		OGB						LaGov			
LE Code	Qualified Life Event	Life Insurance	Health Insurance	FSA	Adjustment Reason	Life Insurance	Dependent Life	Health Insurance	FSA	Expected Adjustment reason date	Idoc
1	Birth		Add within 30 days	Add within 30 days	ZA-1	No change	If baby's birthdate is 1 - 14 then coverage effective first of birth month, birthdate 15 - 31 the coverage is effective first of next month. Participation	Can enroll in new plan, change plan or add dependent. If baby's birthdate is 1 - 14 then coverage effective first of birth month, birthdate 15 - 31 the coverage is effective first of next month. Participation date set to baby's		Baby's date of birth	02
2	Adoption	Add within 30 days, no EOI, covered to 26	Add within 30 days	Add within 30 days	ZA-2	No change	effective first of month, adoption 15 - 31 the coverage is effective first of next month. Participation date set to adoption date	add dependent. If adoption is 1 - 14 then coverage effective first of month, adoption 15 -	Can enroll or increase amount for both Health and Dependent care	Date of adoption	05
-1	Death of covered dependent	Must drop dependent. 60 days	Must drop dependent, if spouse dies must drop any step- children. 60 days	60 days	ZB-1	No change	End of month death occurs	End of month death occurs	May decrease amount of both health and dependent care. May drop dependent care.	Date of death	03
-2	Death of employee	Must drop employee and any covered dependents	Must drop employee and any covered dependents	Automatic cancel on date of death	None needed - nightly delimit terminates all coverage	End of month death occurs	End of month death occurs	End of month death occurs	Date of death	n/a	n/a
-1	Divorce	No change	May enroll self and children. 30 days of change in status	30 days of change in status	ZC-1	No change	No change	Can enroll in plan or change health plan. Coverage effective date follows 1- 14/15/31 rule. Participation date is date of divorce.	May enroll or increase coverage in both health and dependent care	Date of divorce	01
-2	Divorce	Ex-spouse and step- children must be dropped from coverage. 30 days of change in status	Ex-spouse and step- children must be dropped from coverage. 30 days of change in status	30 days of change in status	ZC-2	No change	End of month of divorce	End of month of divorce	May decrease both health and dependent care	Date of divorce	01

		OGB			LaGov							
QLE Code	Qualified Life Event	Life Insurance	Health Insurance	FSA	Adjustment Reason	Life Insurance	Dependent Life		FSA	Expected Adjustment reason date	ldoc	
D-1	Gain medicaid or CHIP	No change	Application must be made within 60 days of medicaid effective date	Application must be made within 60 days of medicaid effective date	ZD-1	No change	No change		May decrease or term health care	Medicaid effective date		
D-2	Dependent gains coverage under another health plan	No change	Application must be made within 30 days of other coverage effective	No change	ZD-2	No change	No change	Term end of month preceding the first full month in which other coverage begins.	No change	Other coverage effective date		
D-3	Gain new Medicare coverage	No change	Continue with OGB coverage as secondary	Not eligible	Retirees only - does n	ot impact our system			I			
D-4	Gain of other coverage (QMSCO, Medicare, spouse's group coverage)	No change	Application must be made within 30 days of other coverage effective	Application must be made within 30 days of other coverage effective	ZD-4	No change	No change	Term end of month preceding the first full month in which other coverage begins.	May decrease or term health care	Other coverage effective date		
E-1	Qualified Medical Support Order (QMCSO)	No change	30 days from date of QMCSO or as specified by law	30 days from date of QMCSO or as specified by law	ZE-1	No change	No change	May enroll in coverage if not already enrolled, may change plan. Effective first of month following receipt of application or as otherwise specified in order	May enroll or increase health plan	Date of QMCSO		
E-2	Court ordered legal guardianship or custody	No change	30 days from court order	30 days from court order	ZE-2	No change	No change	May add new dependent, may change plan, can add coverage. 1- 14/15-31 rules for coverage. Participation date is date of order or effective date specified by order.	May enroll or increase health or dependent care	Date of court order		
E-3	Qualified Medical Support Order (QMCSO)	No change	30 days from date of QMCSO or as specified by law	30 days from date of QMCSO or as specified by law	ZE-3	No change	No change	Term dependent	May decrease or disenroll health care	Date of QMCSO		

