Qualifying Life Events

Experiencing certain life events allow you to make changes to your insurance benefits. When these life events occur, only changes consistent with the event are allowed. Some life events will require supporting documentation in addition to completing the necessary form to process the requested change. After you have submitted your enrollment form, we may ask you for documentation to verify a newly enrolled dependent's eligibility. SEGIP must receive your verification documentation within 30 days of the date of your enrollment submission. SEGIP determines eligibility and submission of forms is not a guarantee of coverage.

Timing is everything

Requests to enroll in coverage must be received within 30 days of the life event, including the date of the life event.

All requests to change pre-tax accounts must be received within 30 days of the life event, including the date of the life event. Requests to drop or reduce coverage must be received within 60 days of the life event, including the date of the life event.

If the necessary materials are not in the SEGIP office by the end of the enrollment period, your next opportunity to change your coverage is during the next annual Open Enrollment or upon another qualified life event. Do not delay submitting your form if missing documents by the deadline. Contact SEGIP at 651-355-0100 or email segip.mmb@state.mn.us with questions.

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Birth/Adoption/Placement for adoption	Medical, Dental, and/or Vision: Enroll in family coverage OR Drop Medical, Dental, and/or Vision (if coverage is gained under another group employer plan)	Qualifying Status Change Form	Birth: Birth Certificate Adoption: Final copy of court documentation confirming adoption Placement for Adoption: Adoption placement letter Dropping coverage: Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage and Proof of other coverage enrolled under spouse's plan due to life event
	Elect Child Life	Optional Coverage Application	Birth: Birth Certificate Adoption: Final copy of court documentation confirming adoption Placement for Adoption: Adoption placement letter
	Pre-tax: Enroll in or increase MDEA and/or DCEA	MDEA/DCEA Enrollment & Change Form	N/A

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Child loses dependent status due to reaching maximum age of eligibility	Medical, Dental, and/or Vision: Child will be automatically disenrolled effective the last date of their birth month and offered 36 months of COBRA Coverage Disabled Child: To continue coverage for a disabled child, contact the insurance carrier for disability approval	COBRA Personal Enrollment Form to continue benefits under COBRA	N/A
	Pre-tax: Decrease or terminate MDEA	MDEA/DCEA Enrollment & Change Form	N/A
Death of dependent	Medical, Dental, and/or Vision: Disenroll dependent	Qualifying Status Change Form	N/A
	Optional Life Insurance Coverages: Disenroll dependent	Optional Coverage Application	N/A
	Pre-tax: Decrease or terminate MDEA and/or DCEA	MDEA/DCEA Enrollment & Change Form	N/A
Decrease in employer contribution from full to partial contribution	Medical and/or Dental: Decrease or disenroll	Personal Enrollment Form or Qualifying Status Change Form and Optional Coverage Application	N/A
Decrease in working hours from above 30 hrs. per week to below 30 hrs. per week	Medical and/or Dental: Decrease or disenroll	Qualifying Status Change Form	Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage and Proof of other coverage
Dependent Care Expense Plan addition by spouse	Pre-tax: Decrease or terminate DCEA	MDEA/DCEA Enrollment & Change Form	N/A

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Dependent Care Expense Plan elimination or reduction by spouse	Pre-tax: Enroll in or increase DCEA	MDEA/DCEA Enrollment & Change Form	N/A
Divorce	Medical, Dental, and/or Vision: Disenroll spouse and step-children **Note:** If the Ex-Spouse and children in common are covered on the employee's Medical and/or Dental coverage at the time of the divorce, the Ex-Spouse will remain on the coverage as a dependent until all the children in common are no longer covered. If the Ex-Spouse and children in common are covered on the employee's Vision coverage at the time of the divorce, the children will remain, but the Ex-Spouse is not eligible to continue Vision coverage. May add children if the divorce causes loss of their Medical, Dental, and/or Vision insurance under the Ex-Spouse's policy.	Qualifying Status Change Form	Pages needed from final divorce decree: Front page listing parties names involved in the marriage dissolution; page with judge's signature If enrolling children due to loss of other coverage: Letter from Ex-Spouse's employer including: • Termination date • Coverage(s) lost • Name(s) of person(s) that lost coverage
	Spouse Life, Spouse AD&D, and Child Life: Drop	Optional Coverage Application	Pages needed from final divorce decree: Front page listing parties names involved in the marriage dissolution; page with judge's signature
	Pre-tax: Decrease or terminate MDEA	MDEA/DCEA Enrollment & Change Form	N/A

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Employment status change that causes gain of other group coverage. This includes new hire, increase in hours, etc.	Medical, Dental, and/or Vision: Disenroll impacted person(s)	Qualifying Status Change Form	Letter from employer including: • Employment status change that caused the gain of coverage • Date of employment status change • Coverage(s) gained • Name(s) of person(s) gaining coverage • Coverage effective date Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage
	Pre-tax: Adjust DCEA as applicable	MDEA/DCEA Enrollment & Change Form	N/A
Employment status change that causes loss of other group coverage This includes separation, reduction in hours, etc.	Medical, Dental, and/or Vision: Enroll impacted person(s)	Qualifying Status Change Form	Letter from employer including: • Employment status change that caused the loss of coverage • Date of employment status change • Coverage(s) lost • Name(s) of person(s) losing coverage • Coverage termination date
	Pre-tax: increase or decrease DCEA Pretax: If spouse's separation causes loss of eligibility, then employee can enroll in MDEA	MDEA/DCEA Enrollment & Change Form	Letter from employer including: • Employment status change that caused the loss of coverage • Date of employment status change • Coverage(s) lost • Name(s) of person(s) losing coverage Coverage termination date
Exhaustion of COBRA Coverage under another group plan	Medical, Dental, and/or Vision: Enroll	Qualifying Status Change Form	COBRA Coverage exhaustion letter

