

Mid-Year Election Change Matrix

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| CHANGE IN MARITAL STATUS | | | | | | | | | |
|---|---|--|---|---|---|--|--|--|--|
| Event | Major Medical, Dental, Vision & AD&D | Health FSA | Dependent Care FSA | Employee Group Life | Employee LTD | | | | |
| 1. Marriage | May enroll newly-eligible spouse and dependent children. May drop employee's coverage if employee is eligible for and elects coverage under new spouse's plan. | May increase election for new- eligible spouse or dependents. May decrease employee's election if employee becomes an eligible dependent under new spouse's health FSA. | May enroll, increase, decrease, or cease coverage. | May enroll, increase, decrease, or cease coverage. | May enroll, increase, decrease, or cease coverage. | | | | |
| 2. Lose SpouseDivorceLegal separationAnnulmentDeath of spouse | May drop election only for spouse. May elect coverage for self or dependents who lose eligibility under spouse's plan. | May decrease election since former spouse loses eligibility. May increase election where coverage is lost under spouse's health plan. | May enroll or increase if loss of spouse creates need for care. | May enroll, increase, decrease or cease coverage. | May enroll, increase, decrease or cease coverage. | | | | |

| CHANGE IN NUMBER OF PARTICIPANT'S DEPENDENTS | | | | | | | | | | |
|---|---|---|---|---|--------------------------|--------------------------|--|--|--|--|
| Event | Major Medical, Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | | | |
| 1. Gain Dependent Birth Adoption Foster child Dependent gains eligible status | May enroll or increase coverage for newly-eligible dependent. | May enroll or increase election for newly-eligible dependent. | May enroll or increase coverage for newly-eligible dependent. | May enroll or increase coverage to accommodate newly eligible dependents. | Same as previous column. | Same as previous column. | | | | |
| 2. Lose dependent(s) Death of dependent Dependent loses eligible status | May drop coverage for dependent who loses eligibility. | May decrease or cease election for dependent who loses eligibility. | May decrease or cease coverage. | May enroll or increase or drop coverage. | Same as previous column. | Same as previous column. | | | | |



| CHANGE IN E | MPLOYMENT STATUS | S OF PARTICIPA | NT, SPOUSE, OR DE | PENDENT THAT | AFFECTS ELIGIE | BILITY |
|---|---|--|---|--|--|--|
| Event | Major Medical, Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD |
| 1. Participant gains employment or has change in employment status (PT to FT or hourly to salary) | May add coverage for self and eligible dependents when eligible for plan benefits. | Same as previous column. | Same as previous column. | May enroll, increase, decrease or drop coverage. | Same as previous column. | Same as previous column. |
| 2. Spouse gains eligibility for benefits at his or her place of employment | May drop or decrease coverage for employee, spouse and/or dependents who become eligible for and elect coverage under spouse's plan. | Same as previous column. | May increase election or revoke if dependent added to spouse's plan. | May increase decrease or drop coverage. | Same as previous column. | Same as previous column. |
| 3. Participant's Loss or decrease in hours affecting eligibility Termination Unpaid leave FT to PT Strike | Coverage ceases in accordance with plan (COBRA regulations may apply). | Same as previous column. | Coverage ceases in accordance with plan. | May enroll, increase or decrease coverage. | Same as previous column. | Same as previous column. |
| 4. Participant's Loss or decrease in hours of employment that does not effect eligibility (FT to PT) | No change permitted, even in cases of financial hardship. | No change permitted, even in cases of financial hardship. | May decrease election, if decrease in hours decreases need for care. | No change permitted, even in cases of financial hardship. | No change permitted, even in cases of financial hardship. | No change permitted, even in cases of financial hardship. |
| 5. Termination of participant with rehire within 30 days | Elections made prior to termination are reinstated unless another event has occurred that allows a change. | Same as previous column. | Same as previous column. | Same as previous column. | Same as previous column. | Same as previous column. |
| 6. Termination of participant with rehire after 30 days | Participant may make new elections. | Same as previous column. | Same as previous column. | Same as previous column. | Same as previous column. | Same as previous column. |
| 7. Spouse or Dependent Terminates employment resulting in loss of eligibility under their employer's plan | Participant may enroll self, spouse or dependents who lose eligibility under spouse/dependent employer plan. | May enroll or increase election if spouse/dependent loses eligibility for health coverage. | May enroll or increase if spouse/dependent loses eligibility for Dependent care FSA. May stop Dependent care FSA if spouse's loss of employment makes dependents ineligible. | May enroll, increase decrease or drop coverage. | Same as previous column. | Same as previous column. |



