

# What Happens to Your Benefits When You Have a Qualified Life Event

Benefits offered by Stamford Public Schools are intended to support you and your family during the different stages and events of your life. This section gives you the information you need to take full advantage of your benefits when you experience a qualified life event. All changes must be consistent with the qualified life event.

**If you experience one of the qualified life events listed in the chart, you must contact the Benefits Administration Office (203-977-4773 or 203-977-4196) within thirty (30) days of the event.**

	<b>Medical, Dental and Prescription Drugs</b>	<b>Health Care Flexible Spending Account</b>	<b>Dependent Day Care Flexible Spending Account</b>	<b>Life &amp; Accident Insurance</b>
<b>Marriage</b>	<ul style="list-style-type: none"> <li>▪ Add spouse and eligible dependent children and change coverage tier to reflect addition of dependents</li> <li>▪ Cancel your coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect or increase if your marriage creates or increases need for child care</li> <li>▪ Cancel if your spouse makes an election under his/her employer's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, cancel or change coverage</li> </ul>
<b>Divorce</b>	<ul style="list-style-type: none"> <li>▪ Elect coverage if you lose coverage under your spouse's plan</li> <li>▪ Cancel spouse's coverage and change coverage tier to reflect cancellation of spouse's coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect or increase election if your divorce creates or increases need for child care</li> <li>▪ Cancel or decrease election if your divorce negates need for day care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, cancel or change coverage</li> </ul>
<b>Birth or Adoption</b>	<ul style="list-style-type: none"> <li>▪ Add new dependent to coverage and change coverage tier to reflect addition of dependent(s)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect or increase election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> <li>▪ Elect coverage for new dependent child</li> </ul>

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	<b>Medical, Dental and Prescription Drugs</b>	<b>Health Care Flexible Spending Account</b>	<b>Dependent Day Care Flexible Spending Account</b>	<b>Life &amp; Accident Insurance</b>
<b>Death of spouse or dependent</b>	<ul style="list-style-type: none"> <li>▪ Cancel coverage for deceased spouse or dependent and change coverage tier to reflect cancellation of coverage for spouse or dependent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decrease election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> </ul>
<b>Dependent child ceases to be eligible because of age or loss of full-time student status</b>	<ul style="list-style-type: none"> <li>▪ Cancel coverage for child and change coverage tier to reflect cancellation of dependent child's coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decrease election</li> </ul>	<ul style="list-style-type: none"> <li>▪ No change allowed</li> </ul>
<b>Termination of spouse's employment</b>	<ul style="list-style-type: none"> <li>▪ Add spouse and eligible dependent children coverage and change coverage tier to reflect addition of dependents</li> <li>▪ Elect coverage if you lose coverage under your spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect if you lose coverage under your spouse's plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> </ul>
<b>Commencement of spouse's employment</b>	<ul style="list-style-type: none"> <li>▪ Cancel your coverage if you are added to your spouse's coverage</li> <li>▪ Cancel you spouse's or dependent's coverage if they are added to your spouse's coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase or cancel election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase or decrease coverage</li> </ul>

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	Medical, Dental and Prescription Drugs	Health Care Flexible Spending Account	Dependent Day Care Flexible Spending Account	Life & Accident Insurance
<b>Taking an unpaid leave by you or your spouse</b>	<ul style="list-style-type: none"> <li>▪ Cancel coverage</li> <li>▪ Retain coverage and pay full premium</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancel election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancel election</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cancel coverage</li> </ul>
<b>Return from taking an unpaid leave after 30 days</b>	<ul style="list-style-type: none"> <li>▪ Elect coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect coverage</li> </ul>
<b>You or your spouse switches from full-time to part-time or part-time to full-time employment</b>	<ul style="list-style-type: none"> <li>▪ Elect or cancel coverage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect, increase, decrease or cancel</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Elect coverage</li> </ul>

## Making Benefit Changes

If you experience one of the qualified life events listed in the chart, you must contact the Benefits Administration Office (203-977-4773 or 203-977-4196) within thirty (30) days of the event. If you do not contact the Benefits Administration Office within thirty (30) days of the event, you will not be permitted to make any changes until the next Open Enrollment.

To make changes, you must submit the applicable enrollment form and documentation that verifies the qualified life event. Such documentation includes a birth certificate, court adoption notice, letter from an adoption agency verifying placement, marriage certificate, death certificate and dissolution of marriage decree.

Changes made as a result of a qualified life event are done so without any imposition of pre-existing condition limitations or medical evidence requirements.