

Birth or Adoption

These qualifying mid-year event election changes are permitted when you gain a newly-eligible child as a result of birth, adoption, or placement for adoption.

Health Care Coverage:

- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
- You may add [eligible family members](#).

Note: Contact your agency's Benefits Administrator about removing family members or waiving coverage if enrolling under your spouse's plan.

Medical Flexible

Reimbursement Account:

- You may enroll or increase your election amount to cover a change in [eligible medical expenses](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

Note: Contact your agency's Benefits Administrator if your spouse will carry the account and you want to reduce or cancel your election amount.

Dependent Care Flexible

Reimbursement Account:

- You may enroll or increase your election amount to cover a change in [eligible dependent care expenses](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** A copy of the birth certificate, adoption agreement, or pre-adoptive placement agreement.
- 2. How to submit the request.** Within 31 days of the birth, adoption, or placement for adoption, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#). You need to contact your agency's Benefits Administrator when requesting to add a child under a pre-adoptive placement agreement.
- 3. When approved changes take effect.** Changes in *health care coverage* are retroactively effective the first of the month in which the child is born, adopted, or placed for adoption. Changes in *flexible reimbursement accounts* are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Child Covered under Your Plan Lost Eligibility

These qualifying mid-year event election changes are permitted when a child covered under your plan ceases to satisfy eligibility requirements.

Health Care Coverage:

- You may change your [plan](#). HMO members are required to select a primary care physician.
- You must remove the child who loses eligibility. This usually happens when a child marries, no longer lives at home or away at school, or receives less than one-half of their support from you. It also applies to a step-child who no longer lives with you. The removed child will receive a HIPAA [Certificate of Group Health Care Coverage](#) and an [Extended Coverage Election Notice](#) (COBRA).

Warning! There are serious consequences for *not* removing a family member who is no longer eligible. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

Note: A covered child is automatically removed at the end of the year in which they turn Age 23, and your premium is appropriately adjusted. Special rules apply for a [child age 23 or older with a qualifying disability](#).

Medical Flexible Reimbursement Account:

- You may increase or reduce your election amount to cover a change in [eligible medical expenses](#).

Dependent Care Flexible Reimbursement Account:

- You may reduce or cancel your election amount to cover a change in [eligible dependent care expenses](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation validating why the child ceases to be eligible under your plan.
- 2. How to submit the request.** Within 31 days of the last day the child is eligible under your plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes in *health care coverage* are effective the first of the month following the child's loss of coverage under your plan. Changes in *flexible reimbursement accounts* are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, contact your agency's Benefits Administrator immediately.

Death of Child

These qualifying mid-year event election changes are permitted when a child covered under your plan dies.

- Health Care Coverage:**
- You may change your [plan](#). HMO members are required to select a primary care physician.
 - You may remove only the deceased child.

- Medical Flexible Reimbursement Account:**
- You may reduce or cancel your election amount to cover a change in [eligible medical expenses](#).

- Dependent Care Flexible Reimbursement Account:**
- You may reduce or cancel your election amount to cover a change in [eligible dependent care expenses](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation validating the death (newspaper article, obituary, death certificate).
- 2. How to submit the request.** Within 31 days of the child's death, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes in *health care coverage* are effective the first of the month following the child's death. Changes in *flexible reimbursement accounts* are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, contact your agency's Benefits Administrator immediately.

Death of Spouse

These qualifying mid-year event election changes are permitted when a spouse covered under your plan dies.

Health Care Coverage:

- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
- You may add [eligible family members](#) who lost their coverage due to the death of your spouse.
- You may remove only your deceased spouse.

Medical Flexible

Reimbursement Account:

- You may enroll or increase your election amount to cover a change in [eligible medical expenses](#) as a result of the loss of health care coverage under your spouse's plan. Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).
- You may reduce or cancel your election amount to cover the loss of your spouse's [eligible medical expenses](#).

