Addendum 45-2A

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/20176)

Your health plan enrollment is for an entire year (January 1 through December 31), unless you make changes during a special open enrollment (SOE) or are no longer eligible under Public Employees Benefits Board (PEBB) rules.
An SOE is created by a specific life event. This addendum summarizes SOE events from Washington Administrative Codes (WACs) 182-08-198, 182-08-199, 182-12-128, and 182-12-262.

To use the SOE Matrix, simply find the desired change in enrollment (top blue row) and the event (green column) that occurred or will occur. Find where the row and column meet on the matrix to determine if the desired change is allowed, and conditions that may apply.

In *Example 1* below, a "Change health plan election" (blue) is allowed based on the SOE event of "Loss of Other Coverage" (green). If the box indicates "SOE Not Allowed," then no change is allowed.

Example 1

	Events below may create a Special Open Enrollment	**Change Health Plan Election** (Medical and/or Dental) **182-08-198**
7	**LOSS OF OTHER COVERAGE** The subscriber or the subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA. *The required form must be received no later than 60 days after the date of the loss of other coverage.* • *If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.* • *If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.*	➤➤ Allowed only if the subscriber enrolls or the subscriber enrolls a dependent who lost other coverage. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of loss of coverage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.

Addendum 45-2A

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/20176)

This matrix only summarizes special open enrollment events in chapter 182-08 WAC and 182-12 WAC. It does not describe other circumstances such as initial eligibility, open enrollment, or termination for loss of eligibility.
Notification of a special open enrollment (SOE) event **must be received no later than sixty (60) days after the event occurs**, except for birth/adoption SOE events.
⏩ Provides example(s) of Internal Revenue Service (IRS) "consistency rule;" the election change must be allowable under Internal Revenue Code and Treasury regulations , and correspond to and be consistent with the event that creates the SOE.

Events below may create a Special Open Enrollment:		**Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.** **This list is not all inclusive.** **Forms listed in this column are used to verify evidence of the SOE.**	**Change Health Plan Election** (Medical and/or Dental) **182-08-198**	**Enroll Dependent(s) in Health Plan Coverage** (Medical and/or Dental) **182-12-262**	**Remove Dependent(s) from Health Plan Coverage** (Medical and/or Dental) **182-12-262**	**Waive Enrollment in Medical** (Employees Only) **182-12-128**	**Return from Waived Enrollment in Medical** (Employees Only) **182-12-128**	**Enroll In or Change Premium Payment Plan** (Employees Only) **182-08-199**	**Enroll In or Change Medical FSA** (Employees Only) **182-08-199**	**Enroll In or Change DCAP** (Employees Only) **182-08-199**
1	**MARRIAGE** The subscriber acquires a new dependent due to marriage. *The required form must be received no later than 60 days after the date of marriage.*	• Marriage certificate	⏩ Allowed only if the subscriber enrolls a new spouse. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	⏩ The subscriber may enroll a new spouse and any dependent children of the spouse. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ Allowed only if the dependent enrolls in the new spouse's employer-based group health plan. **Remove Date** Remove the dependent from coverage the last day of the month of the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.	⏩ Allowed only if the employee enrolls in medical under the new spouse's employer-based group health plan. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	⏩ The employee may enroll in order to enroll a new spouse or children acquired through the marriage. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. Premiums may be collected pre-tax if a spouse and/or dependents qualify as tax dependents (unless otherwise requested).	⏩ The employee may enroll or increase election for a tax-dependent spouse or tax-dependent children, or decrease election if the employee or tax-dependent children gain eligibility and enroll in a new spouse's health plan or FSA. The enrollment or change is effective the first day of the month following the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	⏩ The employee may enroll or increase election if gaining a new IRC Section 21(b)(1) qualifying individual, or decrease or cease election if a new tax-dependent spouse is not employed or makes a DCAP coverage election under his or her plan. The enrollment or change is effective the first day of the month following the later of: (a) Date of marriage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
2	**REGISTERING A DOMESTIC PARTNER** The subscriber acquires a new dependent due to registering a state registered domestic partnership. *The required form must be received no later than 60 days after the date of registration.*	• Certificate of state-registered domestic partnership or legal union	⏩ Allowed only if the subscriber enrolls a new state registered domestic partner. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of registration, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	⏩ The subscriber may enroll a newly eligible state registered domestic partner and any dependent children of the new state registered domestic partner. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of registration, or (b) Date form is received. If later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ Allowed only if the dependent enrolls in the new state registered domestic partner's employer-based group health plan. **Remove Date** Remove the dependent from coverage the last day of the month of the later of: (a) Date of registration, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.	⏩ Allowed only if the employee enrolls in medical under the new state registered domestic partner's employer-based group health plan. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of registration, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	⏩ The employee may enroll in order to enroll a state registered domestic partner or children acquired through the state registered domestic partnership. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of month after the later of: (a) Date of registration, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. In most cases, premiums are collected post-tax. Premiums may be collected pre-tax if a state registered domestic partner and/or children of a state registered domestic partner qualify as tax dependents.	⏩ The employee may enroll or increase election for newly eligible tax dependents, or decrease election if the employee or tax-dependent children gain eligibility and enroll in a new state registered domestic partner's health plan or FSA. The enrollment or change is effective the first day of the month following the later of: (a) Date of registration, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	⏩ The employee may enroll or increase election if gaining a new IRC Section 21(b)(1) qualifying individual. The enrollment or change is effective the first day of the month following the later of: (a) Date of registration, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/20176)

