



QUALIFYING LIFE EVENTS GUIDE



Qualifying Life Events

Every effort has been made to ensure the accuracy of the information contained in this guide. This document contains quick reference tables to assist you in determining required supporting documents, and the timeframe to submit change requests due to a qualifying life event. In the event of any discrepancies between the information in this document and the Master Plan Document for PEBP Enrollment and Eligibility, the Master Plan Document will govern. These documents are available under *Getting to Know Your Plan* at <https://pebp.nv.gov>.

One of the things you can count on in life is change. When those changes come, they might open the door for you to qualify to make modifications to your health plan outside the annual open enrollment period. Here's what you need to know:

- You may complete the following qualifying life events in your E-PEBP portal: adoption, birth, divorce, establish a domestic partner, marriage, Medicare eligibility changes, dependent dies, dependent gains coverage, dependent loses coverage, and terminate domestic partnership. You *must* complete these events in your [E-PEBP portal](#) within the specific timeframe (within 60 days of the date of event in most cases) as outlined in this guide. If the online event, including submitting any required supporting documents, is not completed within the specific timeframe, the request will not be accepted, and the change cannot be made until the subsequent open enrollment period.
- Other qualifying life events include employees or retirees who are in declined status who experience a change in number of dependents, permanent legal guardianship and retirement. For these events you will need to submit your supporting documentation and/or required forms to PEBP using our secure document upload form on [PEBP's Contact Us](#) page.
- Transferring to another agency is not a qualifying life event and you cannot make changes to your coverage. If there is no break in coverage as an active employee, you do not have the right to change coverage.
- In accordance with the Internal Revenue Service (IRS) Code Section 125, and upon proper notification to the PEBP, coverage changes generally occur on a prospective basis. Exceptions apply to newborn infants, adopted children and children placed for adoption.

[Questions regarding eligibility?](#)

[Send a secure message through your E-PEBP portal or contact the PEBP office at 775-684-7000, 702-486-3100 or 1-800-326-5496.](#)

Summary of Supporting Eligibility Documents

[illegible]

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
New Hire	No later than the last day of the month in which coverage is scheduled to become effective	<p><u>If adding spouse/domestic partner:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of spouse or domestic partner <input type="checkbox"/> Copy of the certified marriage certificate or domestic partnership certificate <p><u>If adding dependent child(ren):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of child(ren) <input type="checkbox"/> Copy of child(ren)'s certified birth certificate <p><u>If adding a stepchild(ren):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of child(ren) <input type="checkbox"/> Copy of child(ren)'s certified birth certificate <input type="checkbox"/> Copy of the certified marriage certificate or domestic partnership certificate <p><u>If adding a child(ren) under legal permanent guardianship:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of legal guardianship papers (signed by a judge) <input type="checkbox"/> SSN of child(ren) <input type="checkbox"/> Copy of child(ren)'s certified birth certificates) <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate 	<ul style="list-style-type: none"> • Full-time employees are eligible for coverage on the first day of the month concurrent with or following the date of hire 	May add eligible dependent(s) in the family unit

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Initial Retirement Coverage for Eligible Retiring Employees	Within 60 days of the employee's date of retirement	<ul style="list-style-type: none"> <input type="checkbox"/> Enrollment election completed via Retiree Benefit Enrollment and Change Form (RBECE) <input type="checkbox"/> Years of Service Certification (YOS) form <input type="checkbox"/> If age 65 or older, copy of Medicare Parts A and/or B card <input type="checkbox"/> If age 65 or older and ineligible for premium-free Medicare Part A, a copy of the Medicare Benefits Verification Letter and a copy of Medicare Part B card <input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Eligibility Documents 	<ul style="list-style-type: none"> • Retiree coverage is effective on the first day of the month concurrent with or following the date of retirement 	<p>May add or remove dependent(s)</p> <p>May select a new health plan option</p> <p>Apply for free Medicare Part A, must purchase Part B, and may be required to enroll for coverage through the Medicare Exchange as stated in the PEBP Enrollment and Eligibility Master Plan Document</p>