Dependent Care Flexible

Reimbursement Account:

- You may enroll, increase, reduce or cancel your election amount to cover a change in [eligible dependent care expenses](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation validating the death (newspaper article, obituary, death certificate).
- 2. How to submit the request.** Within 31 days of your spouse's death, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes in *health care coverage* are effective the first of the month following your spouse's death. Changes in *flexible reimbursement accounts* are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, contact your agency's Benefits Administrator immediately.

Dependent Care Cost or Coverage Change

These qualifying mid-year event election changes are permitted when there is a change from one dependent care provider to another or a change in the cost you pay for dependent care. No cost change is permitted when the dependent care is provided by a relative.

Health Care Coverage: ▪ No election change is permitted.

**Medical Flexible
Reimbursement Account:** ▪ No election change is permitted.

**Dependent Care Flexible
Reimbursement Account:** ▪ You may enroll, increase, reduce or cancel your election amount to cover a change in [eligible dependent care expenses](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation from the dependent care provider validating the change.
- 2. How to submit the request.** Within 31 days of the day the dependent care change takes effect, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first.

Divorce

These qualifying mid-year event election changes are permitted when you get a divorce.

Health Care Coverage:

- You may enroll or change your [plan](#) when coverage is lost under your former spouse's plan. HMO members are required to select a primary care physician.

Note: Contact your agency's Benefits Administrator about adding [eligible family members](#).

- You must remove the former spouse. A former spouse is not eligible under your plan even when there is a decree ordering you to provide health care coverage. The former spouse will receive a HIPAA [Certificate of Group Health Care Coverage](#) and an [Extended Coverage Election Notice](#) (COBRA).

Warning! There are serious consequences for *not* removing a family member who is no longer eligible. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

Medical Flexible Reimbursement Account:

- You may enroll or increase your election amount to cover a change in [eligible medical expenses](#) when health care coverage is lost under your former spouse's plan. Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).
- You may reduce or cancel your election amount to cover a change in [eligible medical expenses](#).

Dependent Care Flexible Reimbursement Account:

- You may enroll, increase or reduce your election amount to cover a change in [eligible dependent care expenses](#).
- You may cancel your election if you are not the custodial parent.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** A copy of the final divorce decree naming the former spouse and signed by a judge.
- 2. How to submit the request.** Within 31 days of the day the judge signed the final divorce decree, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes in *health care coverage* are effective the first of the month following the day the judge signed the final divorce decree. Changes in *flexible reimbursement accounts* are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, contact your agency's Benefits Administrator immediately.

Employment Change – Full-time to Part-time

These qualifying mid-year event election changes are permitted when your employment status changes from full-time to part-time.

- Health Care Coverage:**
- Your election automatically terminates at the end of the month that you cease to be full-time because the State does not contribute to the premium for part-time employees. You and removed family members will receive a HIPAA [Certificate of Group Health Care Coverage](#) and an [Extended Coverage Election Notice](#) (COBRA).
 - You may re-enroll in the [plan](#) of your choice. HMO members are required to select a primary care physician.
 - You may re-enroll any [eligible family members](#) previously covered.

Medical Flexible

- Reimbursement Account:**
- No election change is permitted.

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** None. Your agency will validate your employment status changed from full-time to part-time.
- 2. How to submit the request.** Within 31 days of the last day you are in full-time employment status, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first.

Employment Change – Part-time to Full-time

These qualifying mid-year event election changes are permitted when your employment status changes from part-time to full-time.

- Health Care Coverage:**
- If you are already enrolled and choose not to make a change to your election, the premium deducted from your paycheck will be automatically reduced by the amount contributed by the State for full-time employees.
 - You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

Medical Flexible

- Reimbursement Account:**
- No election change is permitted.

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** None. Your agency will validate your employment status changed from part-time to full-time.
- 2. How to submit the request.** Within 31 days of the last day you are in part-time employment status, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Gained Eligibility under Medicare or Medicaid

These qualifying mid-year event election changes are permitted when you, your spouse, or your child enrolls under Medicare or Medicaid (other than coverage solely for pediatric vaccines).

