

**Mid-year Qualifying Event Changes must be made with the Benefits Division – they cannot be made through FOCUS ESS. Contact HR Central at 703-324-3311 for more information or to speak to a Benefits Staff member.**

### **Qualified Events**

The following events, as specified in Section 125 of the Internal Revenue Code, the Health Insurance Portability and Accountability Act (HIPAA) and other federal regulations, govern the occasions when you may be able to change your election for health, dental, flexible spending accounts and life insurance coverage OUTSIDE of the Open Enrollment period. The change requested must be on account of, and consistent with, the qualifying event, and must be sent to the Benefits Division in the Department of Human Resources, within 30 calendar days of the qualified event. If the requested change does not meet the deadline, as well as the qualifying event and consistency rules, the request for change cannot be approved.

All mid-year enrollment/election changes take effect on the first of the month following the qualified event except for health plan enrollment of a dependent child as the result of birth/adoption/placement for adoption. This change will take effect on the date of birth/adoption/placement. Financial benefit elections, plan changes, and all other benefit elections as a result of birth/adoption/placement for adoption, will take effect on the first of the month following the event.

Terminations of coverage occur at the end of the month in which eligibility is lost.

Verifying documentation will be required to substantiate any qualified event and eligibility of dependents. New premiums are charged beginning in the pay period containing the effective date of the coverage.

Except as noted below, all of these qualified events will entitle you to make a new election for coverage. This means you may elect new coverage, change plans or levels of coverage as well as start, stop, increase or decrease your flexible spending accounts, if the change requested is consistent with the event (i.e. you may add your spouse/dependent to your dental coverage due to an employment status event only if the spouse/dependent had been covered by the other employer's separate dental plan).

### **Change in number of dependents because of**

- Marriage
- Divorce or Legal Separation (Note: legal separation is not available in Virginia and many other states)
- Death of Dependent
- Birth/Adoption/Placement of Adoption/Obtaining Legal Guardianship or Permanent Custody/Child Moving from Overseas
- Dependent child reaches plan age limit (Note: may not increase flexible spending)

### **Change in employment status of employee or dependent that affects eligibility or cost for coverage such as:**

- Termination or commencement of benefits-eligible employment,
- Change in worksite (out of plan service area) or work schedule,

- End or significant change of employer contributions toward premium (Note: The Benefits Division will determine if the change is considered “significant”. Also, no flexible spending changes permitted),
  1. Commencement or return from unpaid FMLA leave when coverage has been cancelled (Note: may not change plan or level of coverage. Options for flexible spending accounts include: Resuming coverage at original level and paying missed deductions,
  2. Change annual deduction and begin paying previous amount or
  3. Make a new election (if open enrollment occurred during FMLA leave.)
- Spouse’s open enrollment,
- Spouse’s employer makes a coverage option available or unavailable to a class of employees,
- Eligibility for coverage through spouse’s employer is lost because employee/dependent no longer lives or works in the plan’s service area and no alternative coverage is offered through that employer

**Change in coverage eligibility such as:**

- Dependent becomes entitled to or involuntary loses eligibility for Medicare, Medicaid or State Children’s Health Insurance Program (CHIP), or becomes eligible for a CHIP subsidy toward the County health premium (Note: May not elect new coverage or increase number of dependents when dependent becomes eligible for Medicare/Medicaid),
- Court orders (not divorce settlement agreements), etc.

**Other events such as:**

- A change in daycare providers or the cost of a provider’s services (only Dependent Care flexible spending may be changed).

**Adult Dependent Children**

Dependents over the age of 18 who have been previously removed from, or never covered by, a benefit plan cannot be enrolled mid-year as a result of their own qualifying event. Children over the age of 18 are emancipated in the state of Virginia. For example, a dependent, not spouse, who is 23 who has lost medical coverage through their employer, is not eligible to be added to their parent’s medical plan mid-year. The loss of coverage does not impact the coverage of the parent and therefore does not constitute a qualified event for their purpose. Qualifying events are special circumstances in employment, benefit eligibility, or status for employees and their spouses only. These dependents may be added during Open Enrollment providing they meet all other eligibility criteria.