

Change of Status Matrix: Acceptable Events and Actions for Mid-Year Changes

This matrix outlines the qualifying events under Section 125 which allow election changes during the Plan Year and the permissible changes allowed for each Benefit. You will see codes, footnotes, or endnotes showing restrictions or qualifications following each action. The code definitions can be found on page 9. The endnotes (also defined on page 9) contain information that is referred to on more than one page. Information that only refers to one place is placed in footnotes with that information shown at the bottom of that particular page. Event Codes are the various row numbers (e.g. 1.1.1, 1.1.2, etc.) The Event Code is needed to properly fill out the Change in Employee Election Request form.

Event Code	Group Health Ins. Premiums	Group Term Life Ins. Prems.	Dental Ins. Premiums	Vision Ins. Premiums	Health FSA	Dependent Care FSA
1. STATUS CHANGES						
1.1 Change in employee's Legal Marital Status						
1.1.1 Employee Gains Spouse: Marriage	Add sp/dep: H1,C,T Drop dependents: C1 Drop Coverage: C1	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Add sp/dep: C,H2,T Drop Coverage: C1 Drop sp/dep: C1	Increase coverage: C,H2 Decrease coverage ¹ : C	Add Coverage ² : C2 Increase coverage ² : C2 Drop Coverage ³ : C2 Decrease coverage ³ : C2
1.1.2 Lose Spouse: Divorce, Legal Separation, Annulment, Death of Spouse	Add Coverage ⁴ : C,H1 Add dependents ⁴ : H1,C Revoke election only for spouse: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage ⁴ : C,H2 Add dependents ⁴ : C,H2 Revoke election only for spouse: C	Add Coverage ⁴ : C,H2 Add dependents ² : C,H2 Revoke election only for spouse: C	Add Coverage:C, H2 ⁵ Increase Coverage: C, H2 ⁵ Decrease coverage ⁶ : C,H2	Add Coverage ² : C2 Increase Coverage ² : C2 Drop Coverage ⁷ : C2 Decrease coverage ⁷ : C2
1.2 Change in Number of Employee's Dependents						
1.2.1 Gain Dependent: Birth, Adoption, Legal Guardianship	Add Coverage: H1,T,C Add sp/dep: H1,T,C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: H2,T,C Add sp/dep: H2,T,C	Add Coverage: H2 T ,C Add sp/dep: H2,T,C	Add Coverage: C,H2 Increase coverage: C, H2	Add Coverage: C2 Increase coverage C2,
1.2.2 Lose Dependent: Death, Placement for Adoption	Drop affected dependent: C	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Drop affected dependent: C	Drop affected dependent: C	Decrease coverage ⁸ : C	Decrease coverage ⁶
1.3 Change in Employment Status of Employee, Spouse, or Dependent that Affects Eligibility						

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1.3.1 Employee Gains Eligibility under Employer's Plan	Add Coverage: EY,C,T	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Add Coverage: EY,C,T	Add Coverage: EY,C,T	Add Coverage: EY,C	Add Coverage: EY,C2
1.3.2 Employee Maintains Prior Eligibility under Employer's Plan after return from termination or unpaid leave within 30 days.	Reinstate prior election at termination unless another event has occurred that allows a change ⁹	Reinstate prior election at termination unless another event has occurred that allows a change ⁹	Reinstate prior election at termination unless another event has occurred that allows a change ⁹ :	Reinstate prior election at termination unless another event has occurred that allows a change ⁹	Reinstate prior election at termination unless another event has occurred that allows a change ^{9 10}	Reinstate prior election at termination unless another event has occurred that allows a change ⁹
1.3.3 Employee Rehired or returns from non-FMLA leave without pay after 30 days ¹⁹	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.	Employee may make new election.
1.3.4 Employee Loses Eligibility under Employer's Plan through Change in Employment	Drop Coverage ¹¹	Drop Coverage ¹¹	Drop Coverage ¹¹	Drop Coverage ¹¹	Drop Coverage ¹¹	Drop Coverage ¹¹
1.3.5 Spouse/Dependent Gains Eligibility under their Employer's Plan	Drop Coverage ¹² Drop sp/dep ¹²	Add Coverage: EN Increase coverage: EN Drop Coverage: EN Decrease coverage: EN	Drop Coverage ¹² Drop sp/dep ¹²	Drop Coverage ¹² Drop sp/dep ¹²	Decrease coverage ¹² : C	Add Coverage ¹³ Increase coverage ¹³ Drop Coverage ¹²
1.3.6 Spouse/Dependent Loses Eligibility under their Employer's Plan	Add Coverage ¹⁴ : T,H1 Add sp/dep ¹⁴ : T, H1,	Increase coverage: EN Decrease coverage: EN	Add Coverage ¹⁴ : T, H2 Add sp/dep ¹⁴ : T, H2	Add Coverage ¹⁴ : T, H2 Add sp/dep ¹⁴ : T, H2	Add Coverage ¹⁴ : H2 Increase coverage ¹⁴ : H2	Add Coverage ¹⁴ Increase coverage ¹⁴ Drop Coverage ¹⁵
1.4 Event Causing Employee's Dependent to Satisfy or Cease to Satisfy Eligibility Requirement						
1.4.1 Dependent Gains Eligibility under Employee's Plan	Add dependents: C,T	Increase coverage: EN Decrease coverage: EN	Add dependents: C,T	Add dependents: C,T	Add Coverage ¹⁶ : C Increase coverage ¹⁶ : C	Add Coverage ⁸ : C2 Increase coverage ⁸ : C2