Events below may create a Special Open Enrollment:		Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) **182-08-198**	Enroll Dependent(s) in Health Plan Coverage (Medical and/or Dental) **182-12-262**	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) **182-12-262**	Waive Enrollment in Medical (Employees Only) **182-12-128**	Return from Waived Enrollment in Medical (Employees Only) **182-12-128**	Enroll In or Change Premium Payment Plan (Employees Only) **182-08-199**	Enroll In or Change Medical FSA (Employees Only) **182-08-199**	Enroll In or Change DCAP (Employees Only) **182-08-199**
3	**BIRTH OR ADOPTION** The subscriber acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption. ***Notice Requirement:*** *The subscriber should submit the required form as soon as possible. If adding the child increases the premium, the required form **must** be received no later than 12 months after the date of the birth, adoption, or when assuming legal obligation.*	• Birth certificate (or hospital certificate with the child's footprints on it) showing the name of parent who is the subscriber, the subscriber's spouse, or the subscriber's state registered domestic partner; or • Certificate or decree of adoption; or • Placement letter from adoption agency	➤➤ Allowed only if the subscriber enrolls a new child and if the subscriber provides notice no later than 60 days after the event. **Effective Date** The new plan effective date is the first of the month of the birth, adoption or when assuming legal obligation.This may result in different dates for dependent enrollment and plan change.	➤➤ If the subscriber provides notice no later than 60 days after the event, a spouse or state registered domestic partner may be enrolled. Existing uncovered dependent children may not be enrolled. **Enrollment Date** Enroll newborn or newly adopted child effective the day of the birth, adoption or day assuming legal obligation. Enroll the spouse or state registered domestic partner effective the first day of the month of the birth, adoption or when assuming legal obligation.	➤➤ Allowed only if the dependent being removed enrolls in other coverage due to the birth or adoption of a child, and if the subscriber provides notice no later than 60 days after the event. Does not apply to other existing dependent children. **Remove Date** Remove the dependent from coverage the last day of the month of the birth, adoption or when assuming legal obligation.	➤➤ Allowed only if the employee enrolls in medical~~coverage~~ under a spouse or state registered domestic partner due to birth or adoption, and if the employee provides notice no later than 60 days after the event. **Waive Date** Waive coverage the last day of the month after the later of: (a) Birth, adoption or when assuming legal obligation, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	➤➤ If the employee provides notice no later than 60 days after the event, the employee may enroll in order to enroll a new child. A spouse or state registered domestic partner may enroll. Existing uncovered dependent children may not be enrolled. **Enrollment Date** Enroll effective the first day of the month of birth, adoption or when assuming legal obligation.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. If notice is provided more than 60 days after the event, any related increase in the employee premium is post-tax. The employee must submit a *Premium Payment Plan Election/Change Form* during the next open enrollment to request to change back to pre-tax premiums.	➤➤ The employee may enroll or increase election for a new tax dependent child or spouse, or decrease election if the employee or an existing child dependent gains eligibility and enrolls under a spouse or state registered domestic partner's health plan or FSA. Enroll or change election within 60 days of the birth or adoption. The enrollment or change is effective the first day of the month of the birth, adoption, or assuming legal obligation.	➤➤ The employee may enroll or increase election for a new IRC Section 21(b)(1) qualifying individual, or decrease election if the employee or an existing IRC Section 21(b)(1) qualifying individual gains eligibility and enrolls under a spouse or state registered domestic partner's DCAP. Enroll or change election within 60 days of the birth or adoption. The enrollment or change is effective the first day of the month of birth, adoption, or assuming legal obligation.
4	**NEWLY ELIGIBLE EXTENDED DEPENDENT** The subscriber acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship. *The required form must be received no later than 60 days after the date the new dependent becomes eligible as an extended dependent.*	• Completed and signed Extended Dependent Certification form AND • Valid court order showing legal custody; guardianship, or temporary guardianship, signed by a Judge or officer of the court.	➤➤ Allowed only if the subscriber enrolls a new extended dependent. **Effective Date** The new plan effective date is the first day of the month following the date the PEBB Program certifies the new extended dependent.	➤➤ The subscriber may enroll a new extended dependent. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of the month following the date the PEBB Program certifies the new extended dependent.	**SOE Not Allowed**	**SOE Not Allowed**	➤➤ The employee may enroll in order to enroll a new extended dependent. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of the month following the date the PEBB Program certifies the new extended dependent.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. Premiums may be collected pre-tax if an extended dependent qualifies as a tax dependent.	➤➤ The employee may enroll or increase election only if a tax dependent gains eligibility under a health plan or FSA. The enrollment or change is effective the first day of the month following the later of: (a) Date the PEBB Program certifies the new extended dependent, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	➤➤ The employee may enroll or increase election to take into account expenses of a new IRC Section 21(b)(1) qualifying individual. The enrollment or change is effective the first day of the month following the later of: (a) Date PEBB Program certifies the new extended dependent, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

