



NCFlex Required Documentation for Qualifying Life Events

Section 125 of the Internal Revenue Code (IRS) provides guidelines for a Qualifying Life Event (QLE) status change. NCFlex requires employees to upload documents into the enrollment platform or provide supporting documentation to their Benefits Representative to verify the QLE in accordance with NCFlex rules within 30 days of the QLE or 60 days of becoming entitled to or losing eligibility for Medicaid or the Children’s Health Insurance Program (CHIP).

At this time, employees are NOT required to provide documentation of a dependent’s eligibility when added to an NCFlex plan. However, if documentation is provided that verifies a dependent in accordance with the [State Health Plan requirements](#), the Health Benefits Representative may verify that dependent in the enrollment system.

The chart below lists the different qualifying life events, what changes may be made due to that event (based on benefit) and what documentation is allowed to approve the changes to NCFlex benefits due to the life event. For questions, contact ncflex@nc.gov.

| Events and Coverage | Allowed Changes | Required Documentation |
|---|--|--------------------------------------|
| Marriage | | Marriage Certificate |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | Add self, spouse, and all children, drop coverage or remove dependents | |
| Flexible Spending Accounts | Health: Add or increase, drop or decrease (not below what has been contributed or reimbursed) Dependent Day Care: Add or increase, drop or decrease | |
| Voluntary AD&D | Add or increase coverage; add family coverage, drop or decrease | |
| Term Life | Add or increase coverage subject to EOI, drop or decrease | |
| Voluntary Disability | Add coverage, drop coverage | |
| Death of Dependent | | Death Certificate or Obituary |
| Dental/Vision | Drop dependent | |
| Accident/Cancer/Critical Illness/TRICARE Supplement | Add or increase, drop or decrease, remove dependent(s) | |
| Flexible Spending Accounts | Health: Decrease (not below what has been reimbursed by the plan) Dependent Day Care: Drop or decrease | |
| Voluntary AD&D | Add or increase, drop or decrease | |
| Term Life | Spouse or Child coverage: Drop coverage Employee coverage: Add or increase, Drop or decrease | |
| Voluntary Disability | Add or drop coverage | |

| Events and Coverage | Allowed Changes | Required Documentation |
|---|--|---|
| Divorce/Legal Separation | | <ul style="list-style-type: none"> - Divorce Decree or Judgement - Separation Agreement or Affidavit (sworn, notarized statement) from employee to validate legal separation |
| Dental/Vision | Drop spouse Add self and child(ren) | |
| Accident/Cancer/Critical Illness/TRICARE Supplement | Add or drop entire plan, remove dependents, or add child(ren) | |
| Flexible Spending Accounts | Health: Decrease, add or increase Dependent Day Care: Decrease, add or increase | |
| Voluntary AD&D | Change tier, drop, decrease coverage, add, or increase coverage | |
| Term Life | Drop dependents, drop entire plan, decrease coverage, add entire plan, or increase coverage | |
| Voluntary Disability | Add or drop coverage | |
| Birth, Adoption, Legal Custody or Guardianship | | <ul style="list-style-type: none"> - Birth Certificate or verification of facts if under 6 months - Petition for adoption or adoption papers - Court documents verifying legal custody/guardianship of the child |
| Dental/Vision | Add self, spouse, child(ren) | |
| Accident/Cancer/Critical Illness/TRICARE Supplement | Add or add family members, drop or drop family member | |
| Flexible Spending Accounts | Health: Add or increase; Dependent Day Care: Add or increase; | |
| Voluntary AD&D | Add or increase coverage; add family coverage. Drop or reduce amount; remove family coverage. | |
| Term Life | Add or increase coverage subject to EOI. Drop or decrease. | |
| Voluntary Disability | Add coverage. Drop coverage. | |
| Loss of Other Coverage | | Certificate of Creditable Coverage or written notification from employer listing affected members and the effective date. |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | Add self, spouse, and/or child(ren) | |
| Flexible Spending Accounts | Health: Add or increase Dependent Day Care: Add or increase. | |
| Voluntary AD&D | Add or increase coverage; add family coverage | |
| Term Life | Add or increase coverage, subject to EOI | |
| Voluntary Disability | Add coverage when transferring from one employing unit to another and losing eligibility for a similar plan or when your spouse terminates from employment or begins employment. | |