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1.4.2 Dependent Loses Eligibility under Employee's Plan	Drop affected dependent: C	Increase coverage: EN Decrease coverage: EN	Drop affected dependent: C	Drop affected dependent: C	Decrease coverage: ⁸ C	Decrease coverage: ⁸ : C2
1.5 Change in Place of Residence of Employee, Spouse or Dependent						
1.5.1 Move by Employee Causes Gain of Eligibility	Add Coverage: EY,C	Increase coverage: EN Decrease coverage: EN	Add Coverage: EY,C	Add Coverage: EY,C	Increase coverage ¹⁷ : C Decrease coverage ¹⁷ : C	Not applicable.
1.5.2 Move by Employee causes Loss of Eligibility	Drop and elect similar coverage: E,C,DY	Increase coverage: EN Decrease coverage: EN	Drop and elect similar coverage: E, C,DY	Drop and elect similar coverage: E, C,DY	Increase coverage ¹⁷ : C Decrease coverage ¹⁷ : C	Not applicable.
1.5.3 Employee moves out of HMO Service Area*	Drop and elect similar coverage: E,C,DY	Increase coverage: EN Decrease coverage: EN	Drop and elect similar coverage: E,C,DY	Drop and elect similar coverage: E,C,DY	No change allowed. ¹⁸	Not applicable
1.5.4 Spouse's or Dependent's move causes gain of eligibility	Add sp/dep: EY,C	Increase Coverage: EN Decrease Coverage: EN	Add sp/dep: EY,C	Add sp/dep: EY,C	Increase coverage ¹⁷ : C Decrease coverage ¹⁷ : C	Not applicable.
1.5.5 Spouse's or Dependent's move causes loss of eligibility	Drop sp/dep: E,C	Increase Coverage: EN Decrease Coverage: EN	Drop sp/dep: E,C	Drop sp/dep: E,C	Increase coverage ¹⁷ : C Decrease coverage ¹⁷ : C	Not applicable.
2. SMALL COST CHANGES						
2.1 Small Cost Changes						
2.1.1 Employer- Initiated Automatic Small Cost Changes: Includes Collective Bargaining	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable
2.1.2 ²⁰ Employer-Submitted Automatic Small Cost Changes for Individuals†	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	Increase or Decrease Cost	No change allowed.	Not applicable

* Notice that the employee has the option of dropping the election even when similar coverage is available.

† Includes pre-established cost change parameters such as increases in life insurance triggered by salary increase or credit provisions, changes resulting from employee satisfying requirement such as stop smoking, or any similar event which changes cost of premium.

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Event Code	Group Health Ins. Premiums	Group Term Life Ins. Prems.	Dental Ins. Premiums	Vision Ins. Premiums	Health FSA	Dependent Care FSA
2.1.3 Employee-Initiated Small Cost Changes: DCAP Provider or Personal Policy	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Increase or Decrease Cost ¹⁹
3. SIGNIFICANT COST CHANGES						
3.1 Significant Cost Increases						
3.1.1a ¹⁹ Employer-Submitted Significant Cost Increase	Increase Costs	Increase Costs	Increase Costs	Increase Costs	No change allowed.	Not applicable
3.1.1b Permitted Response by Employee to Employer-Submitted Significant Cost Increase	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	No change allowed.	Not applicable
3.2 Significant Cost Decreases						
3.2.1a Employer-Submitted Significant Cost Decrease	Decrease Costs	Decrease Costs	Decrease Costs	Decrease Costs	No change allowed	Not applicable
3.2.1b Permitted Response by Employee to Significant Cost Decrease	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	No change allowed	Not applicable
4. SIGNIFICANT CURTAILMENT OF COVERAGE						
4.1 Significant Coverage Curtailment						
4.1.1a Employer-Initiated Significant Coverage Curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	Document coverage curtailment	No change allowed.	No change allowed.
4.1.1b Permitted Response by Employee to Significant Coverage Curtailment	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	Drop and elect similar coverage: DN	No change allowed.	No change allowed.

* No change allowed if day care provider is a relative of the employee.

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4.1.1c Permitted Response by Employee to Curtailment Resulting in Loss of Coverage	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	Drop and elect similar coverage: DY	No change allowed.	No change allowed
5. ADDITION OR IMPROVEMENT OF BENEFIT PACKAGE OPTION						
5.1 Change in Benefit Offered under Cafeteria Plan						
5.1.1a Employer Adds New Benefit or Option	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System
5.1.1b Permitted Response by Employee to Addition of New Benefit or Option	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	No change allowed.	Revoke similar coverage and elect. Add Coverage
5.1.2a Employer Drops Existing Benefit or Option	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System
5.1.2b Permitted Response by Employee to Drop of Existing Benefit or Option	Elect similar coverage	Elect similar coverage	Elect similar coverage	Elect similar coverage	No change allowed.	Elect similar coverage
5.1.3a Employer Replaces one Benefit or Option with Similar Benefit or Option	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	Enter Benefit/Coverage Change into System	No change allowed.	Enter Benefit/Coverage Change into System
5.1.3b Permitted Response by Employee to Replacement of Benefit or Option	No change allowed unless considered significant cost increase or coverage curtailment. [†]	No change allowed unless considered significant cost increase or coverage curtailment. ^{††}	No change allowed unless considered significant cost increase or coverage curtailment. ^{††}	No change allowed unless considered significant cost increase or coverage curtailment. ^{††}	No change allowed.	No change allowed unless considered significant cost increase or coverage curtailment. ^{††}

* Complete loss of coverage under the benefit package option or other coverage option (such as HMO ceasing to be available where employee reside or employee losing coverage because of overall annual or lifetime limitation). Plan has discretion to treat the following as a loss of coverage: substantial decrease in medical care providers, reduction in benefits for specific type of medical condition that employee or dependents are being treated , and similar fundamental coverage loss (this leaves room for additional reasons).

[†] See significant cost change or coverage curtailment section for employee options.

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Event Code	Group Health Ins. Premiums	Group Term Life Ins. Prems.	Dental Ins. Premiums	Vision Ins. Premiums	Health FSA	Dependent Care FSA
5.1.4a Significant Improvement of Benefit or Option	Enter event in system.	Enter event in system.	Enter event in system.	Enter event in system.	No change Allowed	Not Applicable
5.1.4b Permitted Response by Employee to Significant Improvement of Benefit or Option	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	Revoke similar coverage and elect. Add Coverage	No change allowed.	Not applicable.
5.15 Employee changes DCAP providers	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Change Deductions to reflect new rates*
5.16 DCAP Provider FN changed rates	Not applicable	Not applicable			Not applicable	Change Deductions to reflect new rates†
6. CHANGE IN COVERAGE UNDER ANOTHER EMPLOYER PLAN						
6.1 Change in Coverage of Spouse or Dependent under Another Employer Plan						
6.1.1 Another Employer Plan Adds or Increases Coverage ²⁰	Drop Coverage ²⁰ Drop sp/dep ²¹	Drop Coverage ²¹ Decrease coverage ²¹	Drop Coverage ²¹ Drop sp/dep ²¹	Drop Coverage ²¹ Drop sp/dep ²¹	No change allowed.	Drop Coverage ²¹ Decrease coverage ²¹
6.1.2 Another Employer Plan Drops or Decreases Coverage ²⁰	Add Coverage ²¹ Add sp/dep ²²	Add Coverage ²² Increase coverage: ²²	Add Coverage ²² Add sp/dep ²²	Add Coverage ²² Add sp/dep ²²	No change allowed.	Add Coverage ²² Increase coverage: ²²
6.1.3 Open Enrollment under Employer Plan of Spouse or dependent'	Add Coverage ²² Add sp/dep ²² Drop Coverage ²¹ Drop sp/dep ²¹	Add Coverage ²² Increase coverage ²² Drop Coverage ²¹ Decrease coverage ²¹	Add Coverage ²² Add sp/dep ²² Drop Coverage ²¹ Drop sp/dep ²¹	Add Coverage ²² Add sp/dep ²² Drop Coverage ²¹ Drop sp/dep ²¹	No change allowed.	Add Coverage ²² Increase coverage ²² Drop Coverage ²¹ Decrease coverage ²¹