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5	**NEWLY ELIGIBLE DEPENDENT WITH A DISABILITY** The subscriber acquires a new dependent due to a child becoming eligible as a dependent with a disability. *The required form must be received no later than 60 days after the date the new dependent becomes eligible as dependent with a disability.* *Note: PEBB may delegate the certification process to the subscriber's medical plan.*	• Completed and signed Certification of Dependent With a Disability form	➤➤ Allowed only if the subscriber enrolls a new dependent with a disability. **Effective Date** The new plan effective date is the first day of the month following the date the PEBB Program certifies the new dependent with a disability.	➤➤ The subscriber may enroll a new dependent with a disability. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of the month following the date the PEBB Program certifies the new dependent with a disability.	**SOE Not Allowed**	**SOE Not Allowed**	➤➤ The employee may enroll in order to enroll a new dependent with a disability. Existing uncovered dependents may not be enrolled. **Enrollment Date** Enroll effective the first day of the month following the date the PEBB Program certifies the new dependent with a disability.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. Premiums may be collected pre-tax if a dependent with a disability qualifies as a tax dependent.	➤➤ The employee may enroll or increase election only if a tax dependent gains eligibility under a health plan or FSA. The enrollment or change is effective the first day of the month following the later of: (a) Date PEBB Program certifies new dependent with a disability, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	➤➤ The employee may enroll or increase election to take into account expenses of a new IRC Section 21(b)(1) qualifying individual. The enrollment or change is effective the first day of the month following the later of: (a) Date PEBB Program certifies new dependent with a disability, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
6	**DEPENDENT LOSES ELIGIBILITY** The subscriber's dependent no longer meets PEBB eligibility criteria: - Divorce, annulment - Dissolution of state registered domestic partnership (when state registered domestic partner was tax dependent) - A child dependent ceases to be eligible - A dependent dies *The required form must be received no later than 60 days after the date the dependent no longer meets PEBB eligibility criteria.*	Evidence only required for FSA election change: • Petition for Dissolution of marriage (divorce); or • Petition for Dissolution of state registered domestic partnership; or • Copy of a death certificate (only for a change in FSA election)	**SOE Not Allowed** A dependent's loss of PEBB eligibility does not provide a special open enrollment opportunity for the subscriber. WAC 182-12-262(2)(a) requires a subscriber to remove a dependent within sixty (60) days of the date the dependent no longer meets the eligibility criteria in WAC 182-12-250 or 182-12-260. See Policy 19-1 *Termination Due to Loss of Eligibility* (Addendums 19-1A and 19-1B).					Premium payment plan changes are allowed when a tax dependent's coverage is terminated for loss of eligibility.	The employee may prospectively decrease or revoke election due to loss of a tax-dependent's eligibility; or increase election if the dependent losing eligibility remains a tax dependent. The enrollment or change is effective the first day of the month following the later of: (a) Date of loss of eligibility, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	**SOE Not Allowed** **See Event #19:** "Changed Number of DCAP Qualifying Individuals" (N/A for child turning 26)