- Health Care Coverage:**
- You may change your [plan](#). HMO members are required to select a primary care physician.
 - You may remove family members enrolling in Medicare or Medicaid. Removed family members will receive a HIPAA [Certificate of Group Health Care Coverage](#). They do not qualify for Extended Coverage (COBRA).

Note: Contact your agency's Benefits Administrator to waive coverage.

Medical Flexible

- Reimbursement Account:**
- You may increase, reduce or cancel your election amount to cover a change in [eligible medical expenses](#).

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation from Medicare or Medicaid validating enrollment.
- 2. How to submit the request.** Within 31 days of the first day covered under Medicare or Medicaid, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first.

HIPAA Special Enrollment

These qualifying mid-year event election changes are permitted when you, your spouse, or your child loses other group health care coverage. The other coverage may be exhausted COBRA coverage, or non-COBRA coverage where you are (a) no longer eligible or (b) the employer's contribution toward the premium ceases.

- Health Care Coverage:**
- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

Medical Flexible

- Reimbursement Account:**
- No election change is permitted.

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** A copy of the HIPAA Certificate of Creditable Coverage or other documentation validating the loss of the other coverage.
- 2. How to submit the request.** Within 31 days of the last day covered under the other group plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Initial Enrollment Period

The Initial Enrollment Period for health care coverage and flexible reimbursement accounts occurs when you begin employment with the State (including being rehired more than 30 days after termination from State employment) or become newly-eligible for State coverage. Your coverage is automatically waived until your enrollment request is approved. If you are rehired less than 30 days after termination from State employment, you continue your previous elections.

- Health Care Coverage:**
- You may enroll in the [plan](#) of your choice. HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

Warning! There are serious consequences for adding ineligible family members. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

Medical Flexible

- Reimbursement Account:**
- You may enroll to cover [eligible medical expenses](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

Dependent Care Flexible

- Reimbursement Account:**
- You may enroll to cover [eligible dependent care expenses](#).

Important Things To Know About Making An Initial Enrollment Request

- 1. Who may make the request.** [Classified employees and faculty members](#) may request enrollment. Wage employees and adjunct faculty are not eligible.
- 2. How to submit the request.** Within 31 days of becoming eligible (hire date, newly-eligible date, rehire date), use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved elections take effect.** Elections are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, elections are effective that day.

Exception! When you start work and request enrollment on the first working day of a month, elections are effective the first day of that month.

- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your initial enrollment request, your next chance will be at [Open Enrollment](#) or with a consistent [Qualifying Mid-year Event](#), whichever comes first.

Judgment, Decree, or Order to Add Child

These qualifying mid-year event election changes are permitted when you are directed by judgment, decree, or order to provide coverage for a child not currently covered under your plan. This may have resulted from a divorce, a change in legal custody, a National Medical Support Notice from the Department of Social Services, or any other Qualified Medical Child Support Order.

Health Care Coverage:

- You may change your [plan](#). If you are not already enrolled, you must enroll. HMO members are required to select a primary care physician.
- You must add the [eligible child](#) named in the notice.

Note: If your agency is served with the notice and you have not taken action, the mandatory change will be made to your health care coverage.

Medical Flexible

Reimbursement Account:

- You may enroll or increase your election amount to cover a change in [eligible medical expenses](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

Dependent Care Flexible

Reimbursement Account:

- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** A copy of the notice naming the child.
- 2. How to submit the request.** Within 31 days of the day you receive notice that you are to cover the child, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Judgment, Decree, or Order to Remove Child

These qualifying mid-year event election changes are permitted when your spouse, former spouse, or other individual is directed by judgment, decree, or order to provide coverage for a child currently covered under your plan. This may have resulted from a divorce, a change in legal custody, a National Medical Support Notice from the Department of Social Services, or any other Qualified Medical Child Support Order.

Health Care Coverage:

- You may change your [plan](#). HMO members are required to select a primary care physician.
- You may remove only the child named in the notice. The removed child will receive a HIPAA [Certificate of Group Health Care Coverage](#). The child does not qualify for Extended Coverage (COBRA).
- You may waive coverage.

