Arlington Public Schools

Changes Outside of the Open Enrollment Period

Life Events

Changes to medical, dental and Flexible Spending Accounts are allowed outside of the open enrollment period only within the specified timeframe of those life events listed below. Supporting documentation is required

| Event | **Explanation** | **Effective Date** | **Supporting Documentation** |
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| **New Hires** | Newly hired to Arlington Public Schools. | First of the month following 31 days of employment. | New Hires are to provide the supporting documents indicated below based on the dependent being enrolled. |
| **Change in Employment Status**  | APS employee that becomes eligible to enroll in benefits due to a change in hours or change in position. | First of the following month in which their change occurred.(For example change occurred on April 15th, eligible on May 1st.) | Employees with a status change are to provide the supporting documents indicated below based on the dependent being enrolled. |
| **Marriage** | You may add your spouse and any eligible step-children to your policy within 31 days of the date of marriage. | First of the month following date of marriage. | Copy of Certified Marriage Certificate and copy of children’s certified birth certificate, if applicable. |
| **Children*** Birth of a Child
* Adoption
* Placement for Adoption
* Obtaining Legal Guardianship of a Child
 | To add a dependent child to your policy, you must file within 31 days of the child’s date of birth, adoption, upon placement for adoption or your appointment as legal guardian. | Date of birth, adoption, placement for adoption or appointment as legal guardian. | **Birth:** Copy of hospital birth notice acceptable until official birth certificate is received. **Adoption/placement for adoption:** legal document indicating effective date of adoption or placement in your home.**Legal Guardianship:** Legal document indicating court approval of guardianship. |
| **Divorce** | A former spouse is eligible for coverage through the School System only through the end of the month in which the divorce is final. You must file a change form within 31 days of the date of divorce to remove the former spouse and ineligible step-children (if any) from the policy.COBRA continuation of coverage may be available. Contact the Benefits Office for further details. | Coverage for the former spouse and ineligible step-children terminates the first day of the month following the date of divorce. | Copy of front page of divorce document and page with court approval and date stamp. |
| **Legal Separation** | While your spouse is still eligible for coverage until the divorce is final, you may remove him/her from the policy upon legal separation. You must file a change form within 31 days to do so. (Virginia residents do not have legal separation status.) COBRA continuation of coverage may be available. Contact the Benefits Office for further details. | The first day of the month following legal separation. | Copy of front page of legal document and page with court approval and date stamp. |
| **Change in Court Ordered Parental Support** | You must add the dependent child within 31 days of the court order. | The date specified in the court order or the first of the month following the court order. | Copy of court order and children’s birth certificates. |
| **Legally documented change in the parental custody arrangement** | You must add or remove the child within 31 days of the change in custody. | The first day of the month following a change in custody. | Copy of new custodyAgreement and children’s birth certificates |
| **Death of a covered spouse or dependent** | You must file a change form within 31 days to remove the spouse or dependent from your policy and change your payroll deduction. | The first day of the month following the date of death. | Copy of death certificate. |
| **Increase or reduction in work hours** | Eligible to cancel or reduce coverage within 31 days only if an increase in the employee’s share of the premium payment occurs. | The first of the month following the change in status. | **Increase in hours:** Copy of marriage certificate and children’s birth certificates, if applicable. |
| **Loss of coverage due to termination of spouse’s employment or reduction in hours** | Eligible to add coverage only for those individuals covered under the spouse’s employer. No break in coverage is allowed. Must apply within 31 days. | The first day of the month following the loss of coverage. | Copy of documentation from spouse’semployer or insurancecompany indicating date priorcoverage has ended, a copy of marriage certificate and children’s birth certificates, if applicable. |
| **Spouse’s Open Enrollment Season** | Must apply within 31 days of effective date. | The first of month following commencement of new coverage. | Copy of Open Enrollment confirmation or copy of new ID containing coverage effective date. Copy of marriage certificate and children’s birth certificates, if applicable. |
| **Spouse commences employment or changes employers and is covered under new employer** | Eligible to reduce or cancel coverage within 31 days of becoming eligible for new coverage. | The first day of the month following commencement of new coverage. | Copy of enrollment confirmation or copy of new ID cards containing coverage effective date.  |
| **Change of residence outside of the HMO service area** | Eligible to change carriers within 31 days of change in residence. The new residence must be outside of the HMO service area for the carrier in which you are enrolled. | The first of the month following the change in residence. | Change of address form, completed enrollment/change form. |
| **Immigration of spouse or dependent to the United States** | May add eligible dependents within 31 days of immigration. | The first day of the month following immigration to the United States. | Copy of stamped passport, copy of marriage certificate and children’s birth certificates, if applicable. |

In all instances, the change requested must be consistent with the life event. You must file the appropriate enrollment/change form to change medical, dental and Flexible Spending Account(s) within the specified timeframe of the Life Event with supporting documentation. Send form(s) and supporting documentation to Human Resources/Benefit Department, **not** to the insurance carrier.