State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

Section 125 of the Internal Revenue Code (IRS) provides guidelines for a Qualifying Life Event (QLE) status change. Employees must upload documents into eBenefits or provide supporting documentation to their Health Benefits Representative to verify the QLE in accordance with State Health Plan rules within 30 days of the QLE or 60 days of becoming entitled to or losing eligibility for Medicaid or the Children’s Health Insurance Program (CHIP). Employees are also required to provide documentation of a dependent’s eligibility when added to the Plan due to a New Hire event, a QLE, or during Open Enrollment. Please refer to the chart on page 3 for the list of acceptable documents.

<table>
<thead>
<tr>
<th>Qualifying Life Events</th>
<th>Required Documentation from Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>Birth</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>Court Order</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>(Court Orders may only be used to add dependents and cannot be used to drop dependents.)</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>Death of a Dependent</td>
<td>Death Certificate / Obituary</td>
</tr>
<tr>
<td>Dependent Gains Medicaid Coverage</td>
<td>Written notification showing effective date of Coverage or ID card with an effective date.</td>
</tr>
<tr>
<td>Divorce</td>
<td>Divorce Decree / Judgment</td>
</tr>
<tr>
<td>Enroll in 12-Month Reduction in Force (RIF)</td>
<td>See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Guardianship or Legal Custody of a Child</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>Legal Separation</td>
<td>Separation Agreement or affidavit (sworn, notarized statement) from employee to validate legal separation.</td>
</tr>
<tr>
<td>Loss of Medicaid or CHIP Coverage</td>
<td>Written notification showing termination date and current notification date. Refer to chart on page 2 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Loss of Other Coverage</td>
<td>Certificate of creditable coverage or written notification from employer listing affected members and the effective date. Refer to chart on page 2 for additional requirements for adding a dependent. If you or your dependents change your county of permanent residence by moving to or from the United States a signed written statement documenting the event and proof of the date you or your dependent changed your county of permanent residence is required. <strong>Please note:</strong> Losing individual coverage doesn’t qualify as a qualifying life event if you voluntarily drop coverage, if you lose coverage because you didn’t pay your premiums, or if you lose coverage because you didn’t provide required documentation when asked for more information.</td>
</tr>
<tr>
<td>Marriage (Employee)</td>
<td>Refer to chart on page 3.</td>
</tr>
<tr>
<td>Military Leave</td>
<td>See your HBR to process event. Requires copy of Active Duty documentation, including date active duty begins.</td>
</tr>
<tr>
<td>Newly Eligible for Coverage</td>
<td>Refer to chart on page 3 for adding dependents.</td>
</tr>
<tr>
<td>Event</td>
<td>Requirement</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Now Eligible for Other Coverage</td>
<td>Written notification from employer, Medicaid or CHIP showing effective date or Insurance Card with an effective date and notification date. If you or your dependents change your country of permanent residence by moving to or from the United States a signed written statement documenting the event and proof of the date you or your dependent changed your country of permanent residence is required.</td>
</tr>
<tr>
<td>Return from Family and Medical Leave (FMLA)</td>
<td>Refer to chart on page 3 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Return from Leave of Absence</td>
<td>Refer to chart on page 3 for additional requirements for adding a dependent.</td>
</tr>
<tr>
<td>Return from Military Leave</td>
<td>Requires copy of Active Duty documentation that includes date active duty ends. Refer to chart on page 3 below for additional requirements when adding a dependent.</td>
</tr>
<tr>
<td>Significant Change in Cost of Existing Coverage</td>
<td>See your HBR to process event. HBR must submit an exception and materials provided by member to demonstrate the cost increase. Refer to chart on page 3 for additional requirements for adding a dependent.</td>
</tr>
</tbody>
</table>
State Health Plan Required Documentation for Qualifying Life Events & Dependent Eligibility

