	C-9	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.
11.1.2 Employer mistake in recording election	C-10	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.
11.2 Employee Fails Medical Underwriting											
11.2.1 Participant fails medical underwriting	C-11	Not applicable	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Revoke coverage as of date it was added.	Not applicable	Not applicable	Not applicable	Not applicable	Revoke coverage as of date it was added.
11.3 Adjustments to Meet Federal Requirements¹⁷											
11.3.1 Changes needed to maintain plan's status under Code § 125 or to prevent violation of the nondiscrimination rules.	C-11	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:	Make administrative changes as needed:

Notes:

- Change in eligibility for non-employer-sponsored coverage (other than Medicare and Medicaid) will not allow a change.
- Dependent is defined to be a tax dependent under Code § 152 except, for accident or health coverage, any child to whom Code § 152(e) applies is treated as a dependent of both parents.
- Health FSA coverage can never be changed solely on account of a change in cost or coverage under another plan.
- Increase coverage can be increases in volume, dollar, or amount.

* Must have "clear and convincing" evidence.