

Section 125 Compliance

In compliance with Section 125 of the Internal Revenue Code (IRC), medical, dental, vision or spending account benefit elections may be changed during the plan year only if you have a qualified life status change event, such as:

- A change in your legal marital status, including marriage, divorce, death of your spouse or domestic partner, legal separation or annulment;
- A change in the number of your tax dependents through birth, adoption, placement for adoption, or death;
- Your dependent's ability to satisfy dependent eligibility requirements;
- Termination or commencement of employment of a spouse, domestic partner or eligible dependent;
- A change in work schedule, such as a reduction or increase in hours by your spouse, domestic partner or eligible dependent.
- The taking of an unpaid leave of absence by either you or your spouse;
- A significant change in your or your spouse's coverage that is attributable to the spouse's employment.
- A change in residence or work site by you, your spouse, domestic partner or dependents that causes you to lose access to providers in your HMO plan's network.
- A change in your dependent care provider that increases the cost of dependent care.
- A change as the result of the enrollment or disenrollment of an employee, spouse or dependent for either Part A or Part B of Title XVIII of the Social Security Act (Medicare) or under Title XIX of the Social Security Act (Medicaid).

Both the revoking of a benefit and the new benefit election must be due to and consistent with the qualified life status change event. A benefit election change is considered to be consistent with a qualified life status change event only if the election is necessary or appropriate as a result of the change. Family status changes must be completed and approved within 30 days of the qualifying event date. The effective date of change will be either the first of the month after the event or the first of the month after a 30-day enrollment period (depending on the type of qualifying event). If you don't go online and complete the necessary information (including uploading appropriate documentation) within 30 days of the qualifying event you will not be able to add a dependent or make any other changes until the next open enrollment period, with benefits effective on the January 1 following that open enrollment period. Contact the Employee Benefits Services Unit if you have any questions or need assistance.

Open Enrollment. An employee may revoke his/her elections and make new elections with respect to the remainder of the Plan Year if the employee's spouse, domestic partner or dependent child has an open enrollment for a plan with a period of coverage that has an effective date other than January 1 through December 31. No change to the employee's health care spending account election is permitted as a result of this change. An employee must elect such change within ten (10) business days of the effective date of the employee's spouse, domestic partner or dependent child's period of coverage will begin. For example, if your spouse's open enrollment is in June and the Plan Year is July 1 through June 30, you must notify the Employee Benefits Services Unit of this change on or before July 10.