

DCPS CHANGE IN STATUS

Under certain circumstances, you may be allowed to make changes to your benefit elections during the plan year, such as adding or dropping dependents, depending on whether or not you experience an “eligible” qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125.

Within 30 days of a qualifying event, you must submit a Change in Status/Enrollment Form along with supporting documentation to the Employee Benefits Department. Upon the approval of your election change request, your existing FSA(s) elections may be stopped or modified (as appropriate). However, if your FSA election change request is denied, you will have 30 days from the date you receive the denial to file an appeal with DCPS Employee Benefits. For more information, refer to the “Appeal Process” section below. Visit www.myFBMC.com for information on rules governing periods of coverage and IRS Special Consistency Rules.

ALL CHANGES MUST BE MADE WITHIN 30 DAYS OF THE QUALIFYING EVENT

VALID CHANGE IN STATUS EVENTS		
TYPE OF CHANGES	DESCRIPTION	SUPPORTING DOCUMENTS
<p>Marital Status (Marriage or Divorce)</p> <p>Plans that may be affected: Medical, Dental, Vision, MED FSA, DEP FSA, Group Life Insurance, Short-Term Disability, Long-Term Disability, HIP, AFLAC (Current Participants Only)</p>	<p>A change in marital status includes: marriage, death of a spouse, divorce or annulment (legal separation is not recognized in Florida).</p>	<ul style="list-style-type: none"> • Marriage Certificate and Recent IRS 1040 Tax Return (Tax Return required if married prior to current calendar year); OR • Divorce Decree; OR • Death Certificate
<p>Change in Number of Employee’s Dependents (Birth, Adoption or Legal Custody)</p> <p>Plans that may be affected: Medical, Dental, Vision, Med FSA, DEP FSA, Group Life Insurance, Short-Term Disability, Long-Term Disability, HIP</p>	<p>A change in the number of dependents includes: birth, adoption and placement for adoption</p> <p>Note: You can add your other eligible dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid Change in Status event.</p>	<ul style="list-style-type: none"> • Birth Certificate or Hospital Certificate with Foot Prints; OR • Adoptions papers or placement for adoption papers; OR • Legal Custody papers
<p>Change in Employment Status</p> <p>Plans that may be affected: Medical, Dental, Vision, MED FSA, DEP FSA, Group Life Insurance, Short-Term Disability, Long-Term Disability, HIP, AFLAC (Current Participants Only)</p> <p>Loss of Employment Medical, Dental, Vision, MED FSA, DEP FSA, Group Life Insurance, Short-Term Disability, Long-Term Disability, HIP, AFLAC (Current Participants Only)</p> <p>Note: Change can only be made for individual involved.</p>	<p>Change in employment status of the employee, employee’s spouse or employee’s dependent that affects the individual’s eligibility under an employer’s plan includes commencement or termination of employment.</p>	<ul style="list-style-type: none"> • Letter from employer showing employment and insurance termination date; OR • Letter from employer showing employment and insurance effective date. <p>Note: Letter must be on the company’s letterhead.</p>
<p>Gain or Loss of Dependents’ Eligibility Status (Death, Dependent no longer meets eligibility requirements)</p> <p>Plans that may be affected: Medical, Dental, Vision, MED FSA, DEP FSA, Group Life Insurance, Short-Term Disability, Long-Term Disability, HIP, AFLAC (Current Participants Only)</p> <p>Note: Change can only be made for individual involved.</p>	<p>An event that causes an employee’s dependent to satisfy or cease to satisfy dependent eligibility coverage requirements which may include change in age, student status, death, marriage, handicapped/disabled, employment or tax dependent status.</p>	<ul style="list-style-type: none"> • Death certificate of dependent child; OR • Letter from employee indicating child is dependent/non-dependent on them for support; OR • Letter from employer indicating the child no longer meets their eligibility requirements with the effective date. <p>Note: Physician certification is required for disabled or handicapped dependent children who are over the maximum age of 26.</p>
<p>Coverage and Cost Changes</p> <p>Plans that may be affected: DEP FSA</p>	<p>Change is permitted when you switch dependent care providers.</p> <p>Note: However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a</p>	<ul style="list-style-type: none"> • A letter from the daycare which outlines the type of change and effective date. This change can be an increase in cost, decrease in costs or provider no longer provides services. • Letter from employee indicating the child has reached the maximum age limit of 13.

<p>Note: Does not apply to Medical Expense FSA</p>	<p>desire to increase or decrease the amount being paid to that relative.</p>	
<p>Open Enrollment Under Other Employer's Plan</p> <p>Plans that may be affected: Medical, Dental, Vision, MED FSA, DEP FSA, Group Life Insurance, Short-Term Disability, Long-Term Disability, HIP, AFLAC (Current Participants Only)</p> <p>Note: Does not apply to a Medical Expense FSA plan.</p>	<p>Employee may make an election change when their spouse or dependent makes an Open Enrollment change in coverage under their employer's plan if they participate in their employer's plan and the other employer's plan has a different period of coverage (usually a plan year) or the other employer's plan permits mid-plan year election changes under this event.</p>	<p>Open Enrollment election form with the company's name on it or a letter on company letterhead from the employer indicating the Open Enrollment Period and the effective date of coverage.</p>
<p>Judgment/Decree/Order</p> <p>Plans that may be affected: Medical, Dental, Vision, MED FSA, HIC, HIP, AFLAC (Current Participants Only)</p> <p>Note: Does not apply to a Dependent Care FSA plan.</p>	<p>If a judgment, decree or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.</p>	<p>Legal Court documentation that outlines the judge's orders:</p> <ul style="list-style-type: none"> • Divorce papers • Court orders
<p>Medicare/Medicaid</p> <p>Plans that may be affected: Medical, Dental, Vision, MED FSA, HIP</p> <p>Note: Does not apply to a Dependent Care FSA plan.</p>	<p>Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.</p>	<ul style="list-style-type: none"> • Medicaid approval or disapproval letter; OR • Medicaid ID card with effective date; OR • Medicare approval or disapproval letter; OR • Medicare ID card with effective date
<p>Family and Medical Leave Act (FMLA) Leave of Absence</p> <p>Plans that may be affected: All plans</p>	<p>Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave.</p>	<p>Must be placed on approved FMLA leave by HR Department.</p>

Note: Enrolling into or terminating out of a private individual health insurance plan, including Florida KidCare, is not a valid change in status event.