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7	**LOSS OF OTHER COVERAGE** The subscriber or the subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA. *The required form must be received no later than 60 days after the date of the loss of other coverage.* • *If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.* • *If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.*	• Certificate of Creditable Coverage; or • Letter of termination of coverage from health plan; or • Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office; or • COBRA election notice Note: Evidence requirement is met when loss of other coverage is PEBB coverage, and loss is verified by PEBB when enrolling the subscriber or dependent to coverage.	➢ Allowed only if the subscriber enrolls or the subscriber enrolls a dependent who lost other coverage. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of loss of coverage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	➢ The subscriber may enroll a dependent who lost other coverage. Existing uncovered dependents who did not lose other coverage may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of loss of coverage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	➢ The employee must have lost other coverage. Or, if the SOE is due to a dependent's loss of coverage, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose other coverage may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of loss of coverage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	➢ If the employee or a tax dependent loses other coverage, the employee may enroll or increase election. The enrollment or change is effective the first day of the month following the later of: (a) Date of loss of other coverage, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	**SOE Not Allowed**

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8a	**CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER)** The subscriber ~~or the subscriber's dependent~~ has a change in employment status that affects the subscriber's ~~or the subscriber's dependent's~~ eligibility for his or her~~their~~ employer contribution toward his or her employer-based group health plan~~insurance~~. *The required form must be received no later than 60 days after the date of the change in employment status.* *Note: This event does not apply when a benefits-eligible employee transfers to another agency or moves within the same agency to another benefits-eligible position without a break in PEBB coverage.* **See also:** **WAC 182-08-197(3)** for additional information on regaining eligibility for PEBB benefits.	• Employee hire letter from his or her employer; or • Employment contract; or • Termination letter; or • Letter of resignation	⏩ Allowed if the change in employment status causes the subscriber to gain or lose eligibility for the employer contribution toward his or her employer-based group health plan. ~~Allowed only if the subscriber enrolls or the subscriber enrolls a dependent who lost eligibility for the employer contribution toward coverage due to change in employment.~~ **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	⏩ If the subscriber gains eligibility for the employer contribution, the subscriber may enroll eligible dependents. ~~The subscriber may enroll a dependent who lost eligibility for the employer contribution toward coverage. Existing uncovered dependents who did not lose eligibility for their employer contribution toward coverage may not be enrolled. Or, if the SOE is due to the subscriber gaining eligibility for the employer contribution, the subscriber may enroll eligible dependents.~~ **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ The subscriber may remove eligible dependents if the subscriber loses eligibility for the employer contribution.~~Allowed only if the dependent being removed enrolls under an employer plan when newly eligible.~~ **Remove Date** Remove from coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month. Note: If new coverage is PEBB, the remove date must coincide with enrollment.	⏩ Allowed only when the employee enrolls in ~~employer-based group~~ medical ~~-~~under another employer-based group health plan based upon a change in his or her employment status that affects eligibility for the employer contribution. ~~coverage when a change in employment status affects eligibility for the employer contribution toward group health coverage.~~ **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month. Note: If new coverage is PEBB, the waive date must coincide with enrollment.	⏩ Allowed only when t~~T~~he employee ~~must have~~ loses~~t~~ eligibility for the employer contribution toward medical~~coverage~~ under another employer based group health plan.~~plan, or have a change in employment status that affects eligibility for the employer contribution toward group health coverage. Or, if the SOE is due to a dependent's loss of eligibility for coverage, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose eligibility for their employer contribution toward coverage may not be enrolled.~~ **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee ~~or the employee's tax dependent.~~	⏩ An FSA change is only allowed when a change in employment status affects the employee's ~~or a dependent's~~ eligibility for the FSA. If the employee ~~or a tax dependent~~ gains eligibility under another plan, the employee may decrease or cease election. If the employee ~~or a tax dependent~~ loses eligibility under another plan, the employee may enroll or increase election. The enrollment or change is effective the first day of the month following the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	⏩ A DCAP change is only allowed when a change in employment status affects the employee's ~~or a dependent's~~ eligibility for the DCAP. ~~If a tax dependent gains eligibility and is enrolled under another plan, the employee may revoke or decrease election. If a tax dependent loses eligibility under another plan, the employee may enroll or increase election.~~ ~~Also, if the tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), the employee may elect or revoke the DCAP election accordingly.~~ The enrollment or change is effective the first day of the month following the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/20176)

