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MEMORANDUM #044-16HR

TO: Agency Administrators

FROM: Carolyn Horwich, J.D., Director of Human Resources

THROUGH: Rip Colvin, Executive Director

SUBJECT: Changes to OPS Eligibility and QSC Matrix

DATE: December 6, 2016

The Department of Management Services, Division of State Group Insurance, has issued updated guidance regarding the eligibility date for OPS insurance coverage. A revised QSC Matrix is also attached. Please dispose of any old QSC Matrices you may have.

Please do not hesitate to contact the appropriate JAC staff if you have any questions.

Thank you.

MANAGEMENT ADVISORY 16-014

DATE: Dec. 5, 2016
TO: Human Resource Officers and Benefits Managers
FROM: Debbie Shoup, Manager, Member Services
SUBJECT: OPS Eligibility Changes Effective Jan. 1, 2017

The following qualifying status change events are modified on the QSC Matrix and become effective Jan. 1, 2017:

- #11 – revised policy: OPS employees may elect an early effective date for health insurance, meaning coverage may begin the first day of the month following hire, provided that coverage is elected the month of hire.
 - To request the early effective date, OPS employees must call the People First Service Center to enroll in health insurance.
- #12 – revised policy: OPS employees become eligible for coverage when they are expected to work 30 hours or more on average, even if it's past the new hire measurement period. This applies to internal promotions and movement to another agency or university.
 - For internal promotions with a position change and for movement to another agency or university, complete the PAR as usual. In addition, call the People First Service Center; report that the employee is expected to work 30 hours or more per week; and give the start date of the employment status change.
 - When the employee is expected to permanently increase to 30 hours or more without a position change, call the People First Service Center and report the information as indicated above.

OPS employees may elect an early effective date for health insurance, meaning coverage may begin the first day of the month following the employment status change, provided that the election is made before the first day of the coverage month.

- To request the early effective date, OPS employees must call the People First Service Center to enroll in health insurance.
- #13 – revised policy: OPS employees who measure eligible for the new hire measurement period may elect an early effective date for health insurance, meaning coverage may begin the first day of the month following the measurement, provided that the election is made before the first day of the coverage month.
 - To request the early effective date, OPS employees must call the People First Service Center to enroll in health insurance.

State of Florida Qualifying Status Change Event Matrix

Effective January 1, 2017

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
A. Change in Enrollee's Legal Marital Status					
Marriage					
1. Legally recognized marriage between two persons under any state or foreign law at the time the marriage was entered into by the parties. Common law marriages, domestic partnerships, civil union partnerships or other relationships do not constitute marriage. 60-day QSC window ⁶ Effective date of election ⁷	Copy of marriage license and birth certificates if adding children or stepchildren	Enrollee may enroll in or increase to a family tier for newly eligible spouse and any eligible dependents	Basic – Enrollee may enroll or cancel Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may enroll or increase election	Enrollee may enroll or increase election to accommodate newly-eligible dependents or, if eligibility is lost because new spouse does not work, may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
Loss of Spouse					
2. Legal divorce	REQUIRED: copy of final judgment that defines insurance coverage or divorce decree REQUIRED: court ordered custody is required to cover previously eligible dependents made ineligible by the divorce	Enrollee must remove spouse and other dependents made ineligible by the event and may decrease coverage tier if no other covered dependents, but cannot cancel	Basic – Enrollee may enroll or cancel Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the greater of the amount contributed through payroll deduction or the amount of claims submitted as of the date the request is approved; may enroll or increase election	Enrollee may enroll or increase election to accommodate newly eligible dependents or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account if eligibility is lost (e.g., because dependents now reside with ex-spouse)

¹ Throughout this document: all allowable election changes must be consistent with the qualifying event, based on a gain or loss of eligibility.

² Throughout this document: enrollees may be required to submit documentation to establish eligibility. The effective date of any election is prospective, unless otherwise noted.

³ Throughout this document: enrollment is automatic for full-time Salaried FTE employees upon hire; part-time Salaried FTE may choose to enroll and pay a pro-rated premium; OPS employees may choose to enroll and pay the full monthly premium..

⁴ Throughout this document: OPS employees are not eligible to participate in optional life, health care FSA or a limited purpose FSA.

⁵ Throughout this document: only employees enrolled in basic life are eligible to enroll in dependent (spouse and/or child) life coverage, which may require underwriting.

⁶ Throughout this document: a Qualifying Status Change (QSC) event window is defined as the period of time to provide required documentation and make allowable changes to benefits, as defined by the IRS. All QSC windows are 60 days from and including the event unless otherwise specified.

