



QUALIFYING LIFE EVENT (QLE) / DEPENDENT VERIFICATION FORM

TO: BEST SHARED SERVICES

FAX: 919-875-3843 or EMAIL: AON.BEST@osc.nc.gov

SECTION A: EMPLOYEE INFORMATION

Name: (Last, First, MI):	Date of Birth:
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BEACON Personnel Number:	Contact Phone #:
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Employee Email Address:

Employing State Agency:

SECTION B: TYPE OF QUALIFYING LIFE EVENT (QLE) - Check *only One* & indicate Date of Event

Type of Life Event (QLE) Change	Required Documentation to be maintained at the Agency level	Date of Event
<input type="checkbox"/> New Born	Birth Certificate	
<input type="checkbox"/> Acquired Guardianship (adoption/foster child)	Legal Guardianship document from the Courts	
<input type="checkbox"/> Marriage	Marriage Certificate	
<input type="checkbox"/> Divorce	Divorce Decree	
<input type="checkbox"/> Legal Separation	Legal Separation document from the Courts	
<input type="checkbox"/> Death	Death Certificate	
<input type="checkbox"/> Gain of Dependent's Benefits	Certificate of Coverage showing Effective Date	
<input type="checkbox"/> Loss of Dependent's Benefits	Certificate of Coverage showing Term Date*	
<input type="checkbox"/> Medicare Eligibility	Certificate of Coverage showing Medicare Effective Date	
<input type="checkbox"/> Gain of Other Coverage	Certificate of Coverage showing Effective Date	
<input type="checkbox"/> Loss of Other Coverage	Certificate of Coverage showing Term Date*	
<input type="checkbox"/> Change in Medicaid	Medicaid Letter showing Change Date*	
<input type="checkbox"/> Court Order	Court Order document	

*May also require Dependent Verification Documentation (i.e., birth certificate, marriage certificate, etc.)

SECTION C: DEPENDENT INFORMATION - Please indicate dependent's name, DOB & relationship to employee

Dependent Name:	DOB:	Relationship:

SECTION D: AGENCY HBR ACKNOWLEDGEMENT & CERTIFICATION - This is to certify that the QLE status change has been verified and the required supporting documentation has been provided by the employee and is being maintained at the Agency level.

Agency HBR Signature:	Date:
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HBR Contact Email:	HBR Contact Phone#:
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QUALIFYING LIFE EVENT (QLE) / DEPENDENT VERIFICATION FORM INSTRUCTIONS

FAX or EMAIL completed form to BEST at 919-875-3843 or AON.BEST@osc.nc.gov

SECTION A: EMPLOYEE INFORMATION

- Indicate employee's Last Name, First Name, Middle Initial & Date of Birth.
- Indicate employee's BEACON Personnel Number (PNR).
- Indicate employee's contact phone number where they can be reached for any questions.
- Indicate employee's email address where they can be contacted for any questions.
- Indicate employee's employing (work location) State Agency.

SECTION B: TYPE OF QUALIFYING EVENT (QLE)

- Indicate the type of QLE event by marking an X in the box provided & indicate the date of the QLE.

SECTION C: DEPENDENT INFORMATION

- Indicate the name of dependent being added to the plan due to the applicable QLE.
- Indicate the dependent's date of birth (DOB).
- Indicate the dependent's relationship to the employee (i.e., child, spouse, etc.).

SECTION D: AGENCY HBR ACKNOWLEDGEMENT & CERTIFICATION

- Agency HBR shall sign and indicate date of signature.
- Agency HBR shall indicate contact email address and phone number where they can be reached for any questions.
- Signature indicates that Agency HBR is acknowledging review of and is certifying that the employee has provided the required supporting documentation which has been verified and maintained at the Agency level. Agency understands that this form is being used in lieu of submitting the required supporting documentation to BEST Shared Services for confidentiality purposes only.

QLE CONSIDERATIONS

- QLE changes must be consistent with the family/employment status change event. Enrollment changes must be completed within 30 days of the event. **Important:** The 30 day period to make plan changes does not begin when the HBR is notified about the QLE; the 30 day window starts the day the QLE happens.
- The IRS provides guidelines for a QLE change and requires that employees maintain legal documentation of the change(s) in their personal records. Employees can provide this to their Agency work location benefits representative (HBR).
- NC Flex and NC State Health Plan reserves the right to conduct audits requiring employees to provide supporting documentation for dependents or other qualifying events. Examples of documentation include marriage, birth or death certificates; divorce decrees; notice of legal separation; proof of change in spouse's employment, certificates of coverage indicating effective date or termination date of coverage; or, adoption papers.