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8b	**CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER'S DEPENDENT)** *The subscriber's dependent has a change in employment status that affects his or her eligibility for his or her employer contribution under his or her employer-based group health plan.* *The required form must be received no later than 60 days after the date of the change in employment status.* *Exception: For the purposes of this special open enrollment "employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 54.9801-6.*	• Employee hire letter from his or her employer; or • Employment contract; or • Termination letter; or • Letter of resignation	➢ Allowed only if the subscriber enrolls an eligible dependent who lost eligibility for the employer contribution toward his or her employer-based group health plan due to a change in the dependent's employment status. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	➢ The subscriber is allowed to enroll the eligible dependent who lost coverage due to the dependent's loss of eligibility for the employer contribution. Existing uncovered dependents may not be enrolled unless allowable under SOE #7. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day	➢ Allowed only if the subscriber's dependent that is being removed enrolls under the employer-based group health plan when he or she gains eligibility for the employer contribution. The dependent's removal must be consistent with the SOE event. **Remove Date** Remove from coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month. Note: If new coverage is PEBB, the remove date must coincide with enrollment.	➢ Allowed only when the employee enrolls in their dependent's medical under the dependent's employer-based group health plan where he or she gained eligibility for the employer contribution. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month. Note: If new coverage is PEBB, the waive date must coincide with enrollment.	➢ Allowed only when the employee's dependent loses eligibility for the employer contribution toward his or her medical under his or her employer-based group health plan. If the SOE is due to the dependent's loss of eligibility, the employee may enroll in order to enroll the dependent. Existing uncovered dependents may not be enrolled unless allowable under SOE #7. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee's tax dependent	➢ An FSA change is only allowed when a change in employment status affects the employee's dependent's eligibility for the FSA. If the employee's dependent gains eligibility under another plan, the employee may decrease or cease election. If the employee's dependent loses eligibility under another plan, the employee may enroll or increase election. The enrollment or change is effective the first day of the month following the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	➢ A DCAP change is only allowed when a change in employment status affects the employee's dependent's eligibility for the DCAP. If a tax dependent gains eligibility and is enrolled under another plan, the employee may revoke or decrease election. If a tax dependent loses eligibility under another plan, the employee may enroll or increase election. Also, if the tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), the employee may elect or revoke the DCAP election accordingly. The enrollment or change is effective the first day of the month following the later of: (a) Date of change in employment, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

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9	**CHANGE UNDER OTHER EMPLOYER-BASED GROUP HEALTH ~~INSURANCE~~ PLAN'S OPEN ENROLLMENT** The subscriber or the subscriber's dependent has a change in enrollment under another employer-based group health ~~insurance~~ plan during its annual open enrollment that does not align with the PEBB program's annual open enrollment. *The required form must be received no later than 60 days after the date of the other employer-based group health ~~insurance~~ plan's open enrollment effective date.*	• Certificate of Creditable Coverage; or • Letter of enrollment or termination of coverage from the health plan; or • Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office; or • Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change); or • Proof of Waiver	**SOE Not Allowed**	➢ The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health ~~insurance~~ plan. Existing uncovered dependents who did not end coverage under another employer plan may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Other plan's open enrollment effective date, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	➢ Allowed only if the dependent being removed enrolls during an open enrollment under another employer-based group health ~~insurance~~ plan. **Remove Date** Remove coverage the last day of the month of the later of: (a) Other plan's open enrollment effective date, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.	➢ Allowed only when the employee enrolls in medical during an open enrollment under another employer-based group health ~~insurance~~ plan. **Waive Date** Waive coverage the last day of the month of the later of: (a) Other plan's open enrollment effective date, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	➢ Allowed only when the employee or a dependent terminates~~cancels~~ medical ~~other employer-based group health insurance~~ during open enrollment under another employer based group ~~plan~~health plan. If a dependent terminates~~cancels coverage~~medical under another employer-based group health ~~insurance~~ plan during the other plan's open enrollment, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not end coverage under another employer plan may not be enrolled. Note: The employee is allowed to elect a health plan when returning from waived enrollment status. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Other plan's open enrollment effective date, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	➢ If a tax dependent enrolls or increases election under another DCAP plan, the employee may revoke or decrease election. If a tax dependent terminates~~cancels~~ or reduces another DCAP election, the employee may enroll or increase election. Enrollment or change is effective the first day of the month following the later of: (a) Other plan's open enrollment effective date, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