* Deductions can be changed to zero if relative is keeping child for free.
 * DCAP Provider cannot be relative.
 † Rates cannot be changed if the Day Care Provider is a relative.

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Event Code	Group Health Ins. Premiums	Group Term Life Ins. Prems.	Dental Ins. Premiums	Vision Ins. Premiums	Health FSA	Dependent Care FSA
6.1.4 Employee, Spouse, or Dependent loses coverage under group health plan of a governmental or educational institution *	Add Coverage [†] Add affected dependent	Not Applicable	Add Coverage ^{§§§} Add affected dependent	Add Coverage ^{§§§} Add affected dependent	No change allowed.	Not Applicable
7. FMLA LEAVE						
7.1 Commencement of FMLA Leave						
7.1.1 Employee begins FMLA Leave	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA	Revoke election and make another election as provided under FMLA
7.2 Return from FMLA Leave						
7.2.1 Employee returns from FMLA Leave	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA	Make new election if coverage terminated under FMLA
8. COBRA EVENTS						
8.1 COBRA (or similar state law continuation) Events						
8.1.1 Employee COBRA Event with Employee remaining eligible for Cafeteria Plan [‡]	Increase coverage ²²	No change allowed	Increase coverage ²³	Increase coverage ²³	No change allowed	No change allowed
8.1.2 Spouse/Dependent COBRA Event [§] .	Increase coverage ^{23 23}	No change allowed	Increase coverage ^{23 24}	Increase coverage ^{23 24}	No change allowed	No change allowed
9. JUDGMENT, DECREE, OR ORDER						
9.1 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent Child to be Provided by Employee						

* Includes (a) A State's child health insurance program (SCHIP) under Title XXI of the Social Security Act, (b) a medical care program of an Indian Tribal government (as defined in Section 7701(a)(40)), the Indian Health Service, or a tribal organization, (c) a State health benefits risk pool, or (d) a Foreign government group health plan.

[†] Evidently, only the affected person can be added. If so, the only time coverage previously not elected can only be added if the affected individual is the employee.

[‡] Such as reduction in work hours resulting in employee no longer eligible for employer contribution credit.

[§] Such as dependent reaching maximum age under group plan and employee continues coverage for dependent under COBRA.

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9.1.1 Judgment, Decree, or Order Requires Coverage under Employee's Plan	Add Coverage: C Add affected dependent	No change allowed.	Add Coverage: C Add affected dependent	Add Coverage: C Add affected dependent	Add Coverage: C Increase coverage	No change allowed.
9.2 Judgment, Decree, or Order Requires Coverage of Code § 152 Dependent Child to be Provided by Spouse, Former Spouse, or Other Person						
9.2.1 Judgment, Decree, or Order Requires Spouse, Former Spouse, or Other Person to Provide Coverage	Drop affected dependent: C3	No change allowed.	Drop affected dependent: C3	Drop affected dependent: C3	Decrease coverage: C3	No change allowed.
10. ENTITLEMENT TO MEDICARE OR MEDICAID						
10.1 Employee or Employee's Spouse or Dependent Becomes Entitled to Medicare and Medicaid						
10.1.1 Employee Becomes Entitled	Drop Coverage	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: C Increase coverage ²⁴	No change allowed.
10.1.2 Spouse/Dependent under Employer's Plan Becomes Entitled	Drop sp/dep:	No change allowed.	No change allowed.	No change allowed.	Decrease coverage: C Increase coverage ²⁵	No change allowed.
10.2 Employee, Employee's Spouse, or Employee's Dependent Loses Eligibility for Medicare and Medicaid						
10.2.1 Employee Loses Eligibility	Add Coverage: C	No change allowed.	No change allowed.	No change allowed.	Increase coverage: C Decrease ²⁵ coverage	No change allowed.
10.2.2 Spouse/Dependent under Employer's Plan Loses Eligibility	Add sp/dep: C	No change allowed.	No change allowed.	No change allowed.	Increase coverage: C Decrease coverage ²⁶	No change allowed.
11. ADMINISTRATIVE EVENTS						
11.1 Corrective Obvious Errors						
11.1.1 Employee mistake in an making election	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.
11.1.2 Employer mistake in recording election	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.	Make administrative changes as needed.

