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

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

<table>
<thead>
<tr>
<th>Special Open Enrollment:</th>
<th>Change Health Plan Election (Medical and/or Dental) 182-08-198</th>
<th>Enroll Dependent(s) in Health Plan Coverage (Medical and/or Dental) 182-12-262</th>
<th>Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262</th>
<th>Waive Enrollment in Medical 182-12-128</th>
<th>Return from Waived Enrollment in Medical (Employees Only) 182-12-128</th>
<th>Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199</th>
<th>Enroll In or Change Premium Payment Medical FSA (Employees Only) 182-08-199</th>
<th>Enroll In or Change DCAP (Employees Only) 182-08-199</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> MARRIAGE</td>
<td>• Marriage certificate</td>
<td>• Allowed only if the subscriber enrolls a new spouse.</td>
<td>• Allowed only if the subscriber enrolls a new spouse and any dependent children of the spouse. Existing uncovered dependents may not be enrolled.</td>
<td>• Allowed only if the employee enrolls in medical under the new spouse's employer-based group health plan.</td>
<td>• The employee may enroll or increase an election for a state registered domestic partner's employer-based group health plan.</td>
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</tr>
<tr>
<td></td>
<td>• Effective Date: The new plan effective date is the first of the month following the later of:</td>
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<td>• Effective Date: The new plan effective date is the first of the month following the later of:</td>
<td>• Waive Date: Waive coverage the last day of the month of the later of:</td>
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<td>• Waive Date: Waive coverage the last day of the month of the later of:</td>
</tr>
<tr>
<td></td>
<td>(a) Date of marriage,</td>
<td>(a) Date of marriage,</td>
<td>(a) Date of marriage,</td>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td>(a) Date of registration, or (b) Date form is received.</td>
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<td>(b) Date form is received.</td>
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</tr>
<tr>
<td><strong>2</strong> REGISTERING A DOMESTIC PARTNER</td>
<td>• Certificate of state-registered domestic partnership or legal union</td>
<td>• Allowed only if the subscriber enrolls a new state registered domestic partner.</td>
<td>• Allowed only if the subscriber enrolls a new state registered domestic partner and any dependent children of the new state registered domestic partner. Existing uncovered dependents may not be enrolled.</td>
<td>• Allowed only if the employee enrolls in medical under the new state registered domestic partner's employer-based group health plan.</td>
<td>• The employee may enroll or increase an election for a state registered domestic partner and/or children of a state registered domestic partner qualify as tax dependents.</td>
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Addendum 45-2A

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2018)

Events below may create a Special Open Enrollment:

### 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 event.

**Effective Date:** The new plan’s effective date is the first of the month of the event, adoption or when assuming legal obligation. This may result in different dates for dependent enrollment and plan change.

- **Allowed only if:**
  - 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 of decree of adoption; or
  - Placement letter from adoption agency.

- **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 birth, adoption or when 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.

  **Remove Dependent(s) Effective Date:** Remove the dependent from coverage the last day of the month following the later of:
  - (a) Date the PEBB Program certifies the new extended dependent.
  - (b) Date form is received.

### 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.**

- **Allowed only if:**
  - 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.

- **If the subscriber provides notice no later than 60 days after the event, the new extended dependent may be enrolled.** 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. Enroll the new extended dependent.

  **Remove Dependent(s) Effective Date:** Remove the dependent from coverage the last day of the month of birth, adoption or when assuming legal obligation.

### Waive Dependent(s)

- The subscriber may enroll or change election in order to enroll a new extended dependent.

  **Enrollment Date:** Enroll effective the first day of the month of birth, adoption or when assuming legal obligation.

- The subscriber may enroll or change election only if a new tax dependent child or spouse, or decrease election if the employee or an existing IRC Section 213(b)(1) qualifying individual, or decrease election if the employee or an existing IRC Section 213(b)(1) qualifying individual 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 birth, adoption, or assuming legal obligation.

### PREMIUM PAYMENT PLAN CHANGE

- The subscriber may enroll in a new Premium Payment Plan or FSA.

  **Enrollment/Change Form:** Send the new plan’s effective date to request to change back to pre-tax premiums.

- The employee may enroll or increase election for a new IRC Section 213(b)(1) qualifying individual, or decrease election if the employee or an existing IRC Section 213(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.
Events below may create a Special Open Enrollment:

### 5 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)

> 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
- (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**

A dependent’s loss of PEBB eligibility does not provide a special open enrollment opportunity for the subscriber. WAC 182-12-262(1)(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).

### 6 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.

- 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
- (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**

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**

Enrollment effective the first day of the month after the later of:
- (a) Date of loss of coverage
- (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**

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**

Enrollment effective the first day of the month after the later of:
- (a) Date of loss of coverage
- (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.

