

ALL RETIREES

Common Qualifying Events That Allow Enrollment Changes for Retirees

EVENT	WHEN EC-2/EC-2H MUST BE SUBMITTED TO EUTF	DOCUMENTATION REQUIRED TO BE ATTACHED TO EC-2/EC-2H	EFFECTIVE DATE (All plans except UnitedHealthcare's Medicare Advantage Plan)	EFFECTIVE DATE (UnitedHealthcare's Medicare Advantage Plan)	CAN I CHANGE PLANS (such as Kaiser to HMSA or UHC)?
Acquisition of Coverage (Retiree or dependent gets coverage from another plan and wishes to cancel EUTF or HSTA VB plans)	Within 30 days from effective date of acquiring coverage elsewhere	Letter from carrier or employer detailing type of coverages (i.e., medical, dental, drug, vision), effective date of coverage, and names of covered insured and/or dependents (which ever applies).	End of pay period in which retiree acquires coverage from a non-EUTF plan, except when the retiree acquires coverage from the non-EUTF plan on the first or 16 th of the month, in which case coverage ends at the end of the prior pay period	End of pay period in which retiree acquires coverage from a non-EUTF plan, except when the retiree acquires coverage from the non-EUTF plan on the first or 16 th of the month, in which case coverage ends at the end of the prior pay period	N/A
Cancellation due to failure to comply with Rules	N/A	Proof of compliance documentation provided to EUTF	The date set forth in a notice to the retiree of his/her failure to comply with the Rules	The date set forth in a notice to the retiree of his/her failure to comply with the Rules	N/A
Death	As soon as reasonably practical	Death certificate or copy of obituary as soon as available	Date of death	Date of death	N/A
Divorce (Retiree must terminate spouse or civil union partner's coverage)	Within 30 days of date of divorce	Pages 1 and 2 of divorce decree, along with signature page. If children are involved, those pages that outline health benefits for children	First day of the first pay period following the divorce	First day of the first pay period following the divorce	No
Failure to Enroll in Medicare Part B (Retirees and their dependents who are eligible to enrollment in Part B must enroll)	N/A	N/A	Cancellation in the medical and prescription drug plan is effective the date the retiree or dependent first became eligible to enroll in Medicare Part B	Cancellation in the medical and prescription drug plan is effective the date the retiree or dependent first became eligible to enroll in Medicare Part B	N/A
Geographic Relocation (Retiree Enrolled in Kaiser and moves to an area where Kaiser is not available)	Within 30 days from the date of relocation	None	The date of the retiree's relocation.	The date of the relocation.	Yes

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Legal Separation Retiree must terminate spouse's or civil union partner's EUTF or HSTA VB coverage)	Within 30 days of date of legal separation.	Court document establishing legal separation, including any pages regarding health benefits to children	First day of the pay period following the legal separation	First day of the pay period following the legal separation	No
Loss of Coverage (Dependent lost coverage from a non- EUTF plan, wishes to enroll in EUTF or HSTA VB plans, and the retiree is currently enrolled in an EUTF or HSTA VB plan)	Within 30 days from loss of other coverage	Loss of coverage letter from previous employer/ carrier detailing type of coverages lost (i.e., medical, dental, drug, vision), date of loss of coverage, and names of any covered dependents Copy of Dependent's Medicare Part A & B card, if eligible to enroll	Date of dependent's loss of coverage in a non-EUTF plan	First of the month following the Signature date on the EC-2 Enrollment Form. Dependent must be enrolled in Medicare Parts A and B	No
Marriage (Retiree wishes to enroll new spouse in EUTF or HSTA VB plans)	Within 30 days from date of marriage	Marriage Certificate within 60 days from date of marriage Copy of Spouse's Medicare Part A & B card, if eligible to enroll	The date of marriage, or the first day of the first pay period after the date of marriage, or the first day of the 2 nd pay period after the date of marriage	First of the month following the signature date on the EC-2 Enrollment form New spouse must be enrolled in Medicare Parts A & B at time of enrollment	No
New Domestic Partner (Retiree wishes to enroll new domestic partner in EUTF or HSTA VB plans)	Within 30 days from date of notarized signature (event date is considered date of notarization)	Notarized Declaration of Domestic Partnership, Affidavit of Dependency (notarized if IRS qualified). Copy of Partner's Medicare Part A & B card, if eligible to enroll	The date the notary signs the Declaration of Domestic Partnership, or the first day of the first pay period after the notary signs, or the first day of the 2 nd pay period after the notary signs	First of the month following the Signature date on the EC-2 Enrollment form. New domestic partner must be enrolled in Medicare Parts A & B at time of enrollment	No

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New Civil Union Partner (Retiree wishes to enroll new civil union partner in EUTF or HSTA VB plans)	Within 30 days from date of civil union	Civil Union certification (on-line proof accepted), Affidavit of Dependency. Copy of Partner's Medicare Part A & B card, if eligible to enroll	The date of the civil union, or the first day of the first pay period after the date of the Civil Union, or the first day of the 2 nd pay period after the date of the Civil Union	First of the month following the Signature date on the EC-2 Enrollment form. New civil union partner must be enrolled in Medicare Parts A & B at time of enrollment	No
Newly Eligible Student (retiree wishes to enroll child because child became full time student and is between the ages of 19 through 23)	Within 30 days from date of school start date	Student certification from an accredited college on school letterhead with registrar's signature confirming full time status. Transcripts not acceptable	Date child becomes full time student, or the first day of the first pay period after becoming a full time student, or the first day of the 2 nd pay period after becoming a full time student	Students are not eligible unless enrolled in Medicare Parts A & B If enrolled in Parts A & B, effective date of coverage is the first of the month following the signature date on the EC-2 Enrollment Form	No
Failure to Pay (Retiree owes a shortage, but does not pay shortage by due date -- enrollment will be cancelled)	N/A	None	If enrollment is cancelled, retiree may only re-enroll during the next open enrollment period	If enrollment is cancelled, retiree may only re-enroll during the next open enrollment period	No
Surviving Spouse Remarries or Domestic Partner Enters Into Another Domestic Partnership (surviving spouse or domestic partner must be cancelled from EUTF's or HSTA VB's plans)	Within 30 days from the remarriage or the new domestic partnership	None	The first day of the pay period following the remarriage or new partnership	The first day of the pay period following the remarriage or new partnership	N/A

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Termination of Domestic Partnership (Retiree must terminate domestic partner from EUTF or HSTA VB plans)	Within 30 days of termination of domestic partnership	Declaration of Termination of Domestic Partnership	First day of the pay period following the date of the termination of the domestic partnership	First day of the pay period following the date of the termination of the domestic partnership	No
Ineligible Student (Dependent child is no longer a full time student and is between the ages of 19 through 23)	As soon as the dependent child is no longer enrolled as a full-time student	None	First day of the pay period following the date the child was no longer enrolled as a full- time student	N/A	No
Birth (retiree wishes to add newborn to plans)	Within 60 days from date of birth	Birth certificate only if child has a different last name from the retiree. Social Security Number within 60 days of birth.	Retiree can choose: birth date, beginning of the next pay period after birth date, or beginning of 2 nd pay period after birth date	No plan changes allowed if already enrolled. May enroll in plans if not already enrolled or may add dependents if already enrolled.	