

# QME – Loss of Eligibility Under Governmental Plan

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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 government entity. These include state-sponsored plans for children (including FAMIS), plans offered by Indian Tribal governments, and national plans offered by foreign governments. **Election changes must be *on account of and correspond with the event*.**

***Health Insurance Coverage:***

- You may enroll.
- You may add eligible family members

*And*

- Change your plan. HMO members are required to select a primary care physician.

***Health Flexible Spending Account:***

- No election change is permitted.

***Dependent Care Flexible Spending 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 government-sponsored plan coverage. If adding dependents, you must provide documentation that they are eligible for the state health plan.

**2. *How to submit the request.*** Starting with the last day covered under the governmental health care plan, you have 60 calendar days to use EmployeeDirect, or complete a paper Enrollment Form and submit it to your agency's Benefits Administrator.

**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. Changes are irrevocable once the effective date of the change has occurred.

***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. If you are already in a family membership and need to add eligible dependents, please see your agency's Benefits Administrator for additional information.