

Change in Family Status

“Change in family status” is the Internal Revenue Service rule that allows you to adjust your benefit selections when unforeseen circumstances occur between open enrollments. Only specific events qualify as a change in family status.

Qualifying events include:

- Marriage
- Divorce/legal separation/annulment
- Birth of a child/grandchild or adoption/placement of child for adoption
- Death of spouse/child
- Arrival of employee family in the United States
- Employee change from full time to part time or part time to full time (if it results in a change in health plan costs)
- Reduction or increase in spouse’s hours of employment (causing change in benefits eligibility with respect to health coverage or medical flex changes)
- Beginning of spouse or dependent’s employment/benefits
- Loss of spouse’s employment/benefits
- Open enrollment at spouse’s employment
- Dependent not eligible
- Eligible/ineligible for Medicare
- Employee or dependent loses eligibility under Medicaid or State Children’s Health Insurance Program (SCHIP/CHIP/CHIPRA)
- Employee or dependent gains eligibility under Medicaid
- Employee or dependent becomes eligible for premium assistance under Medicaid or State Children’s health Insurance Program (SCHIP/CHIP/CHIPRA)
- Commencement of/return from unpaid FMLA leave of absence
- Judgment/decreed/order for coverage of children

If a qualifying event occurs, you must report it to the Metropolitan Council Benefits department within 31 days (60 days for eligibility changes under Medicaid or SCHIP/CHIP/CHIPRA). The family change must be consistent with the benefit change you are requesting, as determined by Metropolitan Council. As an example, adding dependents is common in the case of marriage. Note that different benefits have different rules as to when a change can be permitted, and Metropolitan Council must administer the plan consistent with these rules.

If you don’t request a change in benefits within the 31-day period (60 days for eligibility changes under Medicaid or SCHIP) following your family change, you cannot make changes until the next open enrollment period.

Eligible changes will be effective on the first of the month following receipt of the required documents, with the exception of newborns and children who are newly

adopted or placed for adoption, which are added as of their date of birth, adoption or placement for adoption.

The following is a table of changes that can be made to the medical, dental and vision plans (referred to in the chart as health plans), medical flex and dependent flex. All of these benefits are subject to the family status change rules. The chart also explains what documents are required to make the change. The chart also offers some practical information about other common changes to life insurance benefits associated with the various events – such as changes to life insurance beneficiary designations after marriage or divorce. Please call the Benefits-One Line at (651) 602-1601 if you have any questions.

Family Status Changes

Event	Changes you may make	Documents required
<p>Marriage</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add your new spouse to health plans. If you acquire new step children, they may be added also. Drop or decrease your health plan coverage if you or any dependent(s) become covered by your spouse's health plan. <i>If you are adding coverage, you can change which health plan you are enrolled under.</i> • Increase/start, or decrease/stop contributions to medical flex if changes are consistent with changes to spouse's medical flex (e.g. stop your medical flex contribution because you will increase contribution to spouse's medical flex). • Increase/start or decrease/stop contributions to dependent flex. • Add life insurance on spouse (if offered under your union or non-represented agreement). • Change life insurance beneficiary (online at www.lifebenefits.com). 	<p>Marriage Certificate AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • Minnesota Life Enrollment Form (enrollment in spouse/dep life insurance) • FSA Enrollment Form (Increase/start or decrease/stop contributions to medical or dependent flex)

<p>Divorce/Annulment/ Legal Separation</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Terminate former spouse and step children from medical, dental and vision plans. <i>Note: Minnesota Continuation Laws require that legally separated and ex-spouses be offered the option to stay on your plan if you continue to carry family coverage. Add coverage for yourself and any dependent child losing coverage under former spouse's health plans. You cannot change which health plan you are enrolled under.</i> • Decrease/stop contributions to medical flex, or start/increase contributions to medical flex if losing coverage under spouse's medical flex. • Decrease/stop contributions to dependent flex. • Terminate life insurance on spouse (if offered under your union or non-represented agreement). • Change life insurance beneficiary. 	<p>Signed Divorce Decree (first page, signature page, and any pages relating to insurance coverage) or Annulment AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • Minnesota Life Change Form (termination of spouse/dep life insurance) • FSA Enrollment Form (decrease/stop contributions to medical or dependent flex) • A copy of the child's birth certificate, if adding a dependent that is losing coverage under former spouse's health plan.
<p>Birth of a child, adoption or placement for adoption of a child.</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add your new child to health plans. You can also add yourself, your spouse and any other dependent children. <i>You can also change which health plan you are enrolled under.</i> • Increase/start contributions to medical flex. • Increase/start contributions to dependent flex. • Add life insurance on child (if offered under your union or non-represented agreement). • Change life insurance beneficiary (online at www.lifebenefits.com). <p>Special Note: If we are not</p>	<p>For birth of child, Birth Certificate AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • Minnesota Life Enrollment Form (enrollment in dependent life insurance) • FSA Enrollment Form (Increase/start contributions to medical or dependent flex) <p>For adoption or placement for adoption, Amended Birth Certificate, Adoption Decree, Notice of placement for adoption on adoption agency letterhead AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes)