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Foster Child – custody newly granted	Medical, Dental and/or Vision: Enroll	Qualifying Status Change Form and Foster Child Certification Form	Copy of court documentation showing your name (and/or your spouse) confirming the permanent, sole custodial relationship
	Pre-tax: Enroll in or increase MDEA	MDEA/DCEA Enrollment & Change Form	N/A
Foster Child – custody newly terminated	Medical, Dental, and/or Vision: Disenroll dependent	Qualifying Status Change Form	Copy of court document showing legal custody has been terminated
	Pre-tax: Decrease or terminate MDEA	MDEA/DCEA Enrollment & Change Form	N/A
Increase in employer contribution from partial contribution to full	Medical and/or Dental: Enroll	Personal Enrollment Form or Qualifying Status Change Form and Optional Coverage Application	N/A
Increase in working hours from below 30 hrs. per week to above 30 hrs. per week	Medical and/or Dental: Enroll	Qualifying Status Change Form	N/A
Marriage	Medical, Dental, and/or Vision: Enroll *If other group coverage is being gained due to marriage:* Disenroll impacted person(s) from Medical, Dental, and/or Vision	Qualifying Status Change Form	Enrollment: N/A Disenrollment: Letter from Spouse's employer including: • Lists the Marriage life event that caused the gain of other coverage • Date of life event • Coverage(s) gained • Name of person(s) gaining coverage • Coverage effective date Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Marriage	Spouse Life: Elect up to $10,000 Child Life: Elect	Optional Coverage Application	N/A
	Pre-tax: Enroll in or increase MDEA and/or DCEA	MDEA/DCEA Enrollment & Change Form	N/A
Medicaid/Medical Assistance enrollment	Medical, Dental, and/or Vision: Disenroll impacted person(s)	Qualifying Status Change Form	Medical Assistance enrollment letter Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage
	Pre-tax: Elect or increase MDEA within 30 days of the loss of coverage; Decrease or terminate MDEA	MDEA/DCEA Enrollment & Change Form	N/A
Medicaid/Medical Assistance loss of coverage *60 day disenrollment deadline exception	Medical, Dental, and/or Vision: Enroll	Qualifying Status Change Form	Medical Assistance Eligibility Termination Letter
MN Care enrollment	Medical: Disenroll impacted person(s)	Qualifying Status Change Form	MN Care enrollment letter Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage
MN Care loss of coverage	Medical: Enroll	Qualifying Status Change Form	MN Care Termination Letter
Medicare entitlement	Medical: Disenroll impacted person(s)	Qualifying Status Change Form	Medicare enrollment letter
	Pre-tax: Decrease or terminate MDEA	MDEA/DCEA Enrollment & Change Form	N/A

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Open Enrollment in another group employer plan that causes gain of coverage *only if effective date of change of the employer's OE is different than January 1st	Medical, Dental, and/or Vision: Disenroll impacted person(s)	Qualifying Status Change Form	Letter from employer including: • Dates of Open Enrollment • Effective date of change • Coverage changes • Name of person(s) gaining coverage Waiver of Medical Coverage Form if eligible for the full employer contribution and waiving medical coverage
Open Enrollment in another group employer plan that causes loss of coverage *only if effective date of change of the employer's OE is different than January 1st	Medical, Dental, and/or Vision: Enroll	Qualifying Status Change Form	Letter from employer including: • Dates of Open Enrollment • Effective date of change • Coverage changes • Name of person(s) losing coverage
Significant cost decrease in other group employer plan that causes the enrollment in other group coverage	Medical, Dental, and/or Vision: Disenroll impacted person(s)	Qualifying Status Change Form	Letter from employer including: • Explanation of the cost decrease • Date of change in premium • Coverage(s) gained • Name(s) of person(s) gaining coverage • Coverage effective date Waiver of Medical Coverage Form if state employee is eligible for the full employer contribution and waiving medical coverage
Significant cost increase in other group employer plan that causes disenrollment from other group coverage	Medical, Dental, and/or Vision: Enroll	Qualifying Status Change Form	Letter from employer including: • Explanation of the cost increase • Date of change in premium • Coverage(s) lost • Name(s) of person(s) losing coverage • Coverage termination date

Qualified Life Event	Allowable changes	Application/Form(s) needed	Additional documentation needed to process your application or form
Significant cost increase in other group employer plan that causes disenrollment from other group coverage	Pre-tax: Enroll in or increase MDEA	MDEA/DCEA Enrollment & Change Form	Letter from employer including: • Explanation of the cost increase • Date of change in premium • Coverage(s) lost • Name(s) of person(s) losing coverage Coverage termination date
Significant cost decrease in daycare expenses (no change can be made when provider is a relative)	Pre-tax: Decrease or terminate DCEA	MDEA/DCEA Enrollment & Change Form	N/A
Significant cost increase in daycare expenses (no change can be made when provider is a relative)	Pre-tax: Enroll in or increase DCEA	MDEA/DCEA Enrollment & Change Form	N/A
Tricare enrollment	Medical: Disenroll impacted person(s) (Dental and/or Vision only if voluntary Dental or Vision coverage was obtained through Tricare)	Qualifying Status Change Form	Tricare enrollment letter
Tricare loss of coverage	Medical: Enroll (Dental and/or Vision only if voluntary Dental or Vision coverage was lost)	Qualifying Status Change Form	Tricare Termination Letter

If you have questions about a life event not included on this list, contact SEGIP at 651-355-0100 or segip.mmb@state.mn.us.