Medical Flexible

Reimbursement Account:

- You may reduce your election amount to cover a change in [eligible medical expenses](#).

Dependent Care Flexible

Reimbursement Account:

- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** A copy of the notice naming the child is required.
- 2. How to submit the request.** Within 31 days of the day you receive notice that you may remove the child, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first.

Lost Eligibility under Governmental Plan

These qualifying mid-year event election changes are permitted when you, your spouse, or your child loses coverage under a group health care plan sponsored by a governmental institution. These include State-sponsored plans for children (including FAMIS), plans offered by Indian Tribal governments, and national plans offered by foreign governments.

- Health Care Coverage:**
- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

Medical Flexible

- Reimbursement Account:**
- No election change is permitted.

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation validating the loss of the governmental plan coverage.
- 2. How to submit the request.** Within 31 days of the last day covered under the governmental health care plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Lost Eligibility under Medicare or Medicaid

These qualifying mid-year event election changes are permitted when you, your spouse, or your child loses eligibility under Medicare or Medicaid.

- Health Care Coverage:**
- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

- Medical Flexible Reimbursement Account:**
- You may enroll, increase, reduce or cancel your election amount to cover a change in [eligible medical expenses](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

- Dependent Care Flexible Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation from Medicare or Medicaid validating the loss of coverage.
- 2. How to submit the request.** Within 31 days of the last day covered under Medicare or Medicaid, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Marriage

These qualifying mid-year event election changes are permitted when you get married.

Health Care Coverage:

- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
- You may add your spouse and [eligible family members](#).

Note: Contact your agency's Benefits Administrator to remove family members or waive coverage if enrolled under your spouse's plan.

Medical Flexible

Reimbursement Account:

- You may enroll, increase or reduce your election amount to cover a change in [eligible medical expenses](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

Dependent Care Flexible

Reimbursement Account:

- You may enroll or increase your election amount to cover a change in [eligible dependent care expenses](#).
- You may reduce or cancel your election amount if your spouse will carry the account.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** A copy of your marriage certificate.
- 2. How to submit the request.** Within 31 days of the day you get married, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Move Affecting Eligibility for Health Care Plan

These qualifying mid-year event election changes are permitted when you, your spouse or your child's eligibility for a health care plan's service area changes. This usually happens when there is a permanent change of residence, but may also happen when there is a change in your work location. It applies primarily to HMO coverage.

- Health Care Coverage:**
- When you gain eligibility for HMO coverage, you may enroll or change your [plan](#) to the HMO.
 - You may add [eligible family members](#) when they move into your HMO's service area.
 - When you lose eligibility for your HMO coverage, you must change your [plan](#) or waive coverage.

Note: Contact your agency's Benefits Administrator to remove family members that move out of your HMO's service area.

Medical Flexible

- Reimbursement Account:**
- No election change is permitted.

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Your agency will validate your address.
- 2. How to submit the request.** Within 31 days of the day eligibility for the HMO changed, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Open Enrollment Period

The Open Enrollment Period for health care coverage and flexible reimbursement accounts occurs each spring and is announced in [Spotlight](#) which is mailed to your home. This is your annual opportunity to review your options and enroll or make election changes.

Health Care Coverage:

- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
- You may add [eligible family members](#).
- You may remove family members. Removed family members will receive a HIPAA [Certificate of Group Health Care Coverage](#). They do not qualify for Extended Coverage (COBRA).
- You may waive coverage.

Warning! There are serious consequences for adding ineligible family members. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

Medical Flexible

Reimbursement Account:

- You may enroll to cover [eligible medical expenses](#). A previous election *does not* automatically carry forward. Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

Dependent Care Flexible

Reimbursement Account:

- You may enroll to cover [eligible dependent care expenses](#). A previous election *does not* automatically carry forward.

