

QUALIFYING FAMILY STATUS CHANGES (QFSC)

The following events govern the occasions when an employee can change his or her coverage in the benefits (includes health care) OUTSIDE of the open enrollment period. All QFSC should be coordinated with a Benefits Team member in the Norfolk HealthCare Consortium. **Paperwork must be submitted no later than 30 days after the qualifying event date.** If you have additional questions, please contact HRBenefits@norfolk.gov

CITY OF NORFOLK EMPLOYEES:

- Complete and sign health form, dental form and/or vision form to add, change, or delete a dependent.

NORFOLK PUBLIC SCHOOLS EMPLOYEES:

- Please enroll online using Munis Self Service. No completion of forms needed.

NORFOLK REDEVELOPMENT AND HOUSING AUTHORITY EMPLOYEES:

- No completion of forms needed.

EVENT	DOCUMENTATION NEEDED	EMPLOYEE ACTION NEEDED
Legal Marriage (adding spouse and/or stepchildren).	<ul style="list-style-type: none"> • Copy of Marriage License or Certificate. • Copy of Birth Certificate if adding stepchildren, or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 6, 9, 11
Legal Marriage (employee cancelling coverage and enrolling under new spouse).	<ul style="list-style-type: none"> • Copy of Marriage License or Certificate. 	See Notes 1, 2, 3, 6, 9, 11
Legal Divorce (removing spouse/ dependents).	<ul style="list-style-type: none"> • Copy of the signed Divorce Decree. 	See Notes 1, 2, 3, 4, 6, 9, 11
Legal Divorce (employee/ dependents enrolling under coverage because they were dropped from former spouse)	<ul style="list-style-type: none"> • Copy of the signed Divorce Decree • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 6, 7, 9, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Death of Spouse/Dependent (removing spouse/ dependents).	<ul style="list-style-type: none"> • Copy of the Death Certificate. 	See Notes 1, 2, 3, 9, 11
Death of Spouse (employee/ dependents enrolling under coverage because they are removed from spouse).	<ul style="list-style-type: none"> • Copy of the Death Certificate. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 5, 7, 9, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Loss of Employment/Benefits for Spouse/Dependent (enrolling employee, spouse and/or dependents).	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits ended. • Copy of Marriage License. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 7, 9, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).

Employee Dependent Eligibility Requirements and Acceptable Documentation
Updated 8/24/2022

Gain of Employment/Benefits for Spouse/Dependent (removing employee, spouse and/or dependents).	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits began. 	See Notes 1, 2, 3, 9, 11
Medicare/Medicaid Entitlement for Spouse/Dependent (removing spouse/dependents)	<ul style="list-style-type: none"> • Copy of Medicare/Medicaid letter stating effective date of when spouse/dependents' benefits began. 	See Notes 1, 2, 3, 11
Loss of Medicare/Medicaid Entitlement for Spouse/Dependent (adding spouse/dependents)	<ul style="list-style-type: none"> • Copy of Medicare/Medicaid letter stating effective date of when spouse/dependents' benefits ended. • Copy of Marriage License. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 7, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Birth/Adoption of Dependent	<ul style="list-style-type: none"> • Copy of the Proof of Birth Form or Birth Certificate. • Copy of Adoption Paperwork. 	See Notes 1, 2, 3, 5, 8, 9, 11
Custody/Legal Guardianship of Dependent	<ul style="list-style-type: none"> • Copy of the Custody or Legal Guardianship Order. 	See Notes 1, 2, 3, 5, 11
Open Enrollment for Spouse (enrolling employee, spouse, dependents because spouse cancelled their coverage)	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits ended. • Copy of Marriage License. • Copy of Birth Certificate if adding dependent(s), or something from list C (Note 7). 	See Notes 1, 2, 3, 4, 5, 7, 11 Only need to verify relationship to dependent if adding to health insurance (not necessary for dental or vision).
Open Enrollment for Spouse (removing employee, spouse, dependents because they are enrolling under spouse)	<ul style="list-style-type: none"> • Copy of letter from spouse's job stating effective date of when their benefits began. 	See Notes 1, 2, 3, 11
Court-Order from Child Support Enforcement to add dependents.	<ul style="list-style-type: none"> • Copy of Court Order from Child Support. 	See Notes 1, 2, 3, 11
Dependent reaches the maximum age limit.	Usually, no documentation is needed from Employee. Benefits Team normally cancels the dependent's health, dental, &/or vision the end of the month in which they reach the maximum age.	See Note 5
Adding or Removing employee, spouse, or dependent due to change in residence.	<ul style="list-style-type: none"> • Certification of the change in residence outside the plan service area. 	See Notes 1, 2, 3, 4, 5, 7, 9, 11
Employee being dropped from Parent, due to employee turning 26.	<ul style="list-style-type: none"> • Letter from Parent's job or insurance stating when benefits end. 	See Notes 1, 2, 3, 11
Employee returns from Leave of Absence to reinstate coverage.	<ul style="list-style-type: none"> • Employee sends email requesting to reinstate coverage. 	See Notes 2, 3, 10
Change in Benefits Due to Cost or Coverage (does not apply to Health Care Reimbursement Account).	<ul style="list-style-type: none"> • Certification from spouse's employer of the change and spouse's coverage. 	See Notes 1, 2, 3, 4, 5, 7, 11