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Newborn Child	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of the child's hospital birth confirmation <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate <p>Within 120 days of date of birth:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of child <input type="checkbox"/> Copy of the child's certified birth certificate 	<ul style="list-style-type: none"> • Newborn coverage is effective on the date of birth for the first 31 days, also known as the initial coverage period • Coverage for other dependent(s) is effective on the first day of the month following notification 	<p>Participant shall enroll in coverage to cover the newborn</p> <p>May add newborn child and other eligible dependent(s) in the family unit</p>
Adoption of a Child or the Placement for Adoption of a Child	Within 60 days of the event date	<p>Within 60 days of adoption or placement for adoption:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial legal adoption papers or placement for adoption (signed by judge) <p>Within 180 days of adoption or placement for adoption:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Final adoption papers (signed by a judge) <input type="checkbox"/> SSN of child <input type="checkbox"/> Copy of child's certified birth certificate 	<ul style="list-style-type: none"> • Coverage effective on the date of adoption or placement for adoption for the first 31 days, also known as the initial coverage period • Coverage for a child adopted within 60 days of the child's date of birth becomes effective on 1) the date of adoption, or 2) placement for adoption • Coverage for a child adopted more than 60 days after their date of birth is effective on the 1st day of the same month of the adoption or placement for adoption • Coverage for other dependent(s) is effective on the first day of the month following notification 	<p>Participant shall enroll in coverage to cover the adopted child</p> <p>May add the designated adopted child(ren) and other eligible dependent(s) in the family unit</p>

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Permanent Guardianship of a Child to Age 19	Within 60 days of the event	<input type="checkbox"/> Copy of legal guardianship papers (signed by a judge) <input type="checkbox"/> SSN of child <input type="checkbox"/> Copy of the child's certified birth certificate <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate	<ul style="list-style-type: none"> • Coverage effective on the first day of the month following notification • Coverage is provided up to age 19 years • Coverage for other dependent(s) is effective on the first day of the month following notification 	May add the child(ren) to age 19 years and other eligible dependent(s) in the family unit
Permanent Guardianship of Unmarried Child Aged 19 to Age 26 Currently Enrolled in a PEBP Plan	Within 60 days of the event	<input type="checkbox"/> Completion of the Legal Guardianship Certification Form ; and <input type="checkbox"/> Any required supporting documents listed in the certification	<ul style="list-style-type: none"> • Coverage continues to age 26 assuming child continues to meet eligibility requirements as set forth in the Legal Guardianship Form • Coverage ends the last day of the month child turns age 19 or last day of the month PEBP determines the child is no longer eligible 	Not applicable

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Disabled Child (aged 26 or older)	Within 31 days of the dependent child turning age 26	<ul style="list-style-type: none"> <input type="checkbox"/> Certification of Disabled Dependent Child Form (completed by primary participant and child's physician) <input type="checkbox"/> SSN of the child <input type="checkbox"/> If not the primary insured's child, copy of the certified marriage or domestic partnership certificate <input type="checkbox"/> Verification that the child has had continuous health insurance since the age of 26 years; and proof of support and maintenance through the submission of a copy of the participant's preceding year's tax returns showing the child may be claimed as a tax dependent <input type="checkbox"/> The Plan will thereafter require proof of the child's continuing incapacity and dependency not more than once a year, beginning 2 years after the child attains age 26 (NRS 689B.035) 	<ul style="list-style-type: none"> • If already covered under PEBP, coverage will continue • If the disabled child is new to PEBP Plan, coverage becomes effective on the first day of the month following the notification 	Not applicable
Qualified Medical Child Support Order (QMCSO), National Medical Support Notice (NMSN), or Court Order	Within 60 days of issuance of order or release of order	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of QMCSO, NMSN or court order appropriately signed by issuing agency/county 	<ul style="list-style-type: none"> • Begins: First of the month following a determination that an order is qualified • Ends: Coverage terminates on the last day of the month following the date of determination that the release of order is qualified 	Participant shall enroll in coverage to comply with the order Must add dependent(s) as stated in order

