

Supporting Documentation for your QLE

- You are **required** to submit proof of the Qualifying Event
- If you are adding a new dependent, you are also **required** to submit proof of Dependent relationship

Event	Proof Due
Marriage	<ul style="list-style-type: none"> • Government Issued Marriage License
Divorce	<ul style="list-style-type: none"> • Court signed Divorce Decree
Dependent Gains or Loses Other Coverage	<ul style="list-style-type: none"> • HIPAA Certificate of Creditable Coverage OR • Letter from the Plan Sponsor certifying there is a change in benefits. Must include the effective date of the change and all lines of coverage lost (Medical, Dental, Vision, etc). • Must include all family members requesting a change to midyear elections
Employee Gains or Loses Other Coverage	<ul style="list-style-type: none"> • HIPAA Certificate of Creditable Coverage OR • Letter from the Plan Sponsor certifying there is a change in benefits. Must include the effective date of the change and all lines of coverage lost (Medical, Dental, Vision, etc). • Must include all family members requesting a change to midyear elections
Medicare or Medicaid Eligibility	<ul style="list-style-type: none"> • Letter from Medicare or Medicaid indicating the date coverage begins
Birth	<ul style="list-style-type: none"> • Government issued birth certificate (Including Parent’s Name)
Adoption	<ul style="list-style-type: none"> • Adoption Placement Agreement Including Child’s Birth Date OR • Petition for Adoption Including Child’s Birth Date OR • Adoption Certificate Including Child’s Birth Date

Adding a new family member/dependent

New Dependent	Proof Due
Legal Spouse	Government Issued Marriage License
Domestic Partner	Notarized Affidavit of Domestic Partnership
Biological Child	Government issued birth certificate (Including Parent's Name)
Disabled Biological Child	Government issued birth certificate (Including Parent's Name) Age 26 and over <ul style="list-style-type: none"> • Must be medically certified as disabled • Must be the Employee's child
Step Child	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate (if married in the last 12 months) Age 26 and under <ul style="list-style-type: none"> • Must be biological child of Employee's spouse.
Disabled Step-Child	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate Age 26 and over <ul style="list-style-type: none"> • Must be medically certified as disabled • Must be the Employee's spouse's child
Domestic Partner Child	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership <ul style="list-style-type: none"> • Age 26 and under • Must be EE's Domestic Partner's Child
Domestic Partner Disabled Child	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership <ul style="list-style-type: none"> • Age 26 and over • Must be medically certified as disabled • Must be the Employee's Domestic Partner's child
Adopted Child	<ul style="list-style-type: none"> • Adoption Placement Agreement Including Child's Birth Date or Petition for Adoption Including Child's Birth Date OR Adoption Certificate Including Child's Birth Date. • Age 26 and under
Disabled Adopted Child	Adoption Certificate Including Child's Birth Date <ul style="list-style-type: none"> • Age 26 and over • Must be medically certified as disabled • Must be Employee or Spouse's Adopted Child
Foster Child	Foster Care Placement Authorization Including Child's Birth Date & EE listed as Child's Caregiver <ul style="list-style-type: none"> • Age 26 and under • Must be EE or spouse's foster child

Legal Ward	Government Issued Birth Certificate & Court Ordered Document of Legal Custody <ul style="list-style-type: none"> • Age 26 and under • Must be the legal ward of the Employee or spouse
Disabled Legal Ward	Government Issued Birth Certificate & Court Ordered Document of Legal Custody <ul style="list-style-type: none"> • Age 26 and over • Must be Medically Certified as disabled • Must be the legal ward of the Employee or spouse

- Submit proof of the Qualifying Life Event (QLE) to Niagara’s benefit administrator. Scan & email documents to niagarabenefits@onesourcevirtual.com. **Please do not attach documents via Workday.**
- Visit niagarabenefits.com or check out our user friendly benefits counselor tool “Meet Alex” to learn more about your Benefits!

When entering your QLE, please use these event dates:

Qualifying Life Event	Event Date	Effective Date
Birth /Adoption	Date of Birth /Adoption	Date of Birth/Adoption
Marriage	Date of Marriage	1 st of the Following Month
Divorce	Date Divorce is Finalized	1 st of the Following Month
Team Member/Dependent Gains Coverage	The last day of coverage desired under Niagara Example: If new coverage starts 11/1, enter 10/31	1 st of the Following Month
Team Member/Dependent Loses Coverage	The last day of active coverage Example: if the old coverage ends 11/1, enter 10/31	1 st of the Following Month
Medicare or Medicaid Changes	Date prior to Medicare/Medicaid beginning or ending	1 st of the Following Month 1 st of the Following Month