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10	**DEPENDENT MOVES TO USA, OR FROM USA** The subscriber's dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States. *The required form must be received no later than 60 days after the date moving to or from USA.*	• Visa or Passport with date of entry	**SOE Not Allowed**	⏩ The subscriber may only enroll a dependent who moves to the United States. Existing uncovered dependents who did not move to the United States may not be enrolled. **Enrollment Date** Enroll effective the first of the month after the later of: (a) Date dependent changes residence from other country to the United States, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ The subscriber may only remove a dependent who moves outside of the United States. Enrolled dependents who did not move outside of the United States may not be removed. **Remove Date** Remove from coverage the last day of the month of the later of: (a) Date dependent changes residence from the United States to another country, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.	⏩ Allowed only if all other enrolled dependents move outside of the United States. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date dependent changes residence from the United States to other country, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ Allowed only to enable enrollment of a dependent who moves to the United States. Existing uncovered dependents who did not move to the United States may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date dependent changes residence from other country to the United States, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**
11	**CHANGE IN RESIDENCE** The subscriber or the subscriber's dependent has a change in residence that affects health plan availability. If the subscriber moves and the subscriber's current health plan is not available in the new location the subscriber must select a new health plan. *Note: A dental plan is considered to be available if within 50 miles of subscriber's new residence.* If the subscriber does not select a new health plan, the PEBB program may change the subscriber's health plan as described in WAC 182-08-196(2). *The required form must be received no later than 60 days after the date of the change in residence.*	• Proof of former and current residence (e.g. utility bill)	⏩ Allowed only if the change in residence causes the current health plan to become unavailable. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of change in residence, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/201~~6~~76)

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12	**COURT ORDER OR NATIONAL MEDICAL SUPPORT NOTICE (NMSN)** A court order or national medical support notice requires the subscriber or any other individual to provide insurance coverage for an eligible child of the subscriber. *The required form must be received no later than 60 days after the date of the court order or NMSN.* **See also:** **WAC 182-12-263**	• Valid court order; or • National Medical Support Notice	⏩ Allowed only if the election change is required by a court order or NMSN, or if an election change is requested because the child named in a court order or NMSN does not reside in the service area of the subscriber's health plan. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of the court order or NMSN, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	⏩ The subscriber may enroll a child required to be enrolled by a court order or NMSN. Existing uncovered dependents who are not required to be enrolled by a court order or NMSN may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of the court order or NMSN, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ Allowed only if the child is enrolled under the coverage of the individual who is required by a court order or NMSN to provide insurance coverage. **Remove Date** Remove the child from coverage the last day of the month of the later of: (a) Date of the court order or NMSN, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.	**SOE Not Allowed**	⏩ The employee may enroll in order to enroll a child who is required to be enrolled by a court order or NMSN. Existing uncovered dependents who are not required to be enrolled by a court order or NMSN may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of the court order or NMSN, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent child.	⏩ The employee may enroll or increase election if required by a court order or NMSN for the employee's tax dependent child. The enrollment or change is effective the first day of the month following the later of: (a) Date of the court order or NMSN, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	**SOE Not Allowed** **See Event #19:** "Changed Number of Qualifying Individuals" (N/A for child turning 26)
13	**GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP** The subscriber or the subscriber's dependent becomes entitled to coverage under Medicaid or a state children's health insurance program (CHIP), or the subscriber or the subscriber's dependent loses eligibility for coverage under Medicaid or CHIP. *The required form must be received no later than 60 days after the date of gaining or losing eligibility.* *Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:* *-Date of eligibility,* *or* *-Date agency grants eligibility*	• Enrollment or Termination ~~Approval or Denial~~ letter from Medicaid or CHIP reflecting the date that the subscriber or subscriber's dependent became entitled to and enrolled in Medicaid or CHIP or the date at which the subscriber or subscriber's dependent lost eligibility for Medicaid or CHIP	⏩ Allowed only if the subscriber removes a dependent from coverage or enrolls a dependent in ~~to~~ coverage. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	⏩ The subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP. Existing uncovered dependents who did not lose Medicaid or CHIP eligibility may not be enrolled. **Enrollment Date** Enroll effective the first day of month following the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	⏩ Allowed only if the dependent enrolls in ~~to~~ Medicaid or CHIP coverage when becoming eligible for that coverage. **Remove Date** Remove the dependent from coverage the last day of the month of the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.	⏩ Allowed only if the employee enrolls in ~~to~~ Medicaid when he or she becomes eligible. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	⏩ The employee must have lost eligibility for Medicaid. Or, if the SOE is due to a dependent losing coverage under Medicaid or CHIP, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose Medicaid or CHIP eligibility may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	⏩ The employee may decrease or revoke election if the employee or a dependent becomes eligible for Medicaid or CHIP. The employee may enroll or increase election if the employee or a dependent loses eligibility for Medicaid or CHIP. The enrollment or change is effective the first day of the month following the later of: (a) Date gaining or losing eligibility for Medicaid or CHIP, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	**SOE Not Allowed**