⁷ Throughout this document except where otherwise indicated: the effective date of coverage shall depend on the date of the qualifying event, the date the election is made, and receipt of premium. For health insurance, see QSC Event #10 for salaried employees and see #11 for OPS employees; for supplemental plans, optional life, and dependent life, the first day of the month following a full payroll deduction; for basic life, the first day a full-time salaried employee is actively at work, or the first day of the month following full payroll deduction once an election is made by part-time salaried and OPS employees; for health care FSA, limited purpose FSA, and dependent care FSA, the date of enrollment; for HSA, the day a payroll deduction can be taken and deposited into the HSA Advantage™ account.

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
3. Death of spouse	Copy of death certificate REQUIRED: court ordered custody is required to cover previously eligible dependents made ineligible by the death	Enrollee must remove spouse and other dependents made ineligible by the event and may decrease election if no other covered dependents, but cannot cancel	Basic – Enrollee may enroll or cancel Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved; may enroll or increase election	Enrollee may enroll or increase election to accommodate newly eligible dependents
B. Change in Number of Enrollee's Eligible Dependents					
Dependent Gains Eligibility					
4. Birth of child, adoption, or placement in the home for purposes of adoption in compliance with applicable state and federal laws	REQUIRED: adoption papers, placement papers, or legal documentation before any changes can be made Copy of birth certificate, copy of marriage license and birth certificates if adding other eligible dependents	Enrollee may enroll in or increase to the family coverage tier Health plan only: if requested, enrollment or an increase in coverage may be retroactive to the first day of the month and the effective date for the child is as follows: <ul style="list-style-type: none"> Coverage for the enrollee's newborn is effective as of the date of birth Coverage for the adopted child is effective as of the date of the adoption or placement Other eligible dependents may be added the first day of the month following the month the newborn or adopted child is enrolled	Basic – Enrollee may enroll or cancel Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may enroll or increase election for newly eligible dependents	Enrollee may enroll or increase election to accommodate newly eligible dependents and any other eligible dependents who were not previously covered; Enrollee may drop or decrease contributions if spouse ceases to work following a birth or adoption

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
Dependent Loses Eligibility					
5. Dependent no longer meets eligibility requirements (e.g., end of the month in which dependent turns 13 for DCRA or end of the calendar year in which dependent turns 26 for insurance plans)	Based on the event; e.g., affidavit, letter from employer, etc.	Enrollee must remove the ineligible dependent and may decrease election only if no other covered dependents, but cannot cancel	Basic – No changes allowed Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Enrollee may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
6. Death of dependent	Copy of death certificate	Enrollee may decrease election if no other covered dependents, but cannot cancel	Basic – No changes allowed Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Enrollee may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
Placement, Judgments, Decrees or Orders					
7. Court order that requires coverage for the enrollee's child, for legal guardianship, or for foster child in compliance with applicable state law	REQUIRED: official document from the courts or other authorized authority before any changes can be made	Enrollee may enroll or increase election	Basic – Enrollee may enroll or cancel Optional/Dependent – Enrollee may enroll, cancel, increase or decrease	Enrollee may increase election for newly eligible dependent as required under the order	No changes allowed
8. Court order that requires enrollee's ex-spouse to provide coverage for the child or that allows enrollee to cancel coverage for the child	REQUIRED: official document from the courts or other authorized authority before any changes can be made	Enrollee may decrease election if no other covered dependents, but cannot cancel	Basic – Enrollee may cancel Optional/Dependent – Enrollee may cancel or decrease	Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	No changes allowed
9. National Medical Support Order	REQUIRED: official document from a governmental entity	Health, dental and vision plans only; enrollee may enroll or increase election	No changes allowed	No changes allowed	No changes allowed

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
C. Change in Employment Status of Enrollee, Spouse or Dependent that Affects Eligibility					
Commencement of Employment or Other Change in Employment Status that Triggers Eligibility					
<p>10. Salaried FTE New Hire</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	<p>REQUIRED: Appointment PAR⁸</p> <p>Copy of marriage license and birth certificates if adding children or stepchildren</p>	Employee may enroll in single or a family coverage tier	<p>Basic – full-time enrollee automatically enrolled; part-time enrollee may enroll and pay prorated premium</p> <p>Optional/Dependent – Enrollee may enroll</p>	Enrollee may enroll	Enrollee may enroll
<p>11. OPS new hire reasonably expected to work 30 hours or more per week in all positions</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	<p>REQUIRED: Appointment PAR</p> <p>Copy of marriage license and birth certificates if adding children or stepchildren</p>	Employee may enroll ⁹ and add eligible dependents	<p>Basic – Enrollee may enroll and pay monthly premium</p> <p>Optional – not eligible</p> <p>Dependent – Enrollee may enroll</p>	Not eligible	Enrollee may enroll
<p>12. OPS employee Employment Status Change –employee’s work hours are expected to increase to an average of 30 hours or more per week</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	<p>REQUIRED: Appointment PAR</p> <p>Copy of marriage license and birth certificates if adding children or stepchildren</p>	Enrollee may enroll and add eligible dependents	<p>Basic – Enrollee may enroll and pay monthly premium</p> <p>Optional – not eligible</p> <p>Dependent – Enrollee may enroll</p>	Not eligible	Enrollee may enroll