**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**

If the employee or a tax dependent loses other coverage, the employee may enroll in or change medical FSA.

**SOE Not Allowed**

The enrolment 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.
Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The subscriber has a change in employment status that affects the subscriber's eligibility for his or her employer-based group health plan.</td>
</tr>
<tr>
<td>The required form must be received no later than 60 days after the date of the change in employment status.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>See also: WAC 182-08-197(3) for additional information on regaining eligibility for PEBB benefits.</td>
</tr>
</tbody>
</table>

- 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.**

**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.

**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.

**Remove Date**
Remove effective the last 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 remove date is the last day of the previous month.

Note: If new coverage is PEBB, the remove date must coincide with enrollment.

**Enroll In or Change Premium Payment Plan**
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.

**Waive**
Waive coverage the last 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 waiver date is the last day of the previous month.

Note: If new coverage is PEBB, the waive date must coincide with enrollment.

**Enroll In or Change Medical FSA**
Enroll 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 begins on that day.

**Remove**
Remove 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 remove date is the last day of the previous month.

Note: If new coverage is PEBB, the remove date must coincide with enrollment.

**Enroll In or Change DCAP**
Enroll 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.

**Return from Waived Enrollment in Medical**
Enroll 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 begins on that day.

**Return from Waived Premium Payment Plan**
Enroll 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 begins on that day.

**Enroll In or Change Medical FSA**
Enroll 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 begins on that day.

**Enroll In or Change DCAP**
Enroll 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.

**Enroll In or Change Medical FSA**
Enroll 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 begins on that day.

**Enroll In or Change DCAP**
Enroll 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

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Form Details</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waive Coverage - Employees Only</td>
<td>The dependent loses eligibility for employer-based group health plan when he or she is no longer gainfully employed. Also, if the tax dependent is under the age of 18 and the dependent’s employment status affects eligibility for the FSA.</td>
<td><strong>Waive Date</strong> (Medical and/or Dental)  182-12-262</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of change in employment after the last day of the month of the later of: first day of the month, the effective date is that day.) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Enroll in or Change Premium Payment Plan - Employees Only</td>
<td>The employee enrolls in a new plan, or enrolls under another plan, or increases or decreases election.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Enroll in or Change DCAP - Employees Only</td>
<td>An FSA change is only allowed when a change in employment status affects eligibility for the FSA.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Enroll in or Change Medical FSA</td>
<td>An FSA change is only allowed when a change in employment status affects eligibility for the FSA.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Change Enrollment Date in Medical FSA</td>
<td><em>Only if the employee has an election that runs through March.</em></td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Enroll in or Change Health Plan Election - Employees Only</td>
<td>The employee enrolls in their employer’s group health plan when he or she is no longer gainfully employed.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Remove Dependents From Health Plan Coverage - Employees Only</td>
<td>The dependent is no longer gainfully employed, the employee is no longer obligated to contribute toward health plan benefits.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Enroll Dependent(s) in Health Plan Coverage - Employees Only</td>
<td>The subscriber enrolls an eligible dependent in the health plan due to a change in employment status.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Waive Date</td>
<td>Note: If new coverage is not to begin immediately, the remove date must coincide with enrollment.</td>
<td><strong>Waive Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of change in employment, the remove date is the last day of the month of the later of: first day of the month, the effective date is that day.) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
<tr>
<td>Return from Waived Coverage</td>
<td>Waive Date must be consistent with a change in employment status.</td>
<td><strong>Enrollment Date</strong> (Employees Only)  182-08-199</td>
<td>The later of (a) or (b) is the effective date. (&lt;br&gt;(a) Date of Change in Employment) (&lt;br&gt;(b) Date form is received.)</td>
</tr>
</tbody>
</table>

### Events Below May Create a Special Open Enrollment

- **Dependent(s) Changing Employment:**
- **An FSA change is only allowed when a change in employment status affects eligibility for the FSA.**
- **Enrollment of dependents may be allowed under SOE #7.**
- **Waive Date:**
- **Return from Waived Coverage:**
- **Enroll Dependent(s) in Health Plan Coverage:**
- **Remove Dependents From Health Plan Coverage:**
- **Enroll in or Change Premium Payment Plan:**
- **Enroll in or Change DCAP:**
- **Enroll in or Change Medical FSA:**
- **Change Enrollment Date in Medical FSA:**
- **Health Plan Election:**
- **Change Enrollment Date in Health Plan Election:**
- **Enroll in or Change Health Plan Election:**
- **Remove Dependents From Health Plan Coverage:**
### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Change Under Other Employer-Based Group Health Plan's Open Enrollment</th>
<th>SOE Not Allowed</th>
<th>Special Open Enrollment (SOE) Not Allowed</th>
<th>Premium Payment Plan</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The subscriber or the subscriber’s dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the PEBB program’s annual open enrollment.</td>
<td>• Certificate of Creditable Coverage; or&lt;br&gt; • Letter of enrollment or termination of coverage from the health plan; or&lt;br&gt; • Letter of enrollment or termination of coverage from the employer’s personnel, payroll, or benefits office; or&lt;br&gt; • Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change); or&lt;br&gt; • Proof of Waiver</td>
<td>Subscription begins on the first day of the month following the later of (a) other plan’s open enrollment effective date, or&lt;br&gt; (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.</td>
<td>Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</td>
<td>• Certificate of Creditable Coverage; or&lt;br&gt; • Letter of enrollment or termination of coverage from the health plan; or&lt;br&gt; • Letter of enrollment or termination of coverage from the employer’s personnel, payroll, or benefits office; or&lt;br&gt; • Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change); or&lt;br&gt; • Proof of Waiver</td>
</tr>
</tbody>
</table>
## Events below may create a Special Open Enrollment:

### DEPENDENT MOVES TO USA, OR FROM USA

- **Visa or Passport with date of entry**

  - **SOE Not Allowed**

  - 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.

### CHANGE IN RESIDENCE

- **Proof of former and current residence (e.g. utility bill)**

  - **SOE Not Allowed**

  - 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,
      - (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 (effective 1/1/2018)

**Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2018)**

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Form Required</th>
<th>Enrollment Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEPENDENT MOVES TO USA, OR FROM USA</strong></td>
<td>Visa or Passport with date of entry</td>
<td>SOE Not Allowed</td>
<td></td>
</tr>
<tr>
<td><strong>CHANGE IN RESIDENCE</strong></td>
<td>Proof of former and current residence (e.g. utility bill)</td>
<td>SOE Not Allowed</td>
<td>Effective Date</td>
</tr>
</tbody>
</table>
Events below may create a Special Open Enrollment:

**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.

- **Valid court order; or**
- **National Medical Support Notice**

**Allowed only if:**
- The enrollment begins on that day.
- The event that created the Special Open Enrollment or Termination is effective the first day of the month.
- The subscriber or the subscriber’s dependent is required to be enrolled by a court order or NMSN.
- The subscriber or the subscriber’s dependent became entitled to and enrolled in Medicaid or CHIP.

- **Effective Date**

The new effective date is the first of the month after the later of:
- (a) Date of the court order or NMSN,
- (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.

- **Enrollment Date**

Enroll effective the first day of the month after the later of:
- (a) Date of the court order or NMSN,
- (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.

- **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,
- (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 or increase election if required by a court order or NMSN for the employee’s tax dependent child.

- **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.**

**SOE Not Allowed**

See Event #19: “Changed Number of Qualifying Individuals” (N/A for child turning 26)

**GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP**

The subscriber or the 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.

The required form must be received no later than 60 days after the date of gaining or losing eligibility.

- **Enrollment or Termination 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 on which the subscriber or subscriber’s dependent lost eligibility for Medicaid or CHIP.**

- **Note:** For gaining eligibility, the 60-day notice requirement is measured from the later of:
  - Date of eligibility,
  - Date agency grants eligibility.

**Allowed only if:**
- The subscriber removes a dependent from coverage or enrolls a dependent in coverage.

- **Effective Date**

The new effective date is the first of the month after the later of:
- (a) Date eligible for Medicaid or CHIP,
- (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.

- **Enrollment Date**

Enroll effective the first day of month following the later of:
- (a) Date not eligible for Medicaid or CHIP,
- (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.

- **Remove Date**

Remove the dependent from coverage the last day of the month of the later of:
- (a) Date eligible for Medicaid or CHIP,
- (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 or increase election if required by a court order or NMSN for the employee’s tax dependent child.

- **Premium payment plan changes are allowed when consistent with a change in health plan enrollment.**

- **The event that creates an SOE must apply to the employee or the employee’s tax dependent child.**

**SOE Not Allowed**
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2018)

### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Form Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP</td>
<td>13-08-198</td>
</tr>
<tr>
<td>Enroll Dependent(s) in Health Plan Coverage (Medical and/or Dental)</td>
<td>182-12-262</td>
</tr>
<tr>
<td>Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental)</td>
<td>182-12-262</td>
</tr>
<tr>
<td>Waive Enrollment in Medical (Employees Only)</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Return from Waived Enrollment in Medical (Employees Only)</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Enroll In or Change Premium Payment Plan (Employees Only)</td>
<td>182-08-199</td>
</tr>
<tr>
<td>Enroll In or Change Medical FSA (Employees Only)</td>
<td>182-08-199</td>
</tr>
<tr>
<td>Enroll In or Change DCAP (Employees Only)</td>
<td>182-08-199</td>
</tr>
</tbody>
</table>

**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:

- Date eligible for state premium assistance,
- Date form is received.