DEPENDENT SATISFIES OR CEASES TO SATISFY ELIGIBILITY

| Event | Major Medical | Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD |
|--|---|--------------------------|----------------------------------|--|--|------------------|--------------------------------|
| 1. Dependent Satisfies Eligibility Under Employer's Plan | Participant may enroll affected dependent. May add previously eligible but unenrolled dependents. | Same as previous column. | May increase election or enroll. | May increase election or enroll | Participant may enroll, increase, decrease or drop coverage. | previous | Same as previous column. |
| 2. Dependent Ceases to Satisfy Eligibility Under Employer's Plan | Participant may drop coverage only for affected dependent. | Same as previous column. | May decrease or revoke election. | Participant may decrease or drop election. | Participant may enroll, increase, decrease or drop coverage. | previous column. | Same as previous column. |

| CHANGE IN RESIDENCE OF PARTICIPANT, SPOUSE, OR DEPENDENT | | | | | | | | | |
|---|---------------------------------|--------------------------------|----------------------|-----------------------|------------------------|--------------------------|--------------------------|--|--|
| Event | Major Medical | Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | |
| 1. Change in residence makes participant, spouse, dependents eligible | for newly-eligible self, spouse | Same as previous column. | No change permitted. | N/A | increase, | Same as previous column. | Same as previous column. | | |
| 2. Change in residence makes participant, spouse, dependents ineligible | the change in residence | Same as previous column. | No change permitted. | N/A | increase, | | Same as previous column. | | |



| COST CHANGES | | | | | | | | | |
|---|---|----------------------|--|---|--------------------------|--------------------------|--|--|--|
| Event | Major Medical, Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | | |
| 1. Automatic Small Cost Changes | Plan may automatically increase or decrease affected participant's elective contributions under the plan, as long as the plan requires corresponding changes. | No change permitted. | May increase or decrease election under the plan as long as the plan allows such changes. | Plan may automatically increase or decrease affected participant's elective contributions under the plan, as long as the plan requires corresponding changes. | Same as previous column. | Same as previous column. | | | |
| 2. Significant Cost Increases (20% or more) | Participant may increase election to correspond with cost increase or drop election and receive coverage under plan with similar coverage. | No change permitted. | Same as Major Medical except change is not permitted when the cost increase is imposed by a relative who is the dependent's care provider. | May increase election or drop election and receive coverage under plan with similar coverage. | Same as previous column. | Same as previous column. | | | |
| 3. Significant Coverage Curtailment | Participant may drop election and make a new election under a benefit plan with similar coverage. | No change permitted. | Participant may make a new election if there is a change in provider or change in hours of dependent care. | Same as previous column. | Same as previous column. | Same as previous column. | | | |

| ADDITION OR ELIMINATION OF BENEFIT PACKAGE OPTION | | | | | | | | | |
|---|---|----------------------|--|--------------------------------|--------------------------------|--------------------------|--|--|--|
| Event | Major Medical, Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | | |
| 1. Addition of New Benefit Package Option, including HSA Eligible Plan | Participant may elect the new option and make election changes for other options with similar coverage. | No change permitted. | I narticinating or not I may drop their | Same as previous column. | Same as previous column. | Same as previous column. | | | |
| 2. Elimination of Existing Benefit Package Option | Participant may elect another option and make election change for other options providing similar coverage. | No change permitted. | Eligible employees, (currently participating or not) may drop their existing election and elect the newly added/improved option. | Same as previous column. | Same as previous column. | Same as previous column. | | | |