Notes: For Qualifying Family Status Changes

1. Employees must inform their employer of a qualified family status change within 30 calendar days. Please see Appendix for more information. The change cannot be accepted if more than 30 calendar days has lapsed from the actual date of the event. **PLEASE NOTE: You cannot change plans during the plan year.**
2. Health, dental, and vision premiums are paid a month in advance for the City of Norfolk and Norfolk Public Schools. Health, dental, and vision premiums are paid during the month of coverage for Norfolk Redevelopment and Housing Authority. Depending on when the change is submitted, additional deductions may be pulled (or refunds issued) in order to bring premiums up to date.
3. The effective date of coverage is normally the first of the month after the qualifying event date. (Newborns are covered as of the date of birth).
4. Spouses: Must be legally married to add spouse. Must be legally divorced to remove spouse. (Legal Separations are **not** recognized in the state of Virginia). Ex-Spouses and Live-in partners are not eligible to be covered.
5. Dependents: Applies to dependent children only. Can be covered up until the age of 26, regardless of student status. If a dependent is disabled, they can be covered past age 26 (documentation must be provided). Parents, grandparents, and other relatives are not eligible to be covered. Grandchildren can only be covered if the Employee has legal custody or joint custody (documentation must be provided).
6. Name and/or address changes must be made using Employee Self-Service. New Social Security card must be submitted to the HR Admin team for the Name Change to be processed.
7. Documentation must be provided verifying the relationship to spouses and dependents if adding them to your health insurance, as described in the previous tables.
8. A copy of a "Proof of Birth" or Birth Certificate form must be submitted when adding a newborn. Proof of Birth forms are provided by the hospital.
9. **City of Norfolk and Norfolk Public Schools** email: HRBenefits@norfolk.gov if you need to adjust your Flexible Spending Account amount. **Norfolk Redevelopment and Housing Authority** email: rchester@nrha.us if you need to adjust your Flexible Spending Account amount.
10. Flexible Spending Account deductions will re-calculate upon Employee's return to work.
11. **City of Norfolk Only** (in order to add, change, or delete a dependent) please contact HRBenefits@norfolk.gov for assistance with any forms that may be required.

Employee Dependent Eligibility Requirements and Acceptable Documentation

SPOUSE - Your Lawful Spouse

Acceptable Forms of Documentation

Documentation must support the current spousal relationship:

Submit the following set of documents:

PROOF A - Relationship (one of the following documents):

- Copy of presently valid legal or religious marriage certificate, which must include the date of marriage.

AND

PROOF B - Interdependency

- Copy of your latest Federal income tax return (1040, 1040A or 1040EZ) listing your spouse's name and indicating a filing status of married. The entire tax return is not required, only the page that lists filing status and exemptions.