	<p>notified within 31 days, you may still add the newborn to your health plan, effective as of the child's date of birth, but you may not add any other family members, change your plan, increase or start flex elections. You may add life insurance, but will be required to complete a health questionnaire and are subject to approval from the life insurance carrier. You may update your life insurance beneficiary at any time.</p>	<ul style="list-style-type: none"> • VSP Enrollment form (vision plan changes) • Minnesota Life Enrollment Form (enrollment in dependent life insurance) • FSA Enrollment Form (Increase/start contributions to medical or dependent flex) <p>If adding other family members, submit eligibility documentation for them also (i.e. marriage certificate if adding a spouse, birth certificates if adding other dependents).</p>
<p>Birth of a grandchild</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add your new grandchild to health plans. You can also add yourself, your spouse and any other dependent children. <i>You can also change which health plan you are enrolled under.</i> • Increase/start contributions to medical flex. • Increase/start contributions to dependent flex. • Change life insurance beneficiary (online at www.lifebenefits.com). <p>Special Note: If we are not notified within 31 days, you may still add the newborn grandchild to your health plan, effective as of the child's date of birth, but you may not add any other family members, change your plan, increase or start flex elections. You may update your life insurance beneficiary at any time.</p>	<p>Baby's birth certificate AND baby's parent's birth certificate AND notarized Certification of Dependent Eligibility form AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start contributions to medical or dependent flex) <p>If adding other family members, submit eligibility documentation for them also (i.e. marriage certificate if adding a spouse, birth certificates if adding other dependents).</p>
<p>Dependent Death</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Terminate dependent from health plans. • Decrease/stop contributions to medical flex. • Decrease/stop contributions to dependent flex. • Change employee life insurance beneficiary (online at www.lifebenefits.com). 	<p>Death Certificate AND</p> <ul style="list-style-type: none"> • FSA Enrollment Form (decrease/stop contributions to medical or dependent flex) • Complete information requested from Minnesota Life (if dependent's life was insured). (The Benefits Department initially notifies Minnesota Life)

<p>Arrival of employee's family in United States (change of residence)</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add spouse and/or dependents to health plans consistent with who arrived in the United States. <i>You cannot change which health plan you are enrolled under.</i> • Increase/start contributions to dependent flex. 	<p>Marriage Certificate (if adding spouse), Birth certificates (if adding children), copy of passport showing date family entered the United States AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start contributions to dependent flex)
<p>Employee's family leaves the United States (change of residence)</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Drop spouse and/or dependents coverage under health plans consistent with who left the United States. <i>You cannot change which health plan you are enrolled under.</i> • Decrease/stop contributions to dependent flex. 	<p>Copy of passport showing date family arrived in another country AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start contributions to dependent flex)
<p>Employee changes from Part Time to Full Time and Cost of Health Plan Coverage Decreases</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Start/increase health plan coverage. <i>You cannot change which health plan you are enrolled under.</i> • Increase/start or decrease/stop contributions to dependent flex if consistent with changes in dependent care needs . 	<ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start or decrease/stop contributions to dependent flex)
<p>Employee changes from Full Time to Part Time and cost of Health Plan coverage increases.</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Decrease/stop health plan coverage. <i>You cannot change which health plan you are enrolled under.</i> • Increase/start or decrease/stop contributions to dependent flex if consistent with change in dependent care needs. 	<ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start or decrease/stop contributions to dependent flex)

<p>Employee's spouse becomes eligible for insurance coverage through their employer</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Reduce or terminate coverage under health plans, consistent with adding coverage on spouse's plan (ie only those covered under the spouse's new plan can be terminated under our plan). <i>You cannot change which health plan you are enrolled under.</i> • Reduce or terminate election under medical flex, if you elect to contribute to spouse's medical flex. • Increase/start or decrease/stop contributions to dependent flex. 	<p>Letter from spouse's employer insurance company showing the effective date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start or decrease/stop contributions to medical or dependent flex, as applicable)
<p>Employee's spouse loses eligibility for insurance coverage through their employer</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Enroll or change from single to family coverage consistent with loss of coverage under spouse's plan (ie only those losing coverage under the spouse's plan can be added to our plan). <i>You can also change which health plan you are enrolled under.</i> • Start or increase medical flex election. • Increase/start or decrease/stop contributions to dependent flex. 	<p>Letter from spouse's employer or insurance company showing the termination date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start or decrease/stop contributions to medical or dependent flex, as applicable)
<p>Change in spouse's insurance coverage due to spouse's employers different Open Enrollment period and Plan Year.</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Increase/start or decrease/drop coverage under health plans if consistent with adding or dropping coverage under spouse's plan (ie only those losing or gaining coverage under the spouse's plan can be added or terminated from our plan). <i>You cannot change which health plan you are enrolled under.</i> • Increase/start or decrease/stop contributions to dependent flex, consistent with changes to election under spouse's plan. 	<p>Letter from spouse's employer or insurance company showing the change in coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Increase/start or decrease/stop contributions to dependent flex)