| Events and Coverage | Allowed Changes | Required Documentation |
|--|---|---|
| Loss of Medicaid or CHIP Coverage | | Written notification showing termination date and notification date. |
| Vision/Dental/Healthcare FSA | Add self, spouse, and/or child(ren) For HCFSA – Add or increase coverage | |
| All other benefits | No change | |
| Gain of Medicaid/CHIP Coverage | | Written notification showing effective date and notification date or Medicaid ID card with an effective date. |
| Dental/Vision/TRICARE Supplement | Drop child or spouse | |
| Healthcare FSA | Lower or stop contributions (not below what has already been contributed and/or reimbursed) | |
| All other benefits | No changes | |
| Loss of Other Coverage (Spouse) – this life event is intended for when a spouse loses an employer-sponsored Term Life plan. The life event notifies the vendor that an add or increase in the spouse’s term life plan should allow up to the Guaranteed Issue amount with no EOI. | | Written notification showing proof of loss of employer Term Life plan with an effective date. |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | See “Loss of Other Coverage” life event above | |
| Flexible Spending Accounts | See “Loss of Other Coverage” life event above | |
| Voluntary AD&D | See “Loss of Other Coverage” life event above | |
| Term Life | Add or increase coverage up to the Guaranteed Issue amount with no EOI required. | |
| Voluntary Disability | See “Loss of Other Coverage” life event above | |
| Now Eligible for other Coverage/Gain of Other Coverage (Other than a state-sponsored post-tax plan) | | Written notification showing effective date and notification date. Example: confirmation statement showing hire date or adjusted date of service and enrollment in plan(s). or documentation showing enrollment into similar plan(s) that are being dropped (may occur during an OE period). |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | Drop Plan or drop dependents | |
| Flexible Spending Accounts | Health: Exception Required Dependent Day Care: Drop or decrease | |
| Voluntary AD&D | Drop or decrease | |
| Term Life | Drop or decrease | |
| Voluntary Disability | Drop | |
| Reduction of Hours (Only HBR with access to the enrollment platform can see this option) | | None |
| Dental/Vision | Dropping below 20 hours, coverage terminates If dropping below 30, can drop or remove dependents | |
| Accident/Cancer/Critical Illness/TRICARE Supplement | Dropping below 20 hours, coverage terminates Any other reduction, no change | |

| Events and Coverage | Allowed Changes | Required Documentation |
|--|--|---------------------------|
| Flexible Spending Accounts | Dropping below 20 hours, coverage terminates Any other reduction, no change | |
| Voluntary AD&D | Dropping below 20 hours, coverage terminates Any other reduction, no change | |
| Term Life | Dropping below 20 hours, coverage terminates Any other reduction, no change | |
| Voluntary Disability | Dropping below 30 hours, coverage terminates Any other reduction, no change | |
| Increase in Hours | | Exception Required |
| Dental/Vision/Accident/Cancer/Critical Illness/TRICARE Supplement/Flexible Spending Accounts/Voluntary AD&D/Term Life | If employee is moving from under 20 to over 20, this is considered Newly Eligible, but must be done via an exception through NCFlex. Any other increases, no change | |
| Voluntary Disability | If employee is moving from under 30 to over 30, this is considered Newly Eligible, but must be done via an exception through NCFlex. Any other increases, no change | |
| Unpaid Leave of Absence (Only HBR with access to the enrollment platform can see this option - FML or Non-FML) | | None |
| Accident/Dental/Vision/Cancer/Critical Illness/ TRICARE Supplement | Coverage terminates – see Unpaid Leave of Absence section (Cancer may require EOI to restart benefit.) | |
| Flexible Spending Accounts | Health: Coverage terminates – see Unpaid Leave of Absence section Dependent Day Care: Coverage terminates | |
| Voluntary AD&D | Coverage terminates – see Unpaid Leave of Absence section | |
| Term Life | Coverage terminates – see Unpaid Leave of Absence section (Term Life may require EOI to restart benefit.) | |
| Voluntary Disability | Coverage terminates – see Unpaid Leave of Absence section. (May require EOI to restart benefit if LOA is greater than 90 days.) | |
| Leave of Absence (paid) | | None |
| All benefits | Drop | |
| Return from Leave of Absence (Below references when an employee is returning during the same plan year in which they went out on Leave of Absence. If the employee returns in a different plan year than when they went out, they are treated as newly eligible and do not have to re-enroll in the same benefits as when they went out.) | | None |

| Events and Coverage | Allowed Changes | Required Documentation |
|---|---|--|
| Accident/Dental/Vision/Cancer/ Critical Illness/ TRICARE Supplement | Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section. | |
| Flexible Spending Accounts | Health: Re-enroll using Prorate or Reinstatement method – see Unpaid Leave of Absence section. Dependent Day Care: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section. | |
| Voluntary AD&D/Term Life | Re-enroll – If coverage was continued directly with vendor while out on LOA, re-enroll with same election as before LOA began. If coverage was not continued while on LOA, employee can re-enroll up to the guaranteed issue amount with no EOI required – see Unpaid Leave of Absence section. | |
| Voluntary Disability | Re-enroll – If returning within 90 days from LOA, coverage retroacts back to when employee went out on LOA. If returning outside of 90 days, EOI will be required. See Unpaid Leave of Absence section for more details. | |
| Court Order (follow court order for available eligible benefits)— Only HBR with access to the enrollment platform can see this option | | Qualified Medical Child Support Order (QMSCO) or proof of court order with date filed with court. |
| Dental/Vision | Add or remove child(ren). Add entire benefit for self if not enrolled in plan that child(ren) is/are required to be enrolled in | |
| Flexible Spending Accounts | Health: Add or increase to provide coverage for a child Dependent Day Care: No change | |
| Accident/Cancer/Critical Illness/TRICARE Supplement/ Voluntary AD&D/Term Life/Voluntary Disability | No change | |
| Military Leave/Reinstatement (Below references when an employee is returning during the same plan year in which they went out on Leave of Absence. If the employee returns in a different plan year than when they went out, they are treated as newly eligible and do not have to re-enroll in the same benefits as when they went out.) | | Copy of Active-Duty documentation, including date active duty began/ended. |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | Military Leave Begins: Drop coverage if EE is on leave. See Unpaid Leave of Absence section. Drop employee and/or | |

