

## MEHP Spouse Qualifying Event Chart

<b>Qualifying Event</b>	<b>Marriage</b>
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Parts A and B effective dates A legible photocopy of the Marriage Certificate
<b>Qualifying Event Date</b>	Date of Marriage
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following marriage*
<b>Qualifying Event</b>	<b>Spouse Loses Other Employer/Retirement System Sponsored Coverage</b>
<b>Clarification</b>	Self-termination is <u>NOT</u> a Qualifying Event
<b>Documentation Required</b>	A legible photocopy of the Medicare card showing Part A and Part B effective dates A legible photocopy of the Marriage Certificate And one of the following: HIPAA Certificate of Creditable Coverage; Letter from Employer/Retirement System on Letterhead that includes person(s) covered <u>and</u> coverage termination date; Letter from insurance company with type of coverage, reason for termination, date of termination, <u>and</u> person(s) covered; or Termination letter from governmental agency providing previous coverage
<b>Qualifying Event Date</b>	Date of loss of coverage
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following loss of coverage*
<b>Qualifying Event</b>	<b>Spouse's COBRA Expires</b>
<b>Clarification</b>	Self-termination is <u>NOT</u> a Qualifying Event
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Part A and Part B effective dates A legible photocopy of the Marriage Certificate Letter from COBRA stating person(s) losing COBRA and the date COBRA expires
<b>Qualifying Event Date</b>	Date of COBRA expiration
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following loss of coverage*
<b>Qualifying Event</b>	<b>Tag-along with Retiree</b>
<b>Clarification</b>	If Spouse was unable to be covered due to Retiree not having KTRS coverage, Spouse may be added when Retiree enrolls in KTRS coverage
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Parts A and B effective dates A legible photocopy of the Marriage Certificate
<b>Qualifying Event Date</b>	Date Retiree gains KTRS coverage
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	Same as Retiree's Effective Date*
<b>Qualifying Event</b>	<b>Death of Retiree</b>
<b>Clarification</b>	If Surviving Spouse does not enroll at time of Retiree's death, there will be no future opportunity to enroll.
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Part A and Part B effective dates
<b>Qualifying Event Date</b>	Date of Retiree's Death
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following Retiree's Death*
<b>Qualifying Event</b>	<b>Spouse Turning Age 65</b>
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Parts A and B effective dates A legible photocopy of the Marriage Certificate
<b>Qualifying Event Date</b>	65 <sup>th</sup> birthday
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of month that eligible person turns age 65*

\*MEHP cannot be retro-actively instated. If all forms and documentation are not received before the listed Effective Date, coverage will not begin until the first day of the following month.

## MEHP Retiree Qualifying Event Chart

<b>Qualifying Event</b>	<b>Loss of Other Coverage</b>
<b>Clarification</b>	Self-termination is <u>NOT</u> a Qualifying Event
<b>Documentation Required</b>	A legible photocopy of the Medicare card showing Part B effective date And one of the following: HIPAA Certificate of Creditable Coverage; Letter from previous health insurance provider that includes person(s) covered <u>and</u> coverage termination date; Letter from insurance company with type of coverage, reason for termination, date of termination, <u>and</u> person(s) covered; or Termination letter from governmental agency providing previous coverage
<b>Qualifying Event Date</b>	Date of loss of coverage
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following loss of coverage*
<b>Qualifying Event</b>	<b>COBRA Expires</b>
<b>Clarification</b>	Self-termination is <u>NOT</u> a Qualifying Event
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Part B effective date Letter from COBRA stating person(s) losing COBRA and the date COBRA expires
<b>Qualifying Event Date</b>	Date of COBRA expiration
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following loss of coverage*
<b>Qualifying Event</b>	<b>Turning Age 65</b>
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing B effective date
<b>Qualifying Event Date</b>	65 <sup>th</sup> birthday
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of month that eligible person turns age 65*
<b>Qualifying Event</b>	<b>Gaining Medicare Part B</b>
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing B effective date
<b>Qualifying Event Date</b>	Date Medicare Part B becomes effective
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of month that eligible person turns age 65*
<b>Qualifying Event</b>	<b>Out-of-Country Address Change (Moving Back to U.S.)</b>
<b>Clarification</b>	MEHP coverage is not available for extended stays outside of the United States. If you move outside the U.S. you must waive MEHP coverage, you will be permitted to re-enroll when you move back to the U.S.
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Part B effective date KTRS Address Change Form updating out-of-country address to one in the United States
<b>Qualifying Event Date</b>	Date you move back to U.S.
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following Qualifying Event Date*

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## MEHP Disabled Child Qualifying Event Chart

<b>Qualifying Event</b>	<b>Loss of Other Coverage</b>
<b>Clarification</b>	Self-termination is <u>NOT</u> a Qualifying Event
<b>Documentation Required</b>	A legible photocopy of the Medicare card showing Parts A and B effective date A copy of the child's birth certificate listing retiree as a parent And one of the following: HIPAA Certificate of Creditable Coverage; Letter from previous health insurance provider that includes person(s) covered <u>and</u> coverage termination date; Letter from insurance company with type of coverage, reason for termination, date of termination, <u>and</u> person(s) covered; or Termination letter from governmental agency providing previous coverage
<b>Qualifying Event Date</b>	Date of loss of coverage
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following loss of coverage*
<b>Qualifying Event</b>	<b>COBRA Expires</b>
<b>Clarification</b>	Self-termination is <u>NOT</u> a Qualifying Event
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Parts A and B effective date A copy of the child's birth certificate listing retiree as a parent Letter from COBRA stating person(s) losing COBRA and the date COBRA expires
<b>Qualifying Event Date</b>	Date of COBRA expiration
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of the month following loss of coverage*
<b>Qualifying Event</b>	<b>Gaining Medicare Part B</b>
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Parts A and B effective date A copy of the child's birth certificate listing retiree as a parent
<b>Qualifying Event Date</b>	Date Medicare Part B becomes effective
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	First day of month that eligible person turns age 65*
<b>Qualifying Event</b>	<b>Tag-along with Retiree</b>
<b>Clarification</b>	If Child was unable to be covered due to Retiree not having KTRS coverage, Child may be added when Retiree enrolls in KTRS coverage
<b>Documentation Required</b>	A legible photocopy of the Medicare Card showing Parts A and B effective dates A copy of the child's birth certificate listing retiree as a parent
<b>Qualifying Event Date</b>	Date Retiree gains KTRS coverage
<b>Signature Deadline</b>	30 calendar days from the Qualifying Event Date
<b>Effective Date</b>	Same as Retiree's Effective Date*

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