

Common Qualifying Events

This is a list of common qualifying events and does not include all possible events that permit a change in coverage. If you have a situation that does not fall into one of the following categories, contact benefits@co.thurston.wa.us. We can help determine if the situation is a qualifying event.

| Qualifying Event | Enrollment Deadline | Changes I Can Make | Documentation Needed | Forms Needed |
|---|--|--|--|---|
| New Baby | Medical/Dental/Vision: 60 days from the date of birth | Add new baby and spouse/registered domestic partner | 1. Copy of Birth Certificate 2. Dependent Verification Document(s) if spouse/registered domestic partner is being added | * PEBB Medical Enrollment Form * Dental/Vision Enrollment Form |
| Marriage | Medical: 60 days from the date of marriage Dental/Vision: 31 days from the date of marriage | Add new spouse and any stepchildren acquired by the new marriage | 1. Copy of Marriage Certificate 2. Dependent Verification Document(s) if stepchildren are being added | * PEBB Medical Enrollment Form * Dental/Vision Enrollment Form * Life Insurance Beneficiary Form (optional) * DRS Pension Beneficiary Form (optional) |
| Divorce | Medical/Dental/Vision: 60 days from the date divorce is final | Remove spouse and stepchildren | Copy of Divorce Decree | * PEBB Medical Enrollment Form * Dental/Vision Enrollment Form * Life Insurance Beneficiary Form (optional) * DRS Pension Beneficiary Form (optional) |
| Child loses eligibility (turns age 26) | Child is automatically removed from the plan on the last day of the month in which they reach age 26. Employees do not have to complete any forms for this type of change. | | | |
| Loss of Other Coverage | Medical: 60 days from the date coverage ended Dental/Vision: 31 days from the date coverage ended | Add any dependents that recently lost other coverage | 1. Proof of the date coverage ended 2. Dependent Verification Document(s) for any dependents that are new to the plan | * PEBB Medical Enrollment Form * Dental/Vision Enrollment Form |
| Gain Other Coverage | Medical: 60 days from the date the other coverage starts Dental/Vision: 31 days from the date the other coverage starts | Waive Medical or remove dependents from any (or all) lines of coverage | Proof of the date coverage started | * PEBB Medical Enrollment Form * Dental/Vision Enrollment Form |
| Death of Dependent | Medical/Dental/Vision: 60 days from the date of death | Remove deceased dependent | Copy of Death Certificate | * Life Insurance Claim Form (contact Benefits for assistance) * If applicable: * PEBB Medical Enrollment Form * Dental/Vision Enrollment Form * Life Insurance Beneficiary Form (optional) * DRS Pension Beneficiary Form (optional) |

Please remember that all enrollment forms *completely replace* all prior forms. You must continue to list all current dependents on every form to ensure that no dependents are removed from coverage.