⁸ Throughout this document: a PAR is defined as a Personnel Action Request that is entered and completed in the People First system to trigger benefit eligibility.

⁹ Throughout this document: OPS employees must meet the 30-hour per week average for subsequent 12-month measurement periods to continue coverage or to be eligible to enroll.

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
<p>13. OPS employee works 30 or more hours on average per week during new hire measurement period</p> <p>The earliest effective date for health insurance is the first day of the month following the election.</p>	<p>REQUIRED: Work hours recorded in the People First system during a new hire measurement period that begins the first day of the month following the hire date</p>	<p>Enrollee may enroll and add eligible dependents</p>	<p>Basic – Enrollee may enroll and pay monthly premium</p> <p>Optional – not eligible</p> <p>Dependent – Enrollee may enroll</p>	<p>Not eligible</p>	<p>Enrollee may enroll</p>
<p>14. OPS employee moves to a salaried FTE position with no break in service¹⁰</p>	<p>REQUIRED: Appointment PAR</p>	<p>If enrolled as an OPS employee, no changes allowed</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll unless #24</p> <p>If not eligible as an OPS employee, treat as a new hire (#10)</p>	<p>Basic – If eligible, but not enrolled as OPS and appointment to full-time salaried FTE automatically enrolled</p> <p>If eligible and enrolled as OPS, coverage continues</p> <p>If not eligible as an OPS employee, treat as a new hire (#10)</p> <p>Optional – Enrollee may enroll, if enrolled in basic life</p> <p>Dependent – If not enrolled cannot enroll</p>	<p>Enrollee may enroll</p>	<p>If enrolled as an OPS employee, election continues</p> <p>If eligible but not enrolled as an OPS employee, not entitled to enroll</p> <p>If not eligible as an OPS employee, treat as a new hire (#10)</p>
<p>15. Salaried FTE or OPS employee commences LWOP and returns</p>	<p>REQUIRED: LWOP PAR</p> <p>REQUIRED: Return from LWOP PAR if returning the employee from LWOP</p>	<p>If enrolled at the time of LWOP, same elections with same employee contributions automatically continue through the LWOP period and upon return to work; if the stability period ends while an OPS employee is on LWOP or upon</p>	<p>Basic – no changes allowed; enrollment continues through the LWOP period and upon return to work. Premiums are payable by the employee while on LWOP unless</p>	<p>Salaried FTE may decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved</p>	<p>Salaried FTE may decrease the annual election to no less than the amount contributed through payroll deduction as of the date the request is approved</p>

¹⁰ Throughout this document a break in service for OPS employees is defined as, termination of employment or unpaid leave (other than FMLA, jury duty or military leave) that exceeds 13 consecutive weeks (26 for employees of academic institutions); or a break between four weeks and 13 (26) weeks if the period of service prior to the break is less than the period of the break.

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
		return to work and the employee is not eligible to continue coverage based on measurement, coverage terminates the last day of the stability period	salaried FTE on FSWP or Military Leave Optional/Dependent – no changes allowed For all life coverage, if the stability period ends while an OPS employee is on LWOP or upon return to work and the employee is not eligible to continue coverage based on measurement, coverage terminates the last day of the stability period		
16. Salaried FTE termination (meaning last day worked) and rehire <i>within</i> one full calendar month	REQUIRED: Appointment PAR if return from termination	Same elections continue. If not enrolled, must have an appropriate QSC event (e.g. marriage) to enroll during the remainder of the stability period			
17. OPS employee return from break in service	REQUIRED: Appointment PAR	Treat as OPS new hire #11			
18. Salaried FTE termination (meaning last day worked) and return <i>after</i> one full calendar month	REQUIRED: Appointment PAR	If no break in coverage, no changes allowed If break in coverage, treat as new hire #10	Basic – if appointed to a full-time salaried (FTE 1.0) position, enrollee automatically enrolled Optional/Dependent – Enrollee may enroll	Enrollee may enroll or continue election if personal payments made during termination; otherwise, may not enroll twice in same calendar year	May enroll

