Qualifying Life Events and Supporting Documents

All qualifying events must be supported by a proof of the event and, when adding dependents, proof of the relationship. Use the guide below to ensure that you provide all appropriate supporting documents.

Supporting documents can be scanned and emailed to hrbenefits@pima.gov.

When declaring life events, be prepared to enter social security numbers for all dependents.

New Hire Event	Supporting Documentation
Election Window: 31 days from hire date **Effective Date**: 1st of the month following 30 days	**Spouse:** ▪ Copy of marriage certificate, or ▪ Copy of current federal tax return **Domestic Partner:** ▪ Domestic Partner Affidavit *Note: Affidavits are required each Fiscal Year during Annual Enrollment.* **Child(ren):** ▪ Copy of the birth certificate, or ▪ Copy of court order for adoption or legal guardianship

Marriage	Supporting Documentation
Election Window: 31 days from date of marriage **Effective Date**: Date of marriage	**Spouse:** ▪ Copy of marriage certificate **Child(ren):** ▪ Copy of the birth certificate, or ▪ Copy of court order for adoption or legal guardianship

Divorce/Legal Separation	Supporting Documentation
Election Window: 31 days from date of divorce **Effective Date**: Date of divorce	**Spouse:** ▪ Copy of divorce decree, or ▪ Court ordered separation or annulment **Child(ren):** ▪ Copy of the birth certificate, or ▪ Copy of court order for adoption or legal guardianship

Add Domestic Partner	Supporting Documentation
Enrollment Window: 31 days from date of domestic partner affidavit **Effective Date**: Date of domestic partner certification	**Domestic Partner:** ▪ Domestic partner affidavit *Note:* Affidavits are required each Fiscal Year during Annual Enrollment. **Child(ren) of Domestic Partner:** ▪ Copy of the birth certificate, or ▪ Copy of court order for adoption or legal guardianship

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Dissolution of Domestic Partnership	Supporting Documentation
Enrollment Window: 31 days from dissolution of domestic partnership **Effective Date**: Date of dissolution of domestic partnership	**Domestic Partner:** ▪ Termination of domestic partnership statement **Child(ren) of Domestic Partner:** ▪ Termination of domestic partnership statement

Birth/Adoption/Legal Guardianship	Supporting Documentation
Enrollment Window: 31 days from date of Birth/Adoption/Legal Guardianship **Effective Date**: Date of Birth/Adoption/Legal Guardianship	**Child(ren):** ▪ Copy of the birth certificate, or ▪ Copy of court order for adoption or legal guardianship **Spouse:** ▪ Copy of marriage certificate, or ▪ Copy of current federal tax return

Employee Loses Other Coverage	Supporting Documentation
Enrollment Window: 31 days from loss of coverage **Effective Date**: Day after last day of previous coverage	**Employee:** ▪ Notice of discontinuation of insurance from provider, or ▪ COBRA notification indicating loss of coverage, or ▪ Termination of employment notice indicating loss of coverage **Spouse:** ▪ Copy of marriage certificate, or ▪ Copy of current federal tax return **Domestic Partner:** ▪ Domestic Partner Affidavit *Note:* Affidavits are required each Fiscal Year during Annual Enrollment. **Child(ren):** ▪ Copy of the birth certificate, or ▪ Copy of court order for adoption or legal guardianship

Employee Gains Other Coverage	Supporting Documentation
Enrollment Window: 31 days from effective date of new coverage **Effective Date**: Day before effective date of new coverage	**Employee:** ▪ Notice of enrollment in insurance from new provider or employer

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Dependent Loses Other Coverage	Supporting Documentation
Enrollment Window: 31 days from loss of coverage **Effective Date**: Day after last day of previous coverage	**Spouse:** - Notice of discontinuation of insurance from provider, or - COBRA notification indicating loss of coverage, or - Termination of employment notice indicating loss of coverage and - Copy of marriage certificate, or - Copy of current federal tax return **Domestic Partner:** - Notice of discontinuation of insurance from provider, or - COBRA notification indicating loss of coverage, or - Termination of employment notice indicating loss of coverage and - [Domestic Partner Affidavit](#) *Note: Affidavits are required each Fiscal Year during Annual Enrollment.* **Child(ren):** - Notice of discontinuation of insurance from provider, or - COBRA notification indicating loss of coverage, or - Termination of employment notice indicating loss of coverage and - Copy of the birth certificate, or - Copy of court order for adoption or legal guardianship

Dependent Gains Other Coverage	Supporting Documentation
Enrollment Window: 31 days from effective date of new coverage **Effective Date**: Day before effective date of new coverage	**Spouse:** ■ Notice of enrollment in insurance from new provider or employer **Domestic Partner:** ■ Notice of enrollment in insurance from new provider or employer **Child(ren):** ■ Notice of enrollment in insurance from new provider or employer

Dependent Gains CHIPRA/Medicaid/ Medicare	Supporting Documentation
Enrollment Window: 60 days from the effective date of the new coverage **Effective Date**: The day before the effective date of the new coverage	**Spouse:** ■ Notice of enrollment in insurance from new provider **Domestic Partner:** ■ Notice of enrollment in insurance from new provider **Child(ren):** ■ Notice of enrollment in insurance from new provider

Dependent Loses CHIPRA/Medicaid/Medicare	Supporting Documentation
Enrollment Window: 60 days from the effective date of the loss of coverage **Effective Date**: The day after the last day of the previous coverage	**Spouse:** ■ Notice of discontinuation of insurance from provider and ■ Copy of marriage certificate, or ■ Copy of current federal tax return **Domestic Partner:** ■ Notice of discontinuation of insurance from provider and ■ Domestic Partner Affidavit *Note: Affidavits are required each Fiscal Year during Annual Enrollment.* **Child(ren):** ■ Notice of discontinuation of insurance from provider and ■ Copy of the birth certificate, or ■ Copy of court order for adoption or legal guardianship