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Declination of Coverage for an Employee, Retiree, Spouse, Domestic Partner (DP) or Dependent who Becomes Eligible for and Enrolls in Medicare Part A and/or B	Within 60 days of the Medicare effective date	<input type="checkbox"/> Copy of Medicare card confirming the Medicare effective date	<ul style="list-style-type: none"> Coverage terminates on the last day of the month preceding the Medicare coverage effective date, or the last day of the month of notification, whichever is later 	<p>Employee or Retiree may decline coverage</p> <p>May delete spouse/DP or dependent who becomes Eligible for and enrolls in Medicare Part A and/or B</p>
Declination of Coverage for Employee, Retiree or Dependent who Becomes Eligible for and Enrolls in CHIP, Medicaid or Nevada Check Up	Within 60 days of CHIP, Medicaid or Nevada Check Up effective date	<input type="checkbox"/> Documentation from Medicaid, CHIP or Nevada Check Up showing that the eligibility was approved and the coverage effective date	<ul style="list-style-type: none"> PEBP coverage terminates on the last day of the month before gaining new coverage, or the last day of the month of notification, whichever is later 	Employee, retiree or dependent may decline coverage due to enrollment in CHIP/Medicaid or Nevada Check Up
Special Enrollment Opportunity Due to the Loss of Medicare Part A, CHIP, Medicaid, or Nevada Check Up (Applies to Employees and Their Eligible Dependents, Does Not Apply to Retirees)	Within 60 days of the event date	<input type="checkbox"/> Documentation from Medicaid, CHIP or Nevada Check Up showing that the dependent's eligibility for Medicaid or CHIP was denied and when it was 1) denied, 2) the date it was denied or that 3) Medicaid, CHIP or Nevada Check Up coverage ended or will end <input type="checkbox"/> Copy of marriage certificate, domestic partner certification, or <input type="checkbox"/> Copy of certified birth certificate(s) for each dependent child(ren) being added to the Plan	<ul style="list-style-type: none"> Coverage effective on the first day of the month following loss of coverage, or the notification of loss of coverage, whichever is later 	Eligible employee and/or applicable dependent(s) may enroll for coverage

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Dependent Loses Coverage* Eligible Dependent(s) Experience a Change of Status <i>Resulting in a Loss</i> of Eligibility From Another Employer Group Health Plan	Within 60 days of the event date	<input type="checkbox"/> Documentation from the spouse's/domestic partner's or dependent's employer or from the other health plan listing the first and last name(s) of the individuals being added to your plan and the coverage termination date of that other plan <input type="checkbox"/> SSN for all dependent(s) being added <input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificate(s)	<ul style="list-style-type: none"> PEBP coverage is effective on the first day of the month following loss of coverage, or the first day of the month following notification, whichever is later 	May add eligible dependent(s) in the family unit who experienced a loss of coverage
Dependents Gains Coverage Eligible Dependent(s) Experience a Change of Status <i>Resulting in a Gain</i> of Eligibility and Enrolls in Another Employer Group Health Plan	Within 60 days of the event date	<input type="checkbox"/> Documentation from the spouse's/domestic partner's or dependent's employer or from the other health plan listing the first and last name(s) of the individuals to be deleted from PEBP coverage, including their new plan's coverage effective date	<ul style="list-style-type: none"> PEBP coverage terminates on the last of the month preceding the coverage effective date under the new plan, or the last day of the month of notification, whichever is later 	Must remove spouse/domestic partner if coverage is employer based; and may delete any dependent(s) that are being added to the spouse's/domestic partner's employer group health plan <i>Premium refunds will not be given for late notification</i>

*If an employee or dependent lost other health care coverage as a result of the individual's voluntary cancellation of coverage, termination of coverage through the state health exchange (Affordable Care Act (ACA), failure to pay premiums, reduction, or elimination of employer financial payment of premiums, or for cause, such as making a fraudulent claim, that individual does not have enrollment rights.

