

Mid-Year Qualifying Events

When one of the following events occurs, you have **30 days** from the date of the event to notify Invited's Benefits Department and/or request changes to your coverage. Contact the Benefits Department at 833-964-2967.

| BENEFITS ALLOWED TO CHANGE | | | | | | | | | | |
|--|---------|--------|--------|---------------|-------------|------------|----------------|-----------------|---------------|--|
| QUALIFYING LIFE EVENT | MEDICAL | DENTAL | VISION | EMPLOYEE LIFE | SPOUSE LIFE | CHILD LIFE | DEPENDENT CARE | HEALTH CARE FSA | BENEFICIARIES | DOCUMENTATION |
| Change in marital status: Marriage Divorce or Annulment Legal Separation Domestic Partner Dissolution Death of Spouse | √ | √ | √ | | √ | | √ | √ | √ | Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate |
| Change in the number of dependents: Birth Adoption Guardianship of a Child Death of a Dependent | √ | √ | √ | | | √ | √ | √ | √ | Birth Certificate Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate |
| Dependent Loses Other Coverage | √ | √ | √ | | | | √ | √ | √ | Proof of Loss of Coverage, such as termination letter; Certificate of Credible Coverage |
| Dependent Gains Other Coverage | √ | √ | √ | | | | √ | √ | √ | Proof of Coverage with start date of benefits and name(s) of covered dependents |
| A change in Employee's, spouse's or dependent's work hours (Including a switch between full and part-time status) | √ | √ | √ | | | | √ | √ | √ | Proof of loss of Coverage due to employment status change, such as a Certificate of Credible Coverage or letter from the company |
| Change in Dependent Care Costs | | | | | | | √ | | | Letter from your Day Care Provider |
| Court Ordered Dependent, add or drop from coverage | √ | √ | √ | | | √ | √ | √ | √ | Contact your Benefits Team Directly |