| Events and Coverage | Allowed Changes | Required Documentation |
|----------------------------|---|------------------------|
| | <p>dependent(s) if dependent is on leave.</p> <p>Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section (Cancer may require EOI to restart benefit)</p> | |
| Flexible Spending Accounts | <p>Health-Military Leave Begins: Drop coverage if EE is on leave. See Unpaid Leave of Absence section. Drop or decrease if dependent is on leave</p> <p>Health-Reinstatement: Re-enroll using Prorate or Reinstatement method – see Unpaid Leave of Absence section.</p> <p>Dependent Day Care-Military Leave Begins: Coverage terminates</p> <p>Dependent Day Care-Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.</p> | |
| Voluntary AD&D | <p>Military Leave Begins: Drop coverage if EE is on leave. See Unpaid Leave of Absence section. Drop employee and/or dependent(s) if dependent is on leave</p> <p>Reinstatement: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.</p> | |
| Term Life | <p>Military Leave Begins: Drop coverage if EE is on leave. See Unpaid Leave of Absence section. Drop employee and/or dependent(s) if dependent is on leave</p> <p>Reinstatement: Re-enroll – If coverage was continued directly with vendor while out on LOA, re-enroll with same election as before LOA began. If coverage was not continued while on LOA, employee can re-enroll up to the guaranteed issue amount with no EOI required – see Unpaid Leave of Absence section.</p> | |
| Voluntary Disability | <p>Military Leave Begins: Drop coverage if EE is on leave. See Unpaid Leave of Absence section.</p> | |

| Events and Coverage | Allowed Changes | Required Documentation |
|--|---|------------------------|
| | Reinstatement: Re-enroll with no EOI See Unpaid Leave of Absence section for more details. | |
| FMLA Subscriber non-pay (Employee) (Only HBR with access to the enrollment platform may see this) | | None |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | Drop | |
| Flexible Spending Accounts | Health: Drop Dependent Day Care: Drop | |
| Voluntary AD&D/Term Life | Drop | |
| Transferring Employing Unit or Re-hire with less than 31 days break in service. | | None |
| Accident/Dental/Vision/Cancer/Critical Illness/TRICARE Supplement | No change | |
| Flexible Spending Accounts | Health: No Change Dependent Day Care: No Change | |
| Voluntary AD&D/Term Life | No Change | |

NOTE

Changing medical options under the State Health Plan is NOT considered a status change event per IRS Regulations. A QLE will not enable an employee to enroll or cancel the Core AD&D benefit. Refer to the Addendum for Core AD&D administration.

Qualifying Life Events for Dependent Day Care FSA

In the enrollment platform, there is one life event reason listed for Dependent Day Care FSA changes which is "Day care change". This reason can be used for any of the scenarios below.

In the event an employee stops DDCFSA and starts it back later in the same plan year, the amount they elect in the enrollment platform should reflect the amount they want to have contributed for the entire year. The enrollment platform will not show the correct deduction amount however, payroll should be adjusted based on what has already been contributed into the system.

For example: An employee elects \$5,000 of DDCFSA for 2021 and then stops the plan effective 3/31/2021 – so far, they have contributed \$1250 (approximately). They then start the plan again 8/1/2021 and only need \$1000 for the remainder of the year. The amount they should enter in the enrollment platform is \$2,250 (what they have contributed already and what they want to contribute going forward). The enrollment platform will reflect a deduction amount (if monthly) of \$450/month because it does not contain a history of previous deductions/contributions. The payroll system will need to adjust the monthly payments to \$200/month since the employee has contributed previously in the year.

| Events Specific to Dependent Day Care Spending Account | Actions and Comments | Required Documentation: Written proof from the dependent day care provider stating the change in cost or enrollment status OR the NCFlex DDCFSA Qualifying Life Event Form |
|---|---|--|
| Dependent Child Becomes Ineligible at Age 13 | Employee can drop or decrease election. | |
| Dependent Child Begins Kindergarten or First Grade | Employee can drop or decrease election. | |
| Day Care Provider Change Rates | If provider is a Relative – no change allowed. Other providers: <ul style="list-style-type: none"> • Rates increase – increase election. • Rates decrease – decrease election. | |
| Day Care Provider Significantly Changes Coverage | Employee can change election consistent with coverage change | |
| Employees Change Day Care Providers or Terminates Day Care Services | Employee can change election consistent with coverage change. | |

The word “**Add**” as used in the above charts means an employee does not currently have the benefit and wishes to enroll due to a QLE.