



## HOW YOUR LIFE EVENTS AFFECT YOUR BENEFITS

The documents listed as “**REQUIRED**” **MUST** be submitted within **31-days** of the Life Status Event to be processed. For those documents listed as “UPON REQUEST” the Life Status Event will be accepted, and the documents may be requested later. Benefits changes requiring proof documentation will not be approved until valid documentation is submitted and reviewed.

Life Status Event	Benefits Changes You May Make	Eligibility Documentation
<p>Birth/Adoption/ Placement for Adoption</p> <p>(Use LSE “<b>Birth or Adoption of a Child</b>”)</p> <p>Coverage Begin Date = Date of Birth/ Adoption/ Placement</p>	<ul style="list-style-type: none"> <li>• Medical, Dental, Vision</li> <li>• Supplemental Life, Spouse and Child Life Insurance</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D)</li> <li>• Health Care &amp; Dependent Care Flexible Spending (FSA) &amp; Health Savings Account (HSA)</li> <li>• Voluntary Benefits (Critical Illness, Accident, and Hospital Indemnity)</li> <li>• Supplemental LTD</li> <li>• Legal Services</li> </ul>	<p><b>REQUIRED</b></p> <p>Copy of Certified Birth/Adoption Certificate, Hospital Birth Record/Certificate. <b>Hospital Discharge Paperwork</b> (naming mother and birth details. If father is not named, another form of proof may be required providing link to the baby). Final adoption papers, or Order of Placement for Foster Custody.</p> <p><i>**Consult with local HR Rep regarding alternative forms of proof documents - if another proof document <u>can be provided</u>, do NOT wait for the certified Birth Certificate as many times they are not provided until after 31 days.</i></p>
<p>Marriage</p> <p>(Use LSE “<b>Marriage</b>”)</p> <p>Coverage Begin Date = First of the month following the date of marriage</p>	<ul style="list-style-type: none"> <li>• Medical, Dental, Vision</li> <li>• Supplemental Life, Spouse and Child Life Insurance</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D)</li> <li>• Health Care &amp; Dependent Care Flexible Spending (FSA) &amp; Health Savings Account (HSA)</li> <li>• Voluntary Benefits (Critical Illness, Accident, and Hospital Indemnity)</li> <li>• Supplemental LTD</li> <li>• Legal Services</li> </ul>	<p><b>REQUIRED</b></p> <p>Copy of Certified Marriage Certificate that includes the names of the parties and the date of marriage.</p>
<p>Divorce/Legal Separation/ Annulment</p> <p>(Use LSE “<b>Divorce/Legal Separation</b>”)</p> <p>Coverage End Date = End of the month following the divorce date</p>	<ul style="list-style-type: none"> <li>• Medical, Dental, Vision</li> <li>• Supplemental Life, Spouse and Child Life Insurance</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D)</li> <li>• Health Care &amp; Dependent Care Flexible Spending (FSA) &amp; Health Savings Account (HSA)</li> <li>• Voluntary Benefits (Critical Illness, Accident, and Hospital Indemnity)</li> <li>• Supplemental LTD</li> <li>• Legal Services</li> </ul>	<p><b>REQUIRED</b></p> <p>Copy of Signed Divorce decree or copy of court documents indicating legal separation or annulment.</p>

