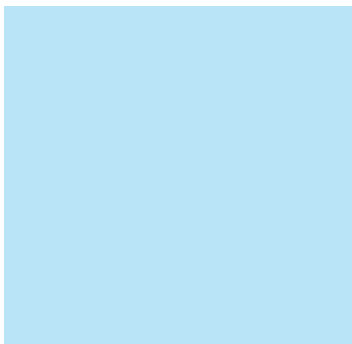

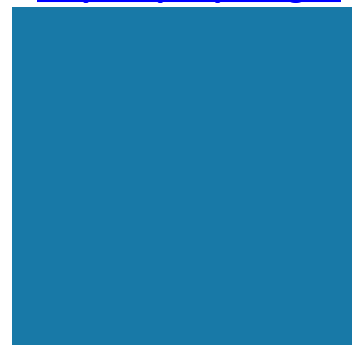
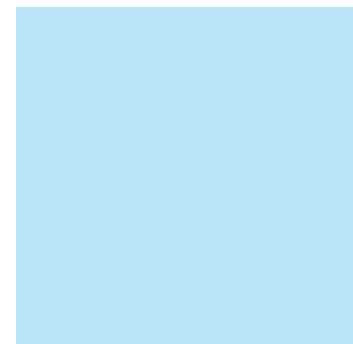




QUALIFYING LIFE EVENTS GUIDE




NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM
775-684-7000
702-486-3100
or **1-800-326-5496**
<https://pebp.nv.gov>





Qualifying Life Events

Every effort has been made to ensure the accuracy of the information contained in this guide. This document contains quick reference tables to assist you in determining required supporting documents, and the timeframe to submit change requests due to a qualifying life event. In the event of any discrepancies between the information in this document and the Master Plan Document for PEBP Enrollment and Eligibility, the Master Plan Document will govern. These documents are available under *Getting to Know Your Plan* on PEBP's homepage at <https://pebp.nv.gov>. Click [here](#) to view the glossary of health care and medical terms.

One of the things you can count on in life is change. When those changes come, they might open the door for you to qualify to make modifications to your health plan outside the annual open enrollment period. Here's what you need to know:

- You may complete the following qualifying life events in your E-PEBP portal: adoption, birth, divorce, establish a domestic partner, marriage, Medicare eligibility changes, dependent dies, dependent gains coverage, dependent loses coverage, and terminate domestic partnership. You *must* complete these events in your [E-PEBP portal](#) within the specific timeframe (within 60 days of the date of event in most cases) as outlined in this guide. If the online event, including submitting any required supporting documents, is not completed within the specific timeframe, the request will not be accepted, and the change cannot be made until the subsequent open enrollment period.
- Other qualifying life events include employees or retirees who are in declined status who experience a change in number of dependents, permanent legal guardianship and retirement. For these events you will need to submit your supporting documentation and/or required forms to PEBP using our secure document upload form on [PEBP's Contact Us](#) page.
- Transferring to another agency is not a qualifying life event and you cannot make changes to your coverage. If there is no break in coverage as an active employee, you do not have the right to change coverage.
- In accordance with the Internal Revenue Service (IRS) Code Section 125, and upon proper notification to the PEBP, coverage changes generally occur on a prospective basis. Exceptions apply to newborn infants, adopted children and children placed for adoption.

Questions regarding eligibility? Send a secure message through your E-PEBP portal or contact the

PEBP office at 775-684-7000, 702-486-3100 or 1-800-326-5496.

Summary of Supporting Eligibility Documents

Dependent Type	Social Security Number	Marriage Certificate	Birth Certificate	Hospital Birth Confirmation	Adoption Decree Signed by a Judge	Certificate of Registered Domestic Partnership	Legal Permanent Guardianship Signed by a Judge	Certification of Disabled Dependent Child Aged 26 Years or Older
CHILD								
Newborn	√		√	√				
Child under age 26	√		√					
Adoption	√		√		√			
Permanent Legal Guardianship (child)	√		√				√	
Stepchild	√	√	√					
Domestic Partner's Child	√		√			√		
Domestic Partner's Adopted Child	√		√		√	√		
Disabled Child	√		√					√
Disabled Stepchild	√	√	√					√
Domestic Partner's Disabled Child	√		√			√		√
SPOUSE/DOMESTIC PARTNER								
Spouse	√	√						
Domestic Partner	√					√		

- Required supporting documentation must be uploaded into your E-PEBP Portal account within the specified timeframe.
- When adding a dependent, other dependents cannot be dropped for the same qualifying event.
- Enrollment of a newly acquired spouse, domestic partner, and/or dependent child(ren) must occur no later than 60 days after the date of the qualifying event.
- Employees/Retirees in declined coverage status who experience a change in number of dependents may opt to enroll in coverage mid-year if adding a newly acquired dependent(s). This also applies if an employee/retiree loses other group coverage mid-year.
- All foreign documents must be translated to English.