<table>
<thead>
<tr>
<th>Dependent Verification Requirements</th>
<th>Required Documentation from Employee</th>
</tr>
</thead>
</table>
| **Legal Married Spouse**<br>Defined as legally married spouse and includes same and opposite gender spouses. | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the spouse (may be joint or separate as long as the spouse is listed) & signed page or official tax transcript  
**OR**<br>Official Marriage Certificate** PLUS one of the following to show current joint tenancy:<br>• Current joint lease or lease showing residency<br>• Current joint of one of the below, or two separate of any of the below showing the same address, one listing the employee and the other listing the spouse:<br>  • Monthly bill or financial statement<br>  • Current year’s property/vehicle tax or registration bill<br>  • Current insurance statement or bill<br>  • Designation of the spouse as a primary beneficiary of the employee’s life insurance or retirement benefits and listing primary residence |
| **Biological Child under the age of 26**<br>Defined as your biological child and includes child of same gender spouse. | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as dependent & signed page or official tax transcript  
**OR**<br>• Birth Certificate or Mother’s Copy with subscriber’s name listed as parent  
• Verification of Facts within 6 months of birth |
| **Stepchild under the age of 26**<br>Defined as your stepchild. | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child as dependent & signed page or official tax transcript  
**OR**<br>• Birth Certificate or Mother’s Copy with subscriber’s name listed as parent AND Marriage Certificate (indicating employee’s spouse is married to employee)  
• Verification of Facts within 6 months of birth |
| **Adopted Child under the age of 26**<br>Child you have legally adopted or has been placed with you for adoption or in anticipation of legal adoption. | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the step child or adopted child as dependent & signed page or official tax transcript  
**OR**<br>• International adoption papers from country of adoption  
• Official adoption agreement for the dependent being added from the adoption agency showing intent to adopt |
| **Foster Child under the age of 26**<br>Defined as your foster child or child placed with you for foster care. | • Official State Agreement for placement specific to the dependent(s) being added |
| **Child under the age of 26 for whom the Subscriber is Court Appointed Guardian**<br>Defined as a child for whom the subscriber has become the child’s court-ordered guardian or has been awarded legal and physical custody of the child, pursuant to a valid court order. | • Page 1 of subscriber’s most recent Federal Income Tax Return* (1040, 1040A or 1040EX) as filed with the IRS, listing the child as a dependent & signed page or official tax transcript  
**OR**<br>• Court documents signed by a judge verifying legal custody of the child |
| **Child under age 26 for whom the Plan has received a Qualified Medical Child Support Order (QMCSO)**<br>Defined as any recognized child(ren) you are required to cover under the Plan due to a Qualified Medical Child Support Order (QMCSO). | • Court documents signed by a judge  
• Medical support orders issued by a State |

*Most recent tax form from the previous year. If not available, the year prior will be accepted along with a letter indicating you have an extension. **Employees that have been married less than a year are able to submit a marriage certificate only.
Acceptable Documentation for Dependents:

- 1040 Tax Form
- Tax Transcript

Qualified Medical Child Support Order

Tax Form Signature Page
Verification of Facts for Dependents under 6 months of age

Verification of Facts

Parent 1: Birth Mother's Information

- Last Name
- First Name
- Suffix
- Date of Birth
- Race
- Date of Marriage
- Age at Marriage
- Religion
- Place of Birth
- Social Security Number
- Alien Registration Number
- Place of Residence
- City
- State
- Zip Code
- Telephone Number

Parent 2: Father's Information

- Last Name
- First Name
- Suffix
- Date of Birth
- Race
- Date of Marriage
- Age at Marriage
- Religion
- Place of Birth
- Social Security Number
- Alien Registration Number
- Place of Residence
- City
- State
- Zip Code
- Telephone Number

Date:

Signature:

Affidavit Out of Wedlock

Lease Agreement

The lease agreement (this “Agreement”) is made this day of __________, 2020, by and between

[Landlord's Name]

[Address]

(Landlord)”)

[Tenant's Name]

[Address]

(Tenant)”)

whereas, the Tenant is a tenant of the Premises, as hereinafter defined, and the Landlord is the owner of the Premises, as hereinafter defined.

1. Premises. The premises leased are located at

2. Tenancy. This Agreement shall be for a term of __________ years, commencing on __________ and ending on __________.

3. Rent. The rent shall be in the amount of __________ payable on __________.

4. Lease Term. The lease term shall be for a period of __________ years from __________. The Landlord shall provide the Tenant with __________ days written notice of intent to terminate the lease at the end of the term. The lease shall be terminated if the Tenant does not vacate the Premises by __________.