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Marriage or the Establishment of Domestic Partnership (DP)	Within 60 days of the event date	<input type="checkbox"/> SSN for spouse/DP and/or covered child(ren) <input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate	<ul style="list-style-type: none"> Coverage effective on the first day of the month following the date of marriage or domestic partnership registration, or the first day of the month following notification, whichever is later 	Participants shall enroll in coverage to add dependents May add eligible dependent(s) in the family unit
Declination of Coverage Due to Marriage or Establishment of Domestic Partnership (DP) and Enrollment in Spouse's/DP's Employer Group Health Plan	Within 60 days of the event date	<input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate <input type="checkbox"/> Document from the other employer or group health plan stating the effective date of the new coverage and the first and last name(s) of the newly covered individual(s)	<ul style="list-style-type: none"> Coverage for the primary participant and any covered dependents will terminate on the last day of the month of marriage or establishment of domestic partnership, or the first day of the month following the date of notification, whichever is later 	Primary participant may decline PEBP coverage
Divorce, Annulment, or Termination of Domestic Partnership (DP)	Within 60 days of the event date	<input type="checkbox"/> Copy of the divorce/annulment decree signed by the judge (all pages) <input type="checkbox"/> Copy of the termination of domestic partnership filed with appropriate issuing agency	<ul style="list-style-type: none"> Coverage terminates on the last day of the month from 1) notification or 2) the divorce decree is signed by the judge; or termination of the domestic partnership is official, whichever is later 	Must remove ex-spouse or ex-DP and all other ineligible dependent(s) COBRA is offered to the ex-spouse or ex-domestic partner for up to 36 months if notified within 60 days <i>Premium refunds will not be given for late notification and COBRA Coverage will not be offered</i>

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Employer of Spouse/Domestic Partner (DP) Offers an Open Enrollment Period OR Initial Benefit Enrollment Period	Within 60 days of the event date	<input type="checkbox"/> Proof of open enrollment from spouse's/DP's employer <input type="checkbox"/> Documentation from the other employer or group health plan stating the effective date of the new coverage and the first and last name(s) of the newly covered individual(s)	<ul style="list-style-type: none"> Enrolling in PEBP coverage: PEBP coverage becomes effective on the first day of the month following the end date of coverage under the other employer's health plan, or the first day of the month following notification to PEBP, whichever is later Declining PEBP coverage: PEBP coverage terminates on the last day of the month prior to the effective date of coverage under the other group health plan; or, the last day of the month following notification to PEBP, whichever is later 	<p>Participant and any covered dependents may decline PEBP coverage to newly enroll in the other employer's coverage; or</p> <p>Participant and eligible dependents in declined status with PEBP may re-enroll in PEBP coverage if the other employer group coverage is terminated</p>
PEBP's Open Enrollment Period	Typically, May 1 -May 31 of each year	<input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Eligibility Documents provided in this document <input type="checkbox"/> Required supporting documents are due by June 15	<ul style="list-style-type: none"> Coverage effective date is July 1 immediately following open enrollment period 	May add or delete dependent(s), change plan option, or decline coverage
Primary Participant Moves Outside EPO Plan or HMO Plan Coverage Area	Within 30 days of moving outside EPO Plan or HMO Plan coverage area	<input type="checkbox"/> Provide proof of address change, including, but not limited to, an updated driver's license, USPS change of address, etc. <input type="checkbox"/> Call PEBP to update address; or <input type="checkbox"/> Send a secure message through your E-PEBP portal	<ul style="list-style-type: none"> Coverage under the CDHP, LD, EPO or HMO plan will begin on the first day of the month following notification 	<p>Participants who move outside an EPO Plan or HMO Plan coverage area must select another coverage option</p> <p>Note: Moving outside the EPO Plan or HMO Plan coverage area is not a qualifying event to add or delete dependents</p>

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Retiree/Dependent or Survivor's Entitlement to Medicare Parts A and/or B	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Medicare Parts A and B card, if eligible for free Part A, or <input type="checkbox"/> Copy of Part B card (if ineligible for premium-free Part A), and a copy of the Medicare Benefit Verification Letter issued by the Social Security Administration (Medicare); or <input type="checkbox"/> If covered under TRICARE for Life, a copy of the military ID card and a copy of the Medicare Part A and B card <input type="checkbox"/> Enrollment election completed via E-PEBP Portal/Retiree Benefit Enrollment and Change Form (RBECE) 	<ul style="list-style-type: none"> • Coverage under Medicare Exchange must become effective within 60 days of Medicare effective date or retirement date, whichever is later 	<p>Must enroll in a Medicare Exchange plan if retiree and covered dependents (if any) are eligible for free Part A, otherwise, coverage is terminated</p> <p>If one person in the family is not eligible for free Part A, the entire family may remain on the CDHP, LD, EPO, or HMO coverage or the eligible Part A individual may choose coverage through the Medicare Exchange; the non-Medicare participants may stay on the PEBP plan as unsubsidized participants, or terminate coverage</p>
Medicare Part B Premium Credit (Retirees Covered Under the CDHP, LD, EPO or HMO Plans)	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Medicare Part B card; or <input type="checkbox"/> Copy of the Medicare Part B award letter 	<ul style="list-style-type: none"> • The Part B premium credit will apply concurrent with the Medicare Part B effective date or the first of the month following PEBP's receipt of the retiree's Medicare Part B card, whichever is later 	Premium credit will only apply to primary retirees covered under the CDHP, LD, EPO or HMO plans