<p>Employee's dependent (other than spouse) becomes eligible for insurance coverage through their employer</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Drop dependent from health plans if corresponds with elections under dependent's plans. <i>You cannot change which health plan you are enrolled under.</i> • Stop or decrease medical flex election if corresponds to dependent's medical flex election. • Terminate life insurance on dependent (if offered under your union or non-represented agreement). 	<p>Letter from dependent's employer or insurance company showing the effective date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • Minnesota Life Change Form (to drop dependent life insurance) • FSA Enrollment Form (decrease/stop contributions to medical flex) •
<p>Employee's dependent (other than spouse) loses eligibility for insurance coverage through their employer</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add dependent to health plans. <i>You can also change which health plan you are enrolled under.</i> • Increase/start contributions to medical flex, consistent with loss of eligibility by dependent. • Add life insurance on dependent (if offered under your union or non-represented agreement). 	<p>Letter from dependent's employer or insurance company showing the termination date of the coverage AND completed Student Status form or Certification of Dependent Status form AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • Minnesota Life Enrollment Form (to add dependent life insurance) • FSA Enrollment Form (increase/start contributions to medical flex)
<p>Employee's spouse or dependent becomes eligible for Medicare</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Drop dependent from health plans. <i>You cannot change which health plan you are enrolled under.</i> • Decrease/stop contributions to medical flex. 	<p>Letter from Medicare showing the effective date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (decrease/stop contributions to medical flex)

<p>Employee and/or dependents lose eligibility for Medicare</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add dependent to medical, dental plans. <i>You cannot change which health plan you are enrolled under.</i> • Increase/start contributions to medical flex. 	<p>Letter from Medicare showing the termination date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • FSA Enrollment Form (increase/start contributions to medical flex) <p><i>Note: additional documents may be necessary if spouse or child's eligibility has not previously been documented.</i></p>
<p>Employee and/or dependent becomes eligible for Medicaid</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Drop health plan coverage of affected individuals. <i>You cannot change which health plan you are enrolled under.</i> • Decrease/stop contributions to medical flex. 	<p>Letter from Medicaid showing the effective date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (decrease/stop contributions to medical flex)
<p>Employee and/or dependents become eligible for state premium assistance from Medicaid or SCHIP</p>	<p>Within 60 days:</p> <ul style="list-style-type: none"> • Add coverage under medical plan for employee and dependents. <i>You can also change which health plan you are enrolled under.</i> <p>Increase/start contributions to medical flex</p>	<p>Letter from Medicaid or CHIP/SCHIP/CHIPRA showing the effective date of the eligibility for premium assistance AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical changes)
<p>Employee and/or dependents loses eligibility for Medicaid or State Child Health Insurance Program (CHIP/SCHIP/CHIPRA)</p>	<p>Within 60 days:</p> <ul style="list-style-type: none"> • Add coverage under medical and dental plans. <i>You can change which health plan you are enrolled under.</i> • Increase/start contributions to medical flex. 	<p>Letter from Medicaid or CHIP/SCHIP/CHIPRA showing the termination date of the coverage AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • FSA Enrollment Form (increase/start contributions to medical flex) <p><i>Note: additional documents may be necessary if spouse or child's eligibility has not previously been documented.</i></p>

<p>Commencement of unpaid FMLA leave of absence</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • If you wish, you can revoke coverage under the health plans. If you do not revoke your coverage, coverage will continue as long as you continue to pay for your share of the coverage with after-tax dollars during your FMLA leave. • If you wish you can revoke your medical flex election. If you do not revoke your medical flex election, coverage will continue during your leave as long as you continue to pay for medical flex with after tax dollars. • Increase/start or decrease/stop contributions to dependent flex. 	<ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (decrease/stop contributions to medical flex or Increase/start or decrease/stop contributions to dependent flex)
<p>Return from unpaid FMLA leave of absence</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • You have the option to re-elect coverage under the health plans if you dropped coverage during your unpaid FMLA leave (whether by revoking coverage or ceasing to pay for coverage during the unpaid leave). • You have the option to re-elect coverage under medical flex if you dropped coverage during your unpaid leave (whether by dropping coverage or ceasing to pay for coverage during the unpaid leave). • Increase/start or decrease/stop contributions to dependent flex, if consistent with changes in your dependent care needs. 	<ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (Restart contributions to medical flex or Increase/start or decrease/stop contributions to dependent flex)

<p>Qualified Medical Child Support Order</p>	<p>Within 31 days:</p> <ul style="list-style-type: none"> • Add dependent to health plans. <i>You cannot change which health plan you are enrolled under.</i> • Increase/start contributions to medical flex. 	<p>Judgment, Decree or Court Order AND</p> <ul style="list-style-type: none"> • HealthPartners Change form (medical or dental changes) • VSP Enrollment form (vision plan changes) • FSA Enrollment Form (increase/start contributions to medical flex)
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