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
Termination of Employment or Other Change in Employment Status that Causes Loss of Eligibility					
19. Full-time (FTE of 0.75 – 1.0) salaried FTE to OPS (regardless of benefits eligibility) with no break in service	REQUIRED: Appointment and Separation PARs	If enrolled, election continues for the stability period: <ul style="list-style-type: none"> The plan year if employed for more than one year The new hire stability period if employed less than one year If not enrolled as a full-time FTE, not eligible to enroll	Basic – If enrolled, election continues Optional – if enrolled, election automatically cancelled Dependent – If enrolled, election continues	Election ends or may continue by completing the Health Care FSA Options When Employment Ends form and submitting payment	If enrolled, election continues
20. Part-time (FTE less than 0.75) salaried FTE to OPS (regardless of benefits eligibility) with no break in service	REQUIRED: Appointment and Separation PARs	If employee was measured at less than 30 hours, the benefits are terminated when moving to OPS. Eligibility is then determined at the next 12-month measurement period If the employee is in the new hire measurement period and the OPS appointment is full-time equivalent (at least 30 hours per week), the benefits are transferred and the employee may qualify for changes under #12			
21. Termination of enrollee's employment, including retirement as a vested employee (see s. 110.123(2)(g), F.S.)	REQUIRED: Separation PAR	All elections end	All elections end	Election ends	Election ends
Continuation options if enrolled		May continue health, dental and vision through COBRA	May port optional life	May continue by completing the Health Care FSA Options When Employment Ends form and submitting payment	
Continuation options if enrolled upon retirement		Retirees may continue health as a retiree (31-day QSC event window) and dental and vision through COBRA if previously enrolled	Within 31 days of retirement, retirees may enroll in retiree life insurance or spouse life coverage ¹¹ ,	May continue by completing the Health Care FSA Options When Employment Ends form and submitting payment	

¹¹ Retirees may enroll in retiree life within 31 days of losing eligibility for spouse life coverage, provided there is no break in coverage.

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
			if eligible, but may not port optional life		
22. Death of Enrollee	REQUIRED: Copy of death certificate within 60 days of the death or PAR to enroll in health plan as a surviving spouse	All elections end	All elections end	Election ends	Election ends
Surviving spouse benefits if spouse enrolled upon death of enrollee	Enrollment within 31 days of receipt of notification of benefits (surviving spouse package)	Spouse may continue health coverage and may COBRA the dental and vision		Surviving spouse may file claims incurred up through the date of death or use balance from leave payout to continue through the end of the calendar year	
D. Change in Place of Residence of Employee, Spouse, or Dependent that Triggers a Loss of Eligibility					
23. Enrollee or dependent moves outside of HMO service area	For Enrollee: home and work county code change in the People First system For dependent: moves to college or otherwise out of the service area, documentation proving change in address	Enrollee must work or reside in the HMO service area to make a new HMO election; otherwise, must change to the PPO	No changes allowed	No change allowed, even if underlying health coverage change occurs	No change allowed
E. Significant Cost Changes					
24. Premium increase or decrease to enrollee of at least \$20 per month as a result of change in pay plan (e.g., Career Service or OPS employee to SES), Salaried FTE (e.g., part-time to full-time), legislative premium mandates, Optional Life age banding, etc.	REQUIRED: PAR showing salaried FTE or classification System premium update Refer to the optional life premium chart that shows age-banding requirements	Cost decrease: Enrollee may enroll or increase coverage level for health plan only Cost increase: Enrollee may decrease or cancel coverage level for health plan only and enroll in a different benefit option providing similar coverage, if available	Optional Life only Cost decrease due to salary reduction: enrollee may increase corresponding election Cost increase due to salary or age band increase: enrollee may decrease corresponding election	No change permitted	Election change may be made whenever there is a change in provider or a change in hours of dependent care; no change can be made when the cost change is imposed by a dependent care provider who is a relative of the enrollee

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
F. Curtailment of Enrollee's Benefit Package Option					
25. Significant reduction of enrollee's coverage (with or without loss of coverage) as a result of state or federal legislative change	REQUIRED: DSGI approval	<p>Without Loss of Coverage: Enrollee may cancel election and make new election for similar coverage</p> <p>With Loss of Coverage: Enrollee may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available</p>	No changes allowed	No changes allowed	No changes allowed
G. Gain or Loss of Other Group Coverage					
26. Gain eligibility for other group coverage, e.g., change in spouse's employment status, spouse's open enrollment, Medicare ¹² , Military Leave ¹³ , or the Marketplace	<p>As applicable, proof of other group coverage, letter from employer</p> <p>REQUIRED: Proof of gain of coverage is required for a change to be made before the QSC event date.</p> <p>REQUIRED: PAR for Military Leave, military orders sent to human resource office</p> <p>REQUIRED: Medicare card if due to disability or normal retirement age</p>	Enrollee may cancel election for self and/or dependents if Enrollee and dependents are added to other similar coverage	No changes allowed	No changes allowed	No changes allowed