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14	**BECOME ELIGIBLE FOR STATE PREMIUM ASSISTANCE SUBSIDY FOR PEBB HEALTH PLAN COVERAGE FROM MEDICAID OR CHIP** As required by HIPAA, the subscriber or the subscriber's dependent becomes eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or a state children's health insurance program (CHIP). *The required form must be received no later than 60 days after the date of becoming eligible.* *Note: The 60-day notice requirement is measured from the later of:* *-Date of eligibility,* *or* *-Date agency grants eligibility*	• Eligibility or loss of eligibility letter from Medicaid or CHIP	⏩ Allowed only if the subscriber enrolls, or the subscriber enrolls a dependent, after the subscriber or a dependent becomes eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date eligible for state premium assistance, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	⏩ The subscriber may enroll a dependent who has become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. Existing uncovered dependents who did not become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP may not be enrolled. **Enrollment Date** Enroll effective the first day of the month following the later of: (a) Date eligible for state premium assistance, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	⏩ The employee or a dependent must have become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. Existing uncovered dependents who did not become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP may not be enrolled. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date eligible for state premium assistance, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**

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15	**GAIN OR LOSE ELIGIBILITY FOR MEDICARE, OR ENROLL OR CANCEL ENROLLMENT IN MEDICARE PART D** The subscriber or the subscriber's dependent: - becomes entitled (enrolled) to Medicare, or - loses eligibility for Medicare, or - enrolls in or terminates enrollment in a Medicare Part D plan. If the subscriber's current health plan becomes unavailable due to the subscriber's or a subscriber's dependent's entitlement to Medicare, the subscriber must select a new health plan as described in WAC 182-08-196(1). *The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare, or enrolling or cancelling enrollment in Medicare Part D.* *Note: The subscriber may not change his or her dental plan under this SOE event.* *Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:* *-Date of eligibility,* *or* *-Date agency grants eligibility*	• Medicare Benefit Verification letter; or • Copy of Medicare card; or • Notice of Denial of Medicare Coverage; or • Social Security denial letter; or • Medicare Entitlement or Cessation of Disability form; or • Letter confirming enrollment or cancellation of Medicare Part D coverage; or • Letter of declination of Medicare Part D coverage	**Effective Date** The new medical plan effective date is the first of the month after the later of: (a) Date entitled to Medicare, date of loss of eligibility for Medicare, or date of enrollment or disenrollment from a Medicare Part D plan, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	➢ If the employee or a tax dependent gains Medicare eligibility, the employee may decrease election or revoke enrollment. If the employee or a tax dependent loses Medicare eligibility, the employee may increase election or enroll in coverage. The enrollment or change is effective the first day of the month following the later of: (a) Date entitled to Medicare, date of loss of eligibility for Medicare, or date of enrollment or disenrollment from a Medicare Part D plan, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.	**SOE Not Allowed**

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16	**HEALTH PLAN BECOMES UNAVAILABLE** The subscriber or the subscriber's dependent's current health plan becomes unavailable because the subscriber or enrolled dependent is no longer eligible for a health savings account (HSA). HCA may require evidence that the subscriber or the subscriber's dependent is no longer eligible for an HSA. *The required form must be received no later than 60 days after the date the health plan becomes unavailable.*	• Cancellation letter from HDHP; or • Coverage confirmation in a new health plan; or • Medicare entitlement letter; or • Copy of current tax return claiming you as a dependent	⏩ Allowed only when HSA eligibility is lost. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date current health plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**
17	**CONTINUITY OF CARE** The subscriber or the subscriber's dependent experiences a disruption of care that could function as a reduction in benefits for the subscriber or the subscriber's dependent for a specific condition or ongoing course of treatment. The subscriber may not change their health plan election if the subscriber's or dependent's physician stops participation with the subscriber's health plan unless the PEBB program determines that a continuity of care issue exists. (See 182-08-198 for specific circumstances). *The required form must be received no later than 60 days after the date of the disruption.*	• Submit request for a plan change to the Health Care Authority: PEBB Program Attn: Clinical & Quality Programs Manager PO Box 42684 Olympia, WA 98504-5502	⏩ Allowed only if meeting a specific circumstance described in rule. **Effective Date** The new plan effective date is the first of the month after the later of: (a) Date of disruption, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/20176)