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
<p>Employee Hire:</p> <ul style="list-style-type: none"> New Hire 	<p>No later than the last day of the month in which coverage is scheduled to become effective</p>	<p>If adding spouse/domestic partner</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of spouse or domestic partner <input type="checkbox"/> Copy of the certified marriage certificate or domestic partnership certificate <p>If adding dependent child(ren):</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of child(ren) <input type="checkbox"/> Copy of child(ren)'s certified birth certificate(s) <p>If adding a child(ren) under legal guardianship to age 19 years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of legal guardianship papers (signed by a judge) <input type="checkbox"/> SSN of child(ren) <input type="checkbox"/> Copy of certified birth certificate(s) <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate <p>If adding a stepchild(ren):</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of child(ren) and a copy of certified birth certificate(s) <input type="checkbox"/> Copy of the certified marriage certificate or domestic partnership certificate 	<ul style="list-style-type: none"> Full-time employees are eligible for coverage on the first day of the month concurrent with or following the date of hire 	<p>May add eligible dependent(s) in the family unit</p>
<p>Adoption of a Child or the Placement for Adoption of a Child</p>	<p>Within 60 days of the event date</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of legal adoption papers or placement for adoption (signed by a judge), followed by final adoption papers within 60 days of issuance <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate <p>Within 120 days of the adoption</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSN of child <input type="checkbox"/> Copy of the child's certified birth certificate 	<ul style="list-style-type: none"> Coverage effective on the first day of the month in which child is adopted or placed for adoption, whichever date is earlier Coverage for a child adopted within 60 days of the child's date of birth becomes effective on the date of birth 	<p>May add the designated adopted child(ren) and other eligible dependent(s) in the family unit</p>

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Newborn Child Initial coverage terminated 31 days from the date of birth	To continue coverage beyond 31 days; Within 60 days of the event date	<input type="checkbox"/> Copy of the child's hospital birth confirmation <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate Within 120 days of date of birth: <input type="checkbox"/> SSN of child <input type="checkbox"/> Copy of the child's certified birth certificate	<ul style="list-style-type: none"> • Newborn coverage is effective on the date of birth • Coverage for other dependent(s) is effective on the first day of the month following the primary participant's initiation of the online event 	May add newborn child and other eligible dependent(s) in the family unit
Disabled Child (aged 26 or older)	Within 31 days of the dependent child turning age 26 years	<input type="checkbox"/> Certification of Disabled Dependent Child Form <input type="checkbox"/> SSN of the child <input type="checkbox"/> If not the primary insured's child, copy of the certified marriage or domestic partnership certificate <input type="checkbox"/> Verification that the child has had continuous health insurance since the age of 26. Submission of a copy of the participant's preceding year's income tax returns showing the child is a tax dependent. The Plan will thereafter require proof of the child's continuing incapacity and dependency not more than once a year, beginning 2 years after the child attains age 26 (NRS 689B.035)	<ul style="list-style-type: none"> • If already covered under PEBP, coverage will continue • If new to PEBP plan, coverage becomes effective on the first day of the month concurrent with or following the qualifying event 	Not applicable

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Permanent Guardianship of a Child to Age 19	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of legal guardianship papers (signed by a judge) <input type="checkbox"/> Child's Social Security Number <input type="checkbox"/> Copy of the child's certified birth certificate <input type="checkbox"/> If not the primary insured's child, a copy of the certified marriage or domestic partnership certificate 	<ul style="list-style-type: none"> • Coverage effective on the first day of the month following the submission of guardianship papers signed by a judge • Coverage is provided only up to age 19 years 	May add the child(ren) to age 19 years and other eligible dependent(s) in the family unit
Primary Participant Moves Outside EPO or HMO Plan Coverage Area	Within 30 days of moving outside EPO or HMO coverage area	<ul style="list-style-type: none"> <input type="checkbox"/> Call PEBP to update address OR <input type="checkbox"/> Send a secure message through your E-PEBP portal 	<ul style="list-style-type: none"> • Coverage under the CDHP, LD, EPO or HMO plan will begin on the first day of the month concurrent with or following the date PEBP is notified of the address change 	<p>Participants who move outside an EPO or HMO coverage area must select another coverage option.</p> <p>Note: Moving outside the EPO or HMO coverage area is not a qualifying event to add or delete dependents</p> <p>For exceptions, see Qualified Medical Child Support Orders (QMCSO) or National Medical Support Notice (NMSN)</p>
Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN)	Within 60 days of issuance of QMCSO/NMSN or Release of QMCSO/NMSN	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of QMCSO/NMSN appropriately signed by issuing agency 	<ul style="list-style-type: none"> • Coverage under the new medical plan option begins on the first day of the month following receