

## Qualifying Life Events

The following chart shows the changes you may make to your healthcare coverage based on specific Qualifying Life Events, to the extent that the event impacts eligibility for coverage and the change you want to make is consistent with the event. For information on making changes to other coverage due to a Qualifying Life Event, contact WGU Employee Benefits at [benefits@wgu.edu](mailto:benefits@wgu.edu).

| Qualifying Life Event   | Allowable Changes (To the Extent Consistent With the Event)   |
|---|---|
| <b>Marriage</b><br><b>Domestic partnership</b>  | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or an Eligible Dependent.</li> <li>• Drop coverage for yourself and/or any Eligible Dependent if coverage was gained under your Spouse/Domestic Partner's plan.</li> <li>• Increase or drop your Healthcare or Dependent Care FSA.</li> </ul>  |
| <b>Divorce</b><br><b>Legal separation</b><br><b>Loss of domestic partnership or Annulment of marriage</b><br><b>Spouse/Domestic Partner dies</b>      | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or an Eligible Dependent if coverage is lost under your former or deceased Spouse/Domestic Partner's plan.</li> <li>• Drop coverage for your former or deceased Spouse/Domestic Partner and any Eligible Dependents if they become covered under your former Spouse/Domestic Partner's plan.</li> <li>• Increase or drop your Healthcare or Dependent Care FSA.</li> </ul> |
| <b>Birth or Adoption</b><br><b>Legal guardianship</b><br><b>Child gains coverage eligibility</b>  | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or an Eligible Dependent.</li> <li>• Drop coverage for yourself and/or any Eligible Dependent if you become covered under your Spouse/Domestic Partner's plan.</li> <li>• In the event of a qualified medical child support order (QMCSO) or a qualified national medical support notice (NMSN), you can enroll only the Child(ren) named in the QMCSO or NMSN.</li> </ul> |
| <b>Child loses coverage eligibility; Child dies</b><br><b>(Your Child losing coverage eligibility may continue healthcare coverage through COBRA)</b> | <ul style="list-style-type: none"> <li>• Drop coverage for the affected/deceased Child.</li> <li>• Increase or drop your Healthcare or Dependent Care FSA.</li> </ul> <p>You may not make a change to your own or any other Eligible Dependent's existing coverage.</p>   |
| <b>Move to a new address that results in a coverage eligibility change</b>  | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or any Eligible Dependent.</li> <li>• Increase or drop your Dependent Care FSA.</li> </ul> <p>You may not make a change to your Healthcare FSA.</p>  |



| Qualifying Life Event   | Allowable Changes (To the extent consistent with the event)  |
|---|--|
| <b>Take a leave of absence</b>  | <ul style="list-style-type: none"> <li>Drop coverage for yourself and/or your Eligible Dependents if you lose eligibility for coverage. Your Dependent Care FSA ends automatically.</li> </ul>   |
| <b>Return from a leave of absence</b>   | <ul style="list-style-type: none"> <li>Enroll yourself and/or your Eligible Dependents within 31 days from the date you return to active employment.</li> <li>You may re-enroll in Dependent Care FSA, which automatically ended upon leave.</li> </ul>            |
| <b>You gain benefits eligibility due to a work situation change or you go on an expatriate assignment</b> | <ul style="list-style-type: none"> <li>Enroll yourself and/or your Eligible Dependents.</li> <li>Enroll in Healthcare or Dependent Care FSA.</li> </ul>  |
| <b>You lose benefits eligibility due to a work situation change</b>                                       | <ul style="list-style-type: none"> <li>Drop coverage for yourself and/or your Eligible Dependents.</li> <li>Drop your Healthcare or Dependent Care FSA.</li> </ul>   |
| <b>You lose benefits eligibility for another employer's group health plan</b>                             | <ul style="list-style-type: none"> <li>Enroll yourself and/or your Eligible Dependents if coverage or a subsidy was lost under another employer's plan.</li> <li>Enroll in Dependent Care FSA.</li> </ul> <p>You may not make a change to your Healthcare FSA.</p> |
| <b>You lose an employer subsidy from another employer's group health plan</b>                             | <ul style="list-style-type: none"> <li>Enroll yourself and/or your Eligible Dependents if coverage or a subsidy was lost under another employer's plan.</li> <li>Enroll in Healthcare FSA.</li> </ul> <p>You may not make a change to your Dependent Care FSA.</p> |



| Qualifying Life Event  | Allowable Changes (To the Extent Consistent With the Event)  |
|--|--|
| <b>Family member gains benefits eligibility due to a work situation change</b>   | <ul style="list-style-type: none"> <li>• Drop coverage for yourself and/or your Eligible Dependents.</li> <li>• Drop your Healthcare or Dependent Care FSA.</li> </ul>   |
| <b>Family member loses benefits eligibility due to a work situation change</b>   | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or any Eligible Dependents.</li> <li>• Enroll in or increase your Healthcare or Dependent Care FSA.</li> </ul>  |
| <b>Family member gains a benefit option</b>  | <ul style="list-style-type: none"> <li>• Drop coverage for yourself and/or your Eligible Dependents.</li> <li>• Enroll in, increase, or drop your Dependent Care FSA.</li> </ul> <p>You may not make a change to your Healthcare FSA.</p>  |
| <b>Family member loses coverage under another employer's plan</b>  | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or any Eligible Dependents.</li> <li>• Enroll in, increase, or drop your Dependent Care FSA.</li> </ul> <p>You may not make a change to your Healthcare FSA.</p>  |
| <b>Family member's cost for coverage increases significantly (Only if no other coverage is available under your family member's plans)</b> | <ul style="list-style-type: none"> <li>• Enroll yourself and/or your Eligible Dependents.</li> </ul> <p>Any changes to your Dependent Care FSA are only permitted if the provider is not a relative.<br/>You may not make a change to your Healthcare FSA.</p>   |
| <b>Family member's cost for coverage decreases significantly</b>   | <ul style="list-style-type: none"> <li>• Drop coverage for yourself and/or your Eligible Dependents if coverage was gained under your Spouse/Domestic Partner's plan.</li> </ul> <p>Any changes to your Dependent Care FSA are only permitted if the provider is not a relative.<br/>You may not make a change to your Healthcare FSA.</p> |
| <b>Family member makes new coverage choices during another employer's annual enrollment period</b>   | <ul style="list-style-type: none"> <li>• Enroll yourself and/or your Eligible Dependent.</li> <li>• Drop coverage for yourself and/or any Eligible Dependents.</li> <li>• Enroll in, increase, or drop your Dependent Care FSA.</li> </ul> <p>You may not make a change to your Healthcare FSA.</p>  |

| Qualifying Life Event  | Allowable Changes (To the Extent Consistent With the Event)  |
|--|--|
| <b>COBRA coverage from another employer expires or you discontinue</b>                               | <ul style="list-style-type: none"> <li>• Enroll yourself and/or your Eligible Dependents.</li> <li>• Enroll in or increase your Healthcare FSA.</li> </ul>   |
| <b>COBRA coverage from another employer</b>  | You may not make a change to your Dependent Care FSA.  |
| <b>You or your family member becomes entitled to Medicare or Medicaid</b>                            | <ul style="list-style-type: none"> <li>• Drop coverage only for the person who becomes entitled to Medicare or Medicaid.</li> <li>• Drop your Healthcare FSA.</li> </ul> <p>You may not make a change to your Dependent Care FSA. You may not make a change to any other Eligible Dependent's coverage.</p>  |
| <b>You or your family member loses Medicare or Medicaid</b>  | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or your Eligible Dependents.</li> <li>• Enroll in or increase your Healthcare FSA.</li> </ul> <p>You may not make a change to your Dependent Care FSA.</p>  |
| <b>Your Child becomes eligible for premium assistance due to CHIP coverage</b>                       | <ul style="list-style-type: none"> <li>• Enroll yourself if you are not already covered.</li> <li>• Drop coverage only for the person who becomes entitled to CHIP.</li> <li>• Drop your Healthcare FSA.</li> </ul> <p>You may not make a change to your Dependent Care FSA. You may not make a change to any other Eligible Dependent's coverage.</p> |
| <b>Your Child loses CHIP coverage</b>  | <ul style="list-style-type: none"> <li>• Enroll yourself and/or your Eligible Dependent.</li> <li>• Enroll in or increase your Healthcare FSA.</li> </ul> <p>You may not make a change to your Dependent Care FSA. You may not make a change to any other Eligible Dependent's coverage.</p>   |
| <b>You or your family member loses coverage under a government or educational institution's plan</b> | <ul style="list-style-type: none"> <li>• Change your existing coverage.</li> <li>• Enroll yourself and/or your Eligible Dependent.</li> </ul> <p>You may not make a change to your Healthcare FSA or Dependent Care FSA.</p>   |