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Declination/Termination of Retiree Benefits*	Upon request from participant	<input type="checkbox"/> Must provide a written request to decline PEBP benefits	<ul style="list-style-type: none"> Written request signed by the retiree to decline all PEBP benefits effective on the last day of the month following notification 	Coverage terminates for retiree and any covered dependent(s)
Declining Unsubsidized or Survivor's Dependent Coverage	Upon request from participant	<input type="checkbox"/> Must provide a written request to decline PEBP benefits	<ul style="list-style-type: none"> Written request signed by the participant to decline all PEBP benefits effective on the last day of the month following notification 	Coverage terminates for survivor, covered dependent(s) any unsubsidized dependent(s)
Settlement Agreement	Within 60 days of settlement agreement	<input type="checkbox"/> Copy of hearing officer's decision	<ul style="list-style-type: none"> Retroactive to date established by the hearing officer decision, but not more than 12 months under the CDHP, LD, or EPO Plan; or not more than 6 months prior to PEBP's receipt of the hearing officer's decision for the HMO; or If the employee chooses not to pay back premiums, the first month following notification 	Employee may re-enroll in coverage; or Decline coverage

*Declining coverage will terminate medical, dental, vision, prescription drug coverage, basic life insurance, voluntary life insurance, years of service premium subsidy and HRA contribution (if applicable). See the Retiree Late Enrollment section for re-enrollment rights in the Eligibility and Enrollment Master Plan Document.

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Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Participant Death* AND/OR Dependent Death*	Within 60 days of the event date	<input type="checkbox"/> Copy of certified death certificate	<ul style="list-style-type: none"> Participant coverage terminates on the date of death; and Coverage for covered dependent terminates on the last day of the month concurrent with the participant's date of death Coverage for the deceased dependent terminates on the date of death 	<p>Covered dependents may qualify for re-enrollment in survivor's coverage if he/she meets the eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document</p> <p>Must remove the deceased dependent from coverage and any ineligible dependent(s) (e.g. children of domestic partner or stepchildren)</p>
Survivor's Coverage Surviving Dependent Must Be Enrolled on a PEBP Plan as a Dependent on the Date of Death of the Primary Participant	Within 60 days of the primary participant's date of death	<input type="checkbox"/> Copy of certified death certificate <input type="checkbox"/> Submission of a completed Retiree Benefit Enrollment and Change Form (RBECE)	<ul style="list-style-type: none"> Coverage for eligible survivor(s) is effective on the first day of the month following the primary participant's date of death 	May qualify for survivor's coverage if the dependent meets the survivor's eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document
Survivor's Coverage of Police/Firefighter Killed in the Line of Duty (NRS 287.0477)	Within 60 days of the police officer's or firefighter's date of death	<input type="checkbox"/> Submission of a completed Retiree Benefit Enrollment and Change Form (RBECE) <input type="checkbox"/> Copy of certified death certificate <input type="checkbox"/> SSN and copy of certified marriage certificate	<ul style="list-style-type: none"> Coverage for eligible survivor(s) is effective on the first day of the month following the police officer's or firefighter's date of death, or after notification, whichever is later 	<p>May qualify for survivor's coverage if the dependent meets the survivor's eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document</p> <p>Eligible dependents may join the plan</p>

*Late Notification of Death

Adjustments in premiums resulting from the death of a covered participant or dependent will be refunded if notification of death is received within 60 days of the participant's or dependent's date of death. Notification of death beyond the 60-day period will not be refunded.