

IRS Section 125 Qualifying Event Checklist

-Flexed Premiums & Un-reimbursed Medical-

CWID# _____ - _____ - _____ Employee Name: _____ Date: _____

**ALL CHANGES ARE EFFECTIVE THE FIRST OF THE FOLLOWING MONTH AND
CHANGES REQUESTED MUST BE SUBMITTED WITHIN 30 DAYS OF THE QUALIFYING EVENT**

THE FOLLOWING MUST BE COMPLETED:

This Qualifying Event must be **consistent** with the request to add, drop, or make a change affecting your tax-sheltered health, dental, or vision premiums and Flexible Spending Account. **Please explain the qualifying event(s) and describe how the requested change is consistent with the event(s):**

(Example: spouse changed jobs, lost health benefits with previous employer, coverage ended 7/31/11, add spouse to health 8/1/11.)

✓ Change	Change in Legal Marital Status	Date of Event	Name of Spouse
	Marriage (excludes common-law)		
	Divorce/Legal Separation/Annulment (circle as appropriate)		
	Death of Spouse		
✓ Change	Change in Number of Dependents	Date of Event	Name of Dependent
	**Birth		
	Adoption/Placement for Adoption		
	Death		
	Gain/Loss of Group Student Health Insurance School Name: _____ Group Student Insurance Plan Name: _____		
✓ Change	Change in Employment Status: (circle affected) Employee / Spouse / Dependent	Date of Change	Name of Spouse/Dependent
	Leave of Absence (going on or returning from LTD, LWOP, Military, Layoff & FMLA)		
	Terminate/rehire within 30 days (re-instate original election)		
✓ Change	*Gain/Loss of Coverage: (circle affected) Employee / Spouse / Dependent	Gain/Loss Date	Name of Individual(s)
	*Gain of Coverage: Health Dental Vision Employer/State Sponsored Plan Name: _____ Ins. Co.: _____ Policy# _____		
	*Involuntary Loss of Coverage: Health Dental Vision Employer/State Sponsored Plan Name: _____ Ins. Co.: _____ Policy# _____		
	Cancellation/Commencement of coverage: Medicare Medicaid SoonerCare		
✓ Change	Change in Status Affecting Dependent Eligibility:	Date of Event	Name of Dependent
	Attained age 26		
✓ Change	Change in Residence affecting DMO: (must live or work within zip code area) Current Vendor:	Date of Move	Name of Individual(s)
✓ Change	Change of Custody, Judgment, Court Order or Decree requiring Health coverage, including Qualified Medical Child Support Orders (QMCSO): Employee must have court order to cover a dependent child(ren), changes must be consistent with order.	Date of Order	Name of Dependent(s)

*Mid-year changes are allowed when gaining or losing coverage through a spouse's employer, your former employer, group student health coverage, or one of the federal or state sponsored insurance plans (i.e. COBRA, Military, Indian Health, Medicare, Medicaid, SSA, Veteran's Administration). Mid-year changes are not allowed for a voluntary drop of coverage. Mid-year changes may be subject to pre-existing condition exclusions. **Changes due to the birth of a child are retroactive to the date of birth, unless noted.

Employee Signature: _____

Your signature confirms that all statements herein are true. Documentation that authenticates these statements could be required during an audit. Refer to Title 74 Oklahoma Statutes § 1323, Fraud – Penalties