<p>Employee or Dependent (Spouse or Child) Gains Eligibility from another Employer/Plan</p>	<ul style="list-style-type: none"> <li>• Medical, Dental, Vision</li> <li>• Supplemental Life, Spouse and Child Life Insurance</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D)</li> </ul>	<p><b>REQUIRED</b>          Dependent child’s marriage certificate, OR Letter/enrollment record from state or employer of dependent indicating other coverage begin date.</p>
<p>(Use LSE “<b>Gains Eligibility from Another Employer</b>”)           Coverage End Date = End of the month following event date</p>	<ul style="list-style-type: none"> <li>• Health Care &amp; Dependent Care Flexible Spending (FSA) &amp; Health Savings Account (HSA)</li> <li>• Voluntary Benefits (Critical Illness, Accident, and Hospital Indemnity)</li> <li>• Supplemental LTD</li> <li>• Legal Services</li> </ul>	
<p>Employee or Dependent (Spouse or Child)          Loses eligibility for outside coverage or from another employer           (Use LSE “<b>Loses Eligibility/Outside Coverage</b>”)           Coverage Begin Date = First of the month following date of coverage loss</p>	<ul style="list-style-type: none"> <li>• Medical, Dental, Vision</li> <li>• Supplemental Life, Spouse and Child Life Insurance</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D)</li> <li>• Health Care &amp; Dependent Care Flexible Spending (FSA) &amp; Health Savings Account (HSA)</li> <li>• Voluntary Benefits (Critical Illness, Accident, and Hospital Indemnity)</li> <li>• Supplemental LTD</li> <li>• Legal Services</li> </ul>	<p><b>REQUIRED</b>          Certificate of coverage from prior insurance coverage showing date of coverage loss AND Dependent Proof Document (see Dependent Definitions and Proof Documentation form).           Loss of Medicaid Coverage (Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) - Certificate of coverage AND letter from Medicaid indicating coverage end date.</p>
<p>Death of a Spouse or Dependent Child           (Use LSE “<b>Death of Spouse or Death of Child</b>”)           Coverage Ends Date = First of the month following date of death for that dependent</p>	<ul style="list-style-type: none"> <li>• Medical, Dental, Vision</li> <li>• Supplemental Life, Spouse and Child Life Insurance</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D)</li> <li>• Health Care &amp; Dependent Care Flexible Spending (FSA) &amp; Health Savings Account (HSA)</li> <li>• Voluntary Benefits (Critical Illness, Accident and Hospital Indemnity)</li> <li>• Supplemental LTD</li> <li>• Legal Services</li> </ul>	<p><b>REQUIRED</b>          Copy of Death Certificate (upon receipt)           Employee must contact the Benefits Service Center at 1-844347-9035 to report the death of the dependent <u>as soon as possible</u>. The change will be made administratively by the third-party administrator.</p>

<p>Change in Health Savings Account (HSA)</p> <p>(Use LSE “<b>Change in Health Savings Account - HSA</b>”)</p> <p>Change Effective Date = As soon as administratively possible</p>	<p>**Annual Election changes to a Health Savings Account (HSA) can be made at any time during the year <i>without an accompanying reason</i>.</p>	<p><b>REQUIRED</b></p> <p>No proof document required</p>
<p>Change in Dependent Care Cost or Provider</p> <p>(Use LSE “<b>Change in Dependent Care Cost or Provider</b>”)</p> <p>Change Effective Date = As soon as administratively possible</p>	<p>Dependent Care Flexible Spending (DCFSA) - Increase or decrease coverage as appropriate.</p>	<p><b>REQUIRED</b></p> <p>Invoice showing the change in provider fees, closure of facility or cancellation of service</p>
<p>Identify Theft</p> <p>(Use LSE “<b>Voluntary Benefit Enrollment</b>”)</p> <p>Change Effective Date = As soon as administratively possible</p>	<p>**May enroll in coverage at any time during the year <i>without an accompanying life status event</i>.</p>	<p><b>REQUIRED</b></p> <p>No proof document required</p>
<p>Pet Insurance</p> <p>Change Effective Date = As soon as administratively possible</p>	<p>Must visit the Nationwide website <b>to enroll or obtain a quote</b> at: <a href="https://benefits.petinsurance.com/huber">https://benefits.petinsurance.com/huber</a></p>	<p><b>REQUIRED</b></p> <p>No proof document required</p>
<p><b>Qualified Child Medical Support Order (QMCSO)</b></p> <p>Coverage Being Date = Immediately or as stipulated by court order</p>	<p>**Allow changes in benefits as stipulated by the court order. All changes of this type will be made administratively by the third-party administrator</p>	<p><b>REQUIRED</b></p> <p>Court Order, Decree or Judgment</p>

<p>Completion of Tobacco Cessation Program</p> <p>Use LSE “<b>Completion of Tobacco Cessation Program</b>”)</p> <p>Wellness Credit Begin Date = First of the month following report of completion of the cessation program</p>	<p>**Wellness Credit provided for the remainder of the plan year.</p> <p>At annual enrollment, all must recertify non-tobacco user status</p>	<p><b>REQUIRED</b></p> <p>Documentation showing completion of a qualified tobacco cessation program for employee (and/or covered spouse, if applicable).</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

You can easily upload your proof documentation via single sign-on (SSO), by clicking [here](#). Otherwise visit [www.huberbenefits.com](http://www.huberbenefits.com) to log in.

COMPASS steps: Choose “Change Your Current Benefits”, then choose what type of LSE occurred (Birth, Divorce, etc.). Make the benefits elections and/or changes (Ex: Birth - add the dependent, then add *to each desired benefit*. Lastly, submit your elections. Be sure to review your new benefit confirmation statement for accuracy.

Additional proof documentation submission options:

**Fax to:** 1-866-440-8220

**Mail to:** J.M. Huber Benefits Service Center

Attn: Dependent Verification Dept.

P.O. Box 1227

Bellaire, TX 77402

You may contact the Benefits Service Center for any questions by calling **1-844-347-9035**.