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11.2 Employee Fails Medical Underwriting						
11.2.1 Participant fails medical underwriting	Not applicable	Revoke coverage as of date it was added.	Not applicable	Not applicable	Not applicable	Not applicable
11.3 Adjustments to Meet Federal Requirements						
11.3.1 Changes needed to maintain plan's status under Code § 125 or to prevent violation of the nondiscrimination rules.	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C	Make administrative changes as needed: C

Notes:

- Change in eligibility for non-employer-sponsored coverage (other than Medicare and Medicaid) will not allow a change.
- Dependent is defined to be a tax dependent under Code § 152 except, for accident or health coverage, any child to whom Code § 152(e) applies is treated as a dependent of both parents.
- Health FSA coverage can never be changed solely on account of a change in cost or coverage under another plan.
- Increase coverage can be increases in volume, dollar, or amount.
- A plan may treat coverage by another employer, such as a spouse's or dependent's employer, as similar coverage.

CODES USED IN MATRIX

- C Must be consistent with change.
- C1 Only if coverage for individual becomes effective or is increased under the other employer's plan.
- C2 Consistency rule is satisfied if the election change is on account of and corresponds with a change of status that either (1) affects eligibility for coverage under an employer's plan or (2) affects eligibility of DCAP expenses for tax exclusions under Code § 129.
- C3 ... Coverage for the affected dependent cannot be dropped unless the coverage is actually picked up by the spouse, former spouse, or other person.
- DY Can drop altogether if alternative coverage is not available.
- DN Cannot drop even if alternative coverage is not available.
- D Can drop even if alternative coverage is available.
- E Eligibility must be affected.
- EN Eligibility need not be impacted.
- EY Eligibility must be gained.
- H1 HIPAA special enrollment rights apply. (Retroactive election changes are only allowed for changes resulting from birth, adoption, or placement for adoption submitted within 30 days of event.)
- H2 HIPAA special enrollment rights likely do not apply.
- H3 HIPAA special enrollment rights do not apply.
- PD Must be addressed in Plan Document.
- T Tag-Along Rule applies (can change for dependents who were previously eligible for coverage).

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- ¹ If employee or dependents become eligible dependents under new spouse's health plan.
 - ² If change creates or increases need for child care.
 - ³ If spouse is not employed or makes DCAP FSA election on spouse's employer's Plan
 - ⁴ If eligibility is lost under spouse's plan as a result of the divorce, legal separation, annulment or death
 - ⁵ Only if coverage is lost under spouse's major medical plan.
 - ⁶ To take into account expenses of affected spouse.
 - ⁷ If change decreases or negates need for day care
 - ⁸ To take into account expenses of affected dependent.
 - ⁹ Can have Plan Documents prohibit participation until next plan year.
 - ¹⁰ Balances and current annual election remain the same and employee cannot be made to make up missed contributions.
 - ¹¹ Underlying coverages ceases in accordance with component plan.
 - ¹² If added to spouse's or dependent's coverage.
 - ¹³ If spouse previously did not work.
 - ¹⁴ If dropped from spouse's or dependent's coverage.
 - ¹⁵ If spouse no longer works.
 - ¹⁶ Only if dependent gains eligibility under Health FSA.
 - ¹⁷ If underlying health coverage change occurs.
 - ¹⁸ Not even if underlying health coverage change occurs.
 - ¹⁹ Includes cost changes resulting from actions taken by employee, such as switching from full-time to part-time or vice-versa.
 - ²⁰ If employee, spouse, or dependent have received corresponding increased coverage or added coverage under other employer's plan.
 - ²¹ If employee, spouse, or dependent have received corresponding decreased coverage or dropped coverage under other employer's plan.
 - ²² To cover increased amount of employee's contribution.
 - ²³ If individual still qualifies as tax dependent of employee.
 - ²⁴ Only if prior employer coverage was more comprehensive.
 - ²⁵ On if the employer plan is more comprehensive.