		OGB						LaGov			
QLE Code	Qualified Life Event	Life Insurance	Health Insurance	FSA	Adjustment Reason	Life Insurance	Dependent Life	Health Insurance	FSA	Expected Adjustment reason date	ldoc
E-4	Court ordered legal guardianship or custody	No change	30 days from court order	30 days from court order	ZE-4	No change	No change	Term dependent child for whom custody was lost. End of month following receipt of application	May decrease or disenroll health and dependent care	Date of court order	
F-1	Lose current coverage on spouse's employer's coverage due to spouse died, spouse employment termed, COBRA termed, spouse loses coverage through no fault of spouse or spouse terminated coverage during open enrollment		health insurance ended.	30 days from date the health insurance ended.		No change	No change	Can enroll self and any dependents who lost coverage. Effective date of loss of previous coverage.			
F-2	Eligible dependent loses current coverage under another health plan	No change	30 days from date the health insurance ended.	30 days from date the health insurance ended.	ZF-2	No change	No change	Can enroll self and any dependents who lost coverage. Effective date of loss of previous coverage.		The day the dependent's coverage ended	
F-3	Lose Medicaid or CHIP	No change	60 days from date health insurance ended.	60 days from date health insurance ended.	ZF-3	No change	No change	Can enroll self and any dependents who lost coverage. Effective date of loss of medicaid/CHIP.	increase health care	Date health insurance ended	
F-4	Lose another health plan sponsored by government	No change	30 days from date health insurance ended.	No change	ZF-4	No change	No change	any dependents who lost coverage. Effective date of loss of previous coverage.		Date health insurance ended	
F-5	Magnolia Local Plan member moves out of network area	No change	Can only transfer to Magnolia Local Plus plan. Application must be made with 30 days of change of address.	No change	ZF-5	No change	No change	Self and dependents who lost coverage. Effective date of loss of previous coverage.		Change of address date	

		OGB			LaGov							
QLE Code	Qualified Life Event	Life Insurance	Health Insurance	FSA	Adjustment Reason	Life Insurance	Dependent Life	Health Insurance	FSA	Expected Adjustment reason date	ldoc	
G-1	Marriage	May enroll new	Application must be	Application must be	ZG-1	No change	If marriage is 1 - 14	If marriage is 1 - 14	May enroll or	Date of marriage	32	
		spouse/step-children	done within 30 days	done within 30 days			coverage effective	coverage effective	increase in health			
		on existing plan within	of change in status	of change in status			first of month,	first of month,	and dependent care			
		30 days					marriage 15-31	marriage 15-31				
							coverage effective	coverage effective				
							first of next month.	first of next month.				
							Participation date is	Participation date is				
							date of marriage	date of marriage				
G-2	-	May drop within 30	Application must be	Application must be	ZG-2	End of month for	End of month for	End of month for	Мау	Effective date of coverage on spouse's	32	
			made within 30 days	made within 30 days		which application for	which application for	which application for	decrease/disenroll in	plan		
	spouse's plan	v	from effective date of	from effective date of		disenrollment is	disenrollment is	disenrollment is	health and			
		on spouse's plan	new coverage on	new coverage on spouse's plan		made	made	made	dependent care			
H-1	Employee returning to	May reinstate life	spouse's plan May reinstate health	30 days of returning	ZH-1	Reinstatement of	Reinstatement of	Reinstatement of	May reenroll with	Date of return to work		
			coverage within 30	to work		previous coverage.	previous coverage.	previous coverage.	same level of			
	. ,		days of returning to			Coverage dates	Coverage dates	Coverage dates	benefits or same			
	capacity after dropping	, ,	work			follow 1-14/15-31	follow 1-14/15-31	follow 1-14/15-31	deduction			
	coverage while on					rules. Participation	rules. Participation	rules. Participation				
	unpaid leave					date is date of return	date is date of return	date is date of return				
						to work.	to work.	to work.				
H-2	Employee on unpaid	May drop life on self	May drop health on	30 days of taking	ZH-2	End of month unpaid	End of month unpaid	End of month unpaid	May pre-pay,	Date unpaid leave starts		
	leave	and dependents	self and dependents	unpaid leave		leave begins	leave begins	leave begins	decrease or			
		within 30 days of	within 30 days of						deactivate			
		taking unpaid leave	taking unpaid leave						deductions for both			
									health and			
									dependent care			
			May drop health on	30 days of taking	ZH-3	Effective end of	Effective end of	Effective end of	May pre-pay,	Date USERRA leave starts		
	goes on USERRA		self and dependents	USERRA leave		month USERRA	month USERRA	month USERRA	decrease or			
	leave		within 30 days of			leave begins	leave begins	leave begins	deactivate			
		taking USERRA leave	taking USERRA leave						deductions for both			
									health and			
									dependent care			
H-4			May reinstate health	, ,	ZH-4	Reinstatement of	Reinstatement of	Reinstatement of	May reenroll with	Date returns from USERRA leave		
	returns from USERRA		insurance within 30	to work				previous coverage.	same level of			
	leave		days of returning to			Coverage dates		Coverage dates	benefits or same			
		work	work			follow 1-14/15-31	follow 1-14/15-31	follow 1-14/15-31	deduction			
						rules. Participation	rules. Participation	rules. Participation				
						date returns to full-		date returns to full-				
								time active status or				
							date that active duty					
						military health	military health	military health				
						coverage ends -	coverage ends -	coverage ends -				
		l		l		whichever is later	whichever is later	whichever is later		l		