Events below may create a Special Open Enrollment:		Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) in Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
18	**CHANGE DEPENDENT CARE PROVIDER (WITH INCREASED OR DECREASED COST)** If the employee changes dependent care provider, the change to DCAP can reflect the cost of the new provider, provided the dependent care provider is not a qualifying relative of the employee as defined in Internal Revenue Code Section 152. *The required form must be received no later than 60 days after the date of the cost change.*	• Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or • Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	➤➤ The change must be consistent with the increased or decreased cost of services of the new provider for an IRC Section 21(b)(1) qualifying individual. The enrollment or change is effective the first day of the month following the later of: (a) Date of cost increase or decrease, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
19	**CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS** The employee or the employee's spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21 (b)(1). *The required form must be received no later than 60 days after the date of the change.*	• Letter from the daycare provider confirming the number of qualifying individuals enrolled, the change in premium, and the effective date of change; or • Two billing statements that include the number of qualifying individuals enrolled in each month, the premium amount due for each month, and the statement date.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	➤➤ The change must be consistent with the increased or decreased number of IRC Section 21(b)(1) qualifying individuals. The enrollment or change is effective the first day of the month following the later of: (a) Date of change in number of IRC Section 21(b)(1) qualifying individuals, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/20176)

Events below may create a Special Open Enrollment:		Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) in Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
20	**CHANGED COST OF DEPENDENT CARE** The employee's dependent care provider imposes a change in the cost of dependent care, provided the dependent care provider is not a relative as defined in Section 152 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC. *The required form must be received no later than 60 days after the date of the change.*	• Letter from the daycare provider confirming the change in premium and the current date and the effective date of change; or • Two billing statements that show the change in premium due. Statements must include the premium amount due for each month, and the statement date.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	➢ The change must be consistent with the increased or decreased cost of dependent care provided to an IRC Section 21(b)(1) qualifying individual. The enrollment or change is effective the first day of the month following the later of: (a) Date of cost increase or decrease, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
21	**GAIN OR LOSE ELIGIBILITY FOR TRICARE** The employee or the employee's dependent becomes eligible and enrolls in TRICARE, or loses eligibility for TRICARE. *The required form must be received no later than 60 days after the date the employee or the employee's dependent gains or loses eligibility for TRICARE.* • *Coverage must have been lost because of loss of eligibility.*	• Certificate of Creditable Coverage; or • Proof of enrollment or termination of coverage from TRICARE.	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	➢ Allowed only if the employee enrolls in TRICARE when he or she becomes eligible. Or, if the SOE is due to a dependent becoming eligible for TRICARE, the employee may waive if he or she enrolls in TRICARE coverage as a dependent. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date eligible for TRICARE, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	➢ The employee must have lost eligibility for TRICARE. Or, if the SOE is due to a dependent's loss of eligibility for TRICARE, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose eligibility for TRICARE may not be enrolled. **Enrollment Date** Enroll effective the first day of month after the later of: (a) Date of loss of TRICARE, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/201~~6~~76)

Events below may create a Special Open Enrollment:		**Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.** **This list is not all inclusive.** **Forms listed in this column are used to verify evidence of the SOE.**	**Change Health Plan Election** (Medical and/or Dental) **182-08-198**	**Enroll Dependent(s) in Health Plan Coverage** (Medical and/or Dental) **182-12-262**	**Remove Dependent(s) from Health Plan Coverage** (Medical and/or Dental) **182-12-262**	**Waive Enrollment in Medical** (Employees Only) **182-12-128**	**Return from Waived Enrollment in Medical** (Employees Only) **182-12-128**	**Enroll In or Change Premium Payment Plan** (Employees Only) **182-08-199**	**Enroll In or Change Medical FSA** (Employees Only) **182-08-199**	**Enroll In or Change DCAP** (Employees Only) **182-08-199**
22	**GAIN OR LOSE ELIGIBILITY FOR MEDICARE** The employee becomes eligible and enrolls in Medicare, or loses eligibility for Medicare. *The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare.* • *Coverage must have been lost because of loss of eligibility.*	• Medicare Benefit Verification letter; or • Copy of Medicare card; or • Notice of Denial of Medicare Coverage; or • Social Security denial letter; or • Medicare Entitlement or Cessation of Disability form	**SOE Not Allowed**	**SOE Not Allowed**	**SOE Not Allowed**	➤➤ Allowed only if the employee enrolls in Medicare when he or she becomes eligible. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date eligible for Medicare, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.	➤➤ The employee must have lost eligibility for Medicare. **Enrollment Date** Enroll effective the first day of the month after the later of: (a) Date of loss of Medicare, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.	Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**