¹²Throughout this document: if enrolling in Capital Health Plan or Florida Health Care Plans, retirees must first contact the HMO to enroll in its Medicare Advantage plan

¹³Throughout this document: if on Military Leave, an enrollee may continue or cancel within 60 days of commencement of leave and may re-enroll within 90 days of discharge

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
27. Lose eligibility for other group coverage, including Medicare, Medicaid, Military Leave or as a result of change in spouse's employment status	REQUIRED: Proof of loss of coverage is required for a change to be made before the QSC event date. REQUIRED: PAR for Military Leave, military orders sent to human resource office	Enrollee may enroll or increase coverage in plans for which the loss of eligibility occurred	No changes allowed	No changes allowed	No changes allowed
28. Dependent becomes eligible for government subsidized health coverage (60-day window from the date of eligibility or the effective date whichever is later)	Copy of the letter from the health insurance provider (e.g., Healthy Kids) REQUIRED: Proof of gain of coverage is required for a change to be made before the QSC event date.	If no other covered dependents, enrollee may decrease health election (and dental and vision, if applicable) for subsidized dependents only, but cannot cancel	No changes allowed	No changes allowed	No changes allowed
29. Dependent becomes ineligible for government subsidized health coverage	Copy of the letter from the health insurance provider (e.g., Healthy Kids) REQUIRED: Proof of loss of coverage is required for a change to be made before the QSC event date.	Enrollee may increase health election and add dependents who lost eligibility for subsidy	No changes allowed	No changes allowed	No changes allowed
H. Other Allowable Changes					
30. Retirees, surviving spouses, COBRA and layoff enrollees may cancel or decrease the election to individual at any time (a QSC event is required to increase the coverage level to family)	No changes allowed	Applies only to applicable plans under which the enrollee is currently covered	Applies only to basic life coverage	No changes allowed	No changes allowed
31. Active employees enrolled in an HIHP become eligible for Medicare	Age in People First system, Medicare card	Health only: enrollee may remain in HIHP without an HSA or may enroll in a Standard plan with the same company	No changes allowed	No changes allowed	No changes allowed
32. Employees enrolled in a prepaid dental plan with no available dentist within a 30-mile radius of the home address (PC 11-002)	Written verification from the dental plan	Dental plan enrollee may change to another dental plan with dentist that are accepting patients	No changes allowed	No changes allowed	No changes allowed

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ , Optional ⁴ & Dependent ⁵ Life	Health Care FSA/Limited Purpose FSA ⁴	Dependent Care FSA
<p>33. At the end of the calendar year in which dependents turn 26, over-age health insurance is available for an additional premium through the end of the calendar year in which they turn 30, provided they meet these eligibility requirements:</p> <ul style="list-style-type: none"> • Unmarried, • Have no dependents of their own, • Dependent on enrollee for financial support, • Live in Florida or attend school in another state, and • Not enrolled in other health insurance 	<p>Same as other QSCs events</p>	<p>Health only: may enroll if meets all eligibility requirements</p> <p>Must cancel if dependent loses eligibility for any one of the requirements</p>	<p>No changes allowed</p>	<p>No changes allowed</p>	<p>No changes allowed</p>
<p>34. Employees commence FMLA</p>	<ul style="list-style-type: none"> • REQUIRED: Leave of Absence PAR 	<p>Enrollee may decrease election or cancel</p>	<p>Basic – Enrollee may cancel</p> <p>Optional/Dependent – Enrollee may decrease election or cancel</p>	<p>Enrollee may decrease annual election to no less than the greater of the amount contributed through payroll deduction or the amount of claims submitted as of the date the request is approved; will not be allowed to re-enroll upon return to employment in the same calendar year</p>	<p>Enrollee may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved</p>
<p>35. OPS employee change in status so that employee changes positions and is no longer expected to average 30 or more hours per week and enrolls in another health plan that provides minimal essential coverage</p>	<p>PAR</p> <p>Proof of minimal essential coverage</p>	<p>Health only: enrollee may cancel health election only</p>	<p>No changes allowed</p>	<p>No changes allowed</p>	<p>No changes allowed</p>