

QUALIFYING EVENT NOTIFICATION FORM

Name of Employee:	University ID #:
Date of Qualifying Event: ____ / ____ / ____	

QUALIFYING EVENT

EVENT(S) / DOCUMENTATION REQUIRED:	EFFECTIVE DATE(S) OF COVERAGE:
<input type="checkbox"/> Change in Marital Status <ul style="list-style-type: none"> • Marriage (copy of marriage license or certificate) • Divorce (copy of divorce decree) 	<ul style="list-style-type: none"> • Coverage effective 1st of the month following marriage • Coverage terminates at the end of the month when divorce is finalized
<input type="checkbox"/> Birth / Adoption / Custody of a Child (birth certificate, adoption or custody verification documentation)	<ul style="list-style-type: none"> • Date of Birth / Adoption / Custody
<input type="checkbox"/> Change in Qualified Beneficiary Employment Status <ul style="list-style-type: none"> • Termination (loss of coverage verification documentation) • Reduction in Hours (loss of coverage verification documentation) • Qualified Beneficiary Acquired New Coverage (copy of proof of coverage documentation) 	<ul style="list-style-type: none"> • Coverage effective 1st of the month following loss of coverage • Coverage effective 1st of the month following loss of coverage • Coverage terminates at the end of the month in which qualified beneficiary is no longer eligible
<input type="checkbox"/> Change in Qualified Beneficiary (spouse/child) Eligibility <ul style="list-style-type: none"> • Spouse or child acquired new coverage (copy of proof of coverage documentation) • Child attains age 26 Name of Dependent: _____ 	<ul style="list-style-type: none"> • Coverage terminates at the end of the month in which qualified beneficiary is no longer eligible
<input type="checkbox"/> Death of Qualified Beneficiary (spouse/child) (Copy of Death Certificate)	<ul style="list-style-type: none"> • Date of Death
MAILING ADDRESS OF DEPENDENT (if different from employee): Street _____ City _____ State _____ Zip _____ Phone: _____	<p style="text-align: center;">IMPORTANT: Return to HRD within 30 days of qualifying event. FAX: 860.768.4732</p>

The Office of Human Resources Development (HRD) is required to adhere to federal regulations as well as applicable plan guidelines in the administration of University of Hartford insurance plans. If you experience a qualifying event, it is imperative that you notify HRD within 30 days of this event. Based on IRS regulations, this 30-day time period provides employees with a special enrollment period in which to make applicable insurance benefit election changes.

Failure to notify HRD within 30 days of a qualifying event will result in loss of eligibility to make applicable insurance election changes as well as loss of eligibility for continuation of applicable insurance coverage(s) under federal COBRA law and/or plan guidelines. In these instances, the employee must then wait until the University's next annual open enrollment period (which occurs every fall) to make insurance election changes or when another qualifying event occurs.

 Employee Signature _____
 Date