| CHANGE IN COVERAGE OF SPOUSE OR DEPENDENT UNDER OTHER EMPLOYER'S PLAN | | | | | | | | | |
|---|---|----------------------|---|--|--|--|--|--|--|
| Event | Major Medical & Dental | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | | |
| | Changes allowed in this section must be because of and correspond with the change in coverage under the plan of the spouse's, former spouse's, or dependent's employer. The plan must permit elections and an election must actually be made under the plan. | | | | | | | | |
| 1. Other Employers Plan Increases Coverage | Participant may decrease or drop election for self, spouse, or dependents if they have elected or received corresponding increased coverage under other employer's plan. | No change permitted. | Participant may decrease or drop election for self, spouse, or dependents if they have elected or received corresponding increased coverage under another employer's plan. | Same as previous column. | Same as previous column. | Same as previous column. | | | |
| 2. Other Employer's Plan Decrease or Ceases Coverage | Participant may enroll or increase election for self, spouse, or dependents if they have elected or received corresponding decreased coverage under other employer's plan. | No change permitted. | Participant may increase election for self, spouse, or dependents if they have elected or received corresponding decreased coverage under other employer's plan. | Same as previous column. | Same as previous column. | Same as previous column. | | | |
| 3. Open Enrollment Under Spouse's or Dependent's Employer Plan | Corresponding changes can be made under employer's plan. | No change permitted. | Corresponding changes can be made under employer's plan. | Corresponding changes can be made under employer's plan. | Corresponding changes can be made under employer's plan. | Corresponding changes can be made under employer's plan. | | | |
| 4. HSA Eligible Plan | | No change permitted. | | | | | | | |

| FMLA LEAVE | | | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| Event | Major Medical, Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Live | Employee AD&D | Employee LTD | | |
| 1. Participant takes FMLA leave | May drop election and make another election. | Same as previous column. | | |
| 2. Participant returns from FMLA leave | May make a new election if coverage terminated while on FMLA leave. | Same as previous column. | | |



| JUDGMENT, DECREE, OR ORDER | | | | | | | | | |
|--|---|--------------------------|--|------------------------|----------------------|----------------------|--|--|--|
| Event | Major Medical, Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | | |
| 1. Order that Requires Coverage for the Child under Participant's Plan | Participant may change election to provide coverage for child. | Same as previous column. | No change permitted for Judgment, Decree, or Order Rule. Change in Cost or Coverage rules may apply to allow change. | No change permitted. | No change permitted. | No change permitted. | | | |
| 2. Order that Requires Spouse, Former Spouse, or Other Individual to Provide Coverage for the Child | Participant may change election to cancel coverage for the child. | Same as previous column. | No change permitted for Judgment, Decree, or Order Rule. Change in Cost or Coverage rules may apply to allow change. | No change permitted. | No change permitted. | No change permitted. | | | |

| ELIGIBILITY OR INELIGIBILITY FOR MEDICARE OR MEDICAID | | | | | | | | | |
|---|---|--|---|-----------------------|------------------------|----------------------|----------------------|--|--|
| Event | Major Medical | Dental & Vision | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD | | |
| 1. Participant, Spouse, or Dependent becomes Eligible for Medicare or Medicaid | Participant may cancel or reduce coverage. | No change permitted. | May decrease health FSA election. | No change permitted. | No change permitted. | No change permitted. | No change permitted. | | |
| 2. Participant, Spouse, or Dependent Loses Eligibility for Medicare or Medicaid | Participant may commence or increase coverage for self, spouse, or dependent. | No change permitted. | May increase health FSA election. | No change permitted. | No change permitted. | No change permitted. | No change permitted. | | |
| 3. Participant, Spouse, or Dependent Loses Eligibility for the Children's Health Insurance Program | Participant may commence or increase coverage for self, spouse, or dependent. | Same as previous column if dental & vision eligibility lost. | No change permitted. Because of a concern that such a rule would violate a fundamental principle of Title XXI of the Social Security Act that CHIP coverage not supplant existing public or private coverage. | No change permitted. | No change permitted. | No change permitted. | No change permitted. | | |



CHANGE IN WAGES

| Event | Major Medical | Dental | Health FSA | Dependent Care FSA | Employee Group Life | Employee AD&D | Employee LTD |
|------------------------------|-------------------------|----------------------|----------------------|--|--|----------------------|--|
| 1. Wage increase or decrease | No change permitted. | No change permitted. | No change permitted. | No change permitted. | No change permitted; multiple of pay benefit may automatically change. | No change permitted. | No change permitted; multiple of pay benefit may automatically change. |
| 2. Pay shortage | No change permitted. | No change permitted. | No change permitted. | No change permitted. | No change permitted. | No change permitted. | No change permitted. |
| 3. Short-term disability | No change permitted. | No change permitted. | No change permitted. | May stop/decrease DCA if work hours change results in change in need for care. | No change permitted. | No change permitted. | No change permitted. |