Additional Acceptable Forms of Documentation

If an employee is unable to provide the Federal income tax return listed above, the employee must provide one of the following documents:

PROOF B

- In addition to the acceptable tax forms listed above, a copy of the employee's latest Federal income tax return form 1040X listing the required information will be acceptable.
- For spouse only — A copy of an official IRS tax transcript of the employee's latest Federal income tax return listing the name of the employee's spouse and indicating a filing status of married will be acceptable.
- Copy of a utility bill such as electricity, water or cable listing the names of both you and your spouse and dated within the last 12 months.
- Copy of a statement from a joint bank account such as checking, savings, loan or credit card listing the names of both you and your spouse and dated within the last 12 months.
- Copy of a vehicle registration listing the names of both you and your spouse as owners and dated within the last 12 months.
- Copy of a lease or mortgage statement listing the names of both you and your spouse and showing the current address to be the same as your address on file and dated within the last 12 months.
- Copy of an insurance statement or policy such as homeowner's, renter's or auto listing the names of both you and your spouse as policy holders and dated within the last 12 months.

Employees married in the last 12 months need only supply their valid marriage certificate; they do not need to provide proof of interdependency.

NOTES: A former spouse is not eligible.

CHILD UP TO THE AGE 26

Your children up to the age 26 which includes:

- natural children or stepchildren
- legally adopted children or children placed for adoption
- other children for whom you are a court appointed legal guardian.

Acceptable Forms of Documentation

Documentation must support the parental relationship. Submit any one of the following documents:

PROOF C

- Copy of your latest Federal income tax return (1040 or 1040A) showing the child listed as your dependent (daughter, son or child). The entire tax return **is not required, only the page that lists filing** status and exemptions.
- Copy of the child's legal or hospital birth certificate naming you or your spouse as the child's parent.
- Copy of a final court order (divorce decree/custody agreement) naming you or your spouse as the child's parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp.
- Copy of legal adoption papers issued by the courts naming you or your spouse as the adoptive parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp.
- Copy of legal guardianship or custody papers issued by the courts naming you or your spouse as the child's guardian or custodian. All documents must include the following information: names of the child and guardian or custodian, official signature and/or court seal/stamp.
- Copy of a Qualified Medical Child Support Order (QMCSO) showing you are required to provide medical coverage for the child. Documentation must state your current employer's name and include the names of the child and parent.

Additional Acceptable Forms of Documentation

In addition to the acceptable tax forms listed above, a copy of the employee's latest Federal income tax return form 1040X listing the required information will be acceptable.

NOTES: If you are providing documentation for your stepchild (a child of your spouse), you must also provide the required documentation listed above for your spouse even if your spouse is not covered under the Plan.

- Dependent children are not eligible to be covered as dependents of more than one employee under the Anthem Health Plan.
- Foster children are not eligible.

CHILD AGE 26 AND OVER

Any dependent *disabled child*, age 26 or over who otherwise meets the criteria for "child" and is:

- Incapable of self-sustaining employment by reason of mental or physical disability, and
- Chiefly dependent upon you for support and maintenance.

Acceptable Forms of Documentation

Documentation must support the dependent relationship, financial dependency, and disabled status.

Submit the following set of documents:

PROOF D

- Copy of your latest Federal income tax return (1040 or 1040A) showing the child listed as your dependent (daughter, son or child). The entire tax return is not required, only the page that lists filing status and exemptions.

AND (one of the following documents):

PROOF E

- Physician statement certifying that the dependent child cannot support themselves because of a physical or mental disability prior to reaching the maximum age. All information must be pre-printed.

Additional Acceptable Forms of Documentation

In addition to the acceptable tax forms listed above, a copy of the employee's latest Federal Income Tax form 1040X listing the required information will be acceptable.

NOTES: If you are providing documentation for your stepchild (a child of your spouse), you must also provide the required documentation listed above for your spouse even if your spouse is not covered under the Plan.

- Dependent children are not eligible to be covered as dependents of more than one employee under the Anthem plan.

HUMAN RESOURCES BENEFITS CONTACT INFORMATION

EMAIL:	PHONE:	FAX:	MAIL:
HRBenefits@norfolk.gov	757-664-4486, Option 1	757-664-4492	800 East City Hall Avenue, 3 rd Floor, Norfolk, VA 23510