Important Things To Know About Making An Open Enrollment Request

- 1. What documentation is required.** None.
- 2. How to submit the request.** During the Open Enrollment period, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When changes take effect.** Elections are effective July 1 following Open Enrollment.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The links for [Spotlight](#) and [Employee Benefits](#) include helpful information. For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at another [Open Enrollment](#) or with a consistent [Qualifying Mid-year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Other Employer's Open Enrollment or Health Care Plan Change

These qualifying mid-year event election changes are permitted when the coverage for you, your spouse, or your child under an employer's health care plan is changed and a corresponding change on your plan is desired. This includes Open Enrollment under another employer's plan.

- Health Care Coverage:**
- You may enroll or change your [plan](#) when a change is made under the other plan. HMO members are required to select a primary care physician.
 - You may add [eligible family members](#) who are removed from the other plan.
 - You may remove family members who enroll in the other plan. Removed family members will receive a HIPAA [Certificate of Group Health Care Coverage](#). They do not qualify for Extended Coverage (COBRA).
 - You may waive coverage if enrolled under the other plan.

Medical Flexible

- Reimbursement Account:**
- No election change is permitted.

Dependent Care Flexible

- Reimbursement Account:**
- No election change is permitted.

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation from the other employer validating the change in their coverage.
- 2. How to submit the request.** Within 31 days of the day the corresponding change takes effect under the other plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.

Spouse or Child Gained Eligibility under Their Employer's Plan

These qualifying mid-year event election changes are permitted when your spouse or a child covered under your plan changes employment status resulting in eligibility under their employer's plan. This includes beginning employment and returning to work from an unpaid leave of absence. If your child is the one with the employment status change, be sure to review "[Lost Eligibility as Child Covered under Your Plan](#)".

Health Care Coverage:

- You may change your [plan](#). HMO members are required to select a primary care physician.
- You may remove family members who enroll in the other plan. Removed family members will receive a HIPAA [Certificate of Group Health Care Coverage](#). They do not qualify for Extended Coverage (COBRA).
- You may waive coverage if enrolled in the other plan.

Medical Flexible

Reimbursement Account:

- You may reduce or cancel your election amount to cover a change in [eligible medical expenses](#) for those who enroll in the other health care plan.

Dependent Care Flexible

Reimbursement Account:

- You may enroll when your spouse begins employment.
- You may increase, reduce or cancel your election amount to cover a change in [eligible dependent care expenses](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation provided by the other employer validating enrollment under their plan.
- 2. How to submit the request.** Within 31 days of the first day covered under the other employer's plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first.

Spouse or Child Lost Eligibility under Their Employer's Plan

These qualifying mid-year event election changes are permitted when your spouse or child changes employment status resulting in the loss of eligibility under their employer's plan. This includes terminating employment and beginning an unpaid leave of absence.

- Health Care Coverage:**
- You may enroll or change your [plan](#). HMO members are required to select a primary care physician.
 - You may add [eligible family members](#).

- Medical Flexible Reimbursement Account:**
- You may enroll or increase your election amount to cover a change in [eligible medical expenses](#). Sign-up following your enrollment to get the [EZ Reimburse MasterCard](#).

- Dependent Care Flexible Reimbursement Account:**
- You may enroll or increase your election amount to cover a change in [eligible dependent care expenses](#) when your spouse loses eligibility for an account.
 - You may reduce or cancel your election amount to cover a change in [eligible dependent care](#).

Important Things To Know About Making An Election Change Request For This Event

- 1. What documentation is required.** Documentation from the other employer validating the loss of eligibility under their plan.
- 2. How to submit the request.** Within 31 days of the first day eligibility is lost under the other employer's plan, use [EmployeeDirect](#) or complete a paper [Enrollment Form](#).
- 3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
- 4. Where to learn more.** Visit www.dhrm.virginia.gov. The Employee Benefits link includes answers to [frequently asked questions](#) and helpful information about [handling a life-changing event](#). For more details, contact your agency's Benefits Administrator.

Reminder: If you miss this opportunity to submit your change request, your next chance will be at [Open Enrollment](#) or with another consistent [Qualifying Mid-Year Event](#), whichever comes first. Contact your agency's Benefits Administrator about an exception for those already under family coverage.