



Qualifying Life Event

It is important to make informed choices with your benefit selections at Open Enrollment. Changing coverage during the year is limited to Qualifying Life Events as defined by IRS code Section 125. The IRS rules do not allow for enrollment, additions, changes or cancellations to most plans without a Qualifying Life Event.

Qualifying Life Event changes must be submitted within 30 days of the event. Changes to your health, dental, vision and/or Flexible Spending Account must be submitted through the Employee Self Services (ESS) online system. To make a mid-year change, you must certify your change in status or other event, as applicable, and provide eligibility documentation (such as a birth certificate or marriage certificate) by requesting a Life Event in ESS. Human Resources will open your benefits and notify you to make the needed changes. ESS can be found at <https://ess.columbus.in.gov/ess>

Some common Qualifying Life Events are:

- Birth, adoption or the placement of a child for adoption
- Death of a covered dependent
- Marriage
- Divorce
- Issuance of a court order or decree requiring coverage for a dependent child
- Spouse loss of coverage

Please call or email Human Resources at 812-376-2570 or humanresources@columbus.in.gov if you have questions about a Qualifying Event.

Coverage	Medical /Dental/ Vision	Flexible Spending Account	Dependent Care Account	Voluntary Life	Dependent Life	Health Savings Account	Document needed
Marriage	Drop or add coverage	Add/Increase /Decrease/ drop coverage (signature required)	Add / increase coverage	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Marriage License
Divorce/Legal Separation	Drop or add coverage	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Final Divorce Decree signed by Judge
Birth/Adoption/Legal Guardianship	Add dependents	Add/increase coverage	Add / increase coverage	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Final legal document signed by Judge

Death of Dependent	Drop dependents	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Death certificate
Spouse Job or Benefits Change	Drop or add dependents	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Letter from former employer /insurance company stating end of coverage date
Loss of Dependent Status	Drop dependent	Decrease / drop coverage	No Change	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Final legal document signed by Judge
Reacquiring Dependent Status	Add dependent	Add / increase coverage	No Change	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Final legal document signed by Judge