**Enrollment Date**

Enroll effective the first day of the month following the later of:

- Date eligible for state premium assistance,
- Date form is received.

**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:

- Date eligible for state premium assistance,
- Date form is received.

**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.
### Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2018)

#### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Events</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicare Benefit Verification letter; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Copy of Medicare card; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Notice of Denial of Medicare Coverage; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social Security denial letter; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicare Entitlement or Cessation of Disability form; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Letter confirming enrollment or cancellation of Medicare Part D coverage; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Letter of declination of Medicare Part D coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**14 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 182-08-156(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

**NOTE:** Retirees, survivors, elected/appointed state officials, are prohibited from keeping PEBB medical if they enroll in Medicare Part D. They must either terminate Medicare Part D or enroll in PEBB’s Medicare Supplement Plan F. See PEBB program policy 26-1 for details.

**Effective Date for Gaining or Losing Eligibility for Medicare**

The new medical plan effective date is the first of the month after the later of:

- (a) Date entitled to Medicare, or date of loss of eligibility for Medicare, 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.

**EXCEPTION:** When enrolling and disenrolling from a Medicare advantage plan, a subscriber may choose an effective date of up to three months after the date in which PEBB receives the completed enrollment or disenrollment forms. Forms must be received prior to the effective month for enrollment or disenrollment.

**Effective Date for Enrollment or Disenrollment to Medicare Part D**

For retirees, survivors, and elected/appointed officials: the new medical plan effective date is the first of the month after the later of:

- (a) The date of enrollment or disenrollment from a Medicare Part D plan.
- (b) The date the form is received.

<table>
<thead>
<tr>
<th>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.</th>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) in Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan (Medical and/or Dental)</td>
<td>182-08-198</td>
<td>182-12-262</td>
<td>182-12-262</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-08-199</td>
<td>182-08-197</td>
<td></td>
</tr>
</tbody>
</table>

**SOE Not Allowed**

**SOE Not Allowed**

**Allowed only if the employee enrolls in Medicare.**

**Waive Date**

Enroll coverage the last day of the month of 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 waive date is the last day of the previous month.

**Allowed only if the employee lost eligibility for Medicare.**

**Enrollment Date**

Enroll effective the first day of the month after the later of:

- (a) Date lost 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.

**Allowed only if the employee or a tax dependent gains Medicare eligibility, the employee may decrease election or revoke enrollment.**

**Allowed only 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.
Addendum 45-2A

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2018)

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) in Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 HEALTH PLAN BECOMES UNAVAILABLE</td>
<td></td>
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</tr>
<tr>
<td>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.</td>
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<td>• Cancellation letter from HDHP; or</td>
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<td>• Coverage confirmation in a new health plan; or</td>
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<tr>
<td>• Medicare entitlement letter; or</td>
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<tr>
<td>• Copy of current tax return claiming you as a dependent</td>
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</tr>
<tr>
<td><strong>Allowed only when HSA eligibility is lost.</strong></td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
</tr>
<tr>
<td><strong>Effective Date</strong></td>
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</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>16 CONTINUITY OF CARE</td>
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<td></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>• Submit request for a plan change to the Health Care Authority: PEBB Program Attn: Clinical &amp; Quality Programs Manager PO Box 42684 Olympia, WA 98504-5502</td>
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</tr>
<tr>
<td><strong>Allowed only if meeting a specific circumstance described in rule.</strong></td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
<td>SA Not Allowed</td>
</tr>
<tr>
<td><strong>Effective Date</strong></td>
<td></td>
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</tr>
<tr>
<td>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.</td>
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<td></td>
</tr>
</tbody>
</table>
## Special Open Enrollment (SOE) Matrix

### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>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.</th>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) in Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
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<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Health Plan Election (Medical and/or Dental)</td>
<td>Enroll Dependent(s) in Health Plan Coverage (Medical and/or Dental)</td>
<td>Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental)</td>
<td>Waive Enrollment in Medical (Employees Only)</td>
<td>Return from Waived Enrollment in Medical (Employees Only)</td>
<td>Enroll In or Change Premium Payment Plan (Employees Only)</td>
<td>Enroll In or Change Medical FSA (Employees Only)</td>
<td>Enroll In or Change DCAP (Employees Only)</td>
<td></td>
</tr>
</tbody>
</table>

### 17 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 date; or
- Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.

### 18 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.

### Notes

- 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:
  - Date of cost increase or decrease, or
  - 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

<table>
<thead>
<tr>
<th>Change in Election</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGED COST OF DEPENDENT CARE</td>
<td>Letter from the daycare provider confirming the change in premium 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.</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>GAIN OR LOSE ELIGIBILITY FOR TRICARE</td>
<td>Certificate of Creditable Coverage; or Proof of enrollment or termination of coverage from TRICARE.</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### 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 Sections 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.

### 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.