5. Additional Rent. The Tenant shall pay all additional rent as agreed upon in writing, and the Landlord shall use the additional rent for the purposes of this Agreement.

6. Use of Premises. The Tenant shall use the Premises for the purpose of living and all related activities.

7. Landlord's Right to Enter Premises. The Landlord has the right to enter the Premises at any reasonable time for the purpose of inspecting the Premises for compliance with the terms of this Agreement.

8. Indemnification. The Tenant shall indemnify the Landlord for any damages or expenses incurred as a result of the Tenant's use of the Premises.

9. Termination. This Agreement may be terminated by mutual agreement of the parties at any time prior to the expiration of the租赁 period.

Confirmation Statement

[Signature]

[Date]

[Employer]

[Employee ID]

[Department]

[Address]

[City, State, Zip]

[Phone]

[Email]
LEGAL SEPARATION WITH NOTARY

SEPARATION AGREEMENT AND RELEASE IN FULL

This Separation Agreement and Release in Full (this "Agreement") is made and entered into by and between the City of Charlotte, a North Carolina Municipal Corporation ("City"), and Randall W. Koclock ("Employee"). This Agreement is effective as of October 2, 2013 ("Effective Date").

PRELIMINARY STATEMENT

Employee was hired by the City on or about March 22, 2010, and has worked most recently as a Charlotte Motorcrossing Police Officer. On September 18, 2013, Employee was suspended without pay. Subsequent to Employee’s suspension, the City Manager made a determination, pursuant to a City Council resolution adopted December 12, 1977 and recorded at Resolutions Book 11, pages 141-142, that the City would not, or pay for, the defense of a civil lawsuit against Employee.

Employee and City now desire to terminate their employment relationship in a definitive manner and to settle and resolve any and all claims they may have against each other. City, in exchange for the release provided by Employee below, and Employee’s agreement with various covenants set forth herein, has agreed to provide Employee with separation benefits that it may not otherwise be legally obligated to provide. This Agreement sets forth the parties’ understanding and agreement with respect to such employment separation, post-employment obligations, release of claims, and related matters.

AGREEMENT

NOW, THEREFORE, in consideration of the agreements and covenants hereinafter set forth, and for other good and valuable consideration, the receipt, and sufficiency of which are hereby acknowledged, Employee and City, intending to be legally bound, hereby agree to the termination of their employment relationship in accordance with terms and conditions hereinafter set forth:

1. Termination from Employment. Employee hereby voluntarily resigns as an employee of the City, and Employee and City confirm Employee’s termination from employment with the City, effective as of October 2, 2013 ("Termination Date").

2. No Admission of Liability or Wrongdoing. This Agreement and the payments provided herein do not constitute an admission of any wrongdoing, unlawful conduct or liability by the City.

3. Payments and Benefits Provided by City. City agrees to provide or pay Employee with compensation, benefits and considerations under this Agreement as follows:

   a) Back Pay. City shall pay Employee back pay from the date of Employee’s suspension up through and including the Termination Date, payable in one lump sum, gross payment, on October 16, 2015, in accordance with City’s generally applicable policies and procedures.

said cause may be had without further notice.

Dated_____________20___

____________________________
SIGNATURE:

STATE OF_______
County of_______

I, __________________________, a Notary Public in and for said County and State, do hereby certify that___________________________, personally known to me to be the same person whose name is subscribed to the foregoing waiver of summons, appeared before me this day in person, and acknowledged that he signed said appearance as his free and voluntary act, for the purpose therein set forth.

Given under my hand and Notarial Seal:_____________20___

____________________________
NOTARY PUBLIC
Loss of Other Coverage Letter

****This is an automatically generated email. Please do not respond as it will not be received.****

University Name  North Carolina Central University

Enrollment Confirmation #

Coverage Period  Spring/Summer 2019

Dear,

This email serves as notification that your enrollment in the North Carolina Central University Medical Insurance Plan for Spring/Summer 2019 is now Void.

As a result you DO NOT have coverage for Spring/Summer 2019, whose coverage period is 01/01/2019 through 07/31/2019.

[Insurance Card w/ Effective Date]