		OGB				LaGov							
QLE Code	Qualified Life Event	Life Insurance	Health Insurance	FSA	Adjustment Reason	Life Insurance	Dependent Life	Health Insurance	FSA	Expected Adjustment reason date	ldoc		
1-1		May enroll within 30 days of hire	May enroll within 30 days of hire	30 days of hire	ZI-1	month - effective first of next month Hire date second day or later - effective first of second month following employment	month - effective first of next month Hire date second day or later - effective first of second month following employment	of next month Hire date second day or later - effective first of second month following employment		Date of hire			
1-2	Non-Full-Time employee who is determined to be full- time at end of initial measurement period	No change	Application must be made within 30 days of date of eligibility	Application must be made within 30 days of date of eligibility	ZI-2	No change	No change	First of month following the end of the 30-day enrollment period	May enroll in both health and dependent care	Date of eligibility			
1-3	New hire (not initially full time, determined full time at end of standard measurement period)	Application must be made within 30 days of date of eligibility	30 days of date of eligibility	30 days of date of eligibility	ZI-3	Jan 1 of following plan year	Jan 1 of following plan year	Jan 1 of following plan year	May enroll in both health and dependent care	Date of eligibility			
1-4	Non full-time employee experiences a change in classification to full- time	Application must be made within 30 days of change in classification	30 days of change in classification	30 days of change in classification	ZI-4	First of the month following the 30 day enrollment period	First of the month following the 30 day enrollment period	First of the month following the 30 day enrollment period	May enroll in both health and dependent care	Change in classification			
1-5	Full-time employee	May enroll within 30 days of hire	May enroll within 30 days of hire	30 days of hire	ZI-5	First of the month following the return to work	First of the month following the return to work	First of the month following the return to work	May enroll in both health and dependent care	Date of hire			
I-6	Employee changes from Full-Time status to non-Full-Time	No change	30 days of change in hours	No change	ZI-6	No change	No change	Must continue coverage. Coverage terminates at end of plan year.	No change	Date of change in status from full-time to part-time			
1-7	Employee determined to be full-time during previous measurement period changes to non- full-time under stability period		30 days of change in status	No change	ZI-7	No change		Coverage terminates at the end of the month of the end of the stability period	No change	Date of change in status			
1-8	Full-time to full-time transfer	Employee must keep life insurance coverage they have, may enroll with EOI	30 days of transfer	30 days of transfer	ZI-8 - for non-paid to paid No adjustment reason needed for paid to paid or paid to non- paid	If hired on 1st of month coverage is transferred on that day, if hired on the 2nd or later it is first	2nd or later it is first of the next month	No gap in coverage. If hired on 1st of month coverage is transferred on that day, if hired on the 2nd or later it is first of the next month. May change plan.	May enroll in both health and dependent care if transferring from non- flex participating employer	Date of transfer			

	OGB					LaGov							
QLE Code	Qualified Life Event	Life Insurance	Health Insurance	FSA	Adjustment Reason	Life Insurance	Dependent Life	Health Insurance	FSA	Expected Adjustment reason date	ldoc		
I-9	Employee termination	Must drop coverage	Must drop coverage	Must drop coverage	None needed - nightly delimit terminates all coverage	End of month of termination	End of month of termination	End of month of termination	Date of termination	n/a			
I-10	Annual Enrollment	May enroll with EOI	Changes allowed	Changes allowed	ZI10	Jan 1 of following plan year	Jan 1 of following plan year	Jan 1 of following plan year	Jan 1 of following plan year	Start date of annual enrollment	06		
J-1	Dependent reaches age 26 and is incapable of self- sustaining employment	May remain covered	May remain covered. Application must be submitted prior to the child reaching age 26	No change	None needed - no change in coverage	No change in coverage	No change in coverage	No change in coverage	No change in coverage	n/a			
К-1	Obtain subsidy under state's premium assistance program	No change	Application must be made within 60 days from date subsidy awarded by state	Application must be made within 60 days from date subsidy awarded by state	ZK-1	No change	No change	May add coverage. 1-14, 15-31. Participation date - Effective date of subsidy.	May enroll or increase amount of health care	Date subsidy awarded by state			
L-1	Retirement	Employee may continue coverage under current plan	Continuation of current coverage. Application made within 30 days of retirement	n/a	No adjustment reason needed - automatic delimit when employee retires	coverage happens in OGB, not in LaGov. LaGov will automatically delimit	Any addition of coverage happens in OGB, not in LaGov. LaGov will automatically delimit the coverage at the	Active coverage terms at the end of the retirement month. No other	N/a	n/a			
L-2	Retirement	Employee may drop self and/or dependents	Employee may drop self and/or dependents. Application made within 30 days of retirement	n/a									
L-3	Retirement	Employee may add eligible dependents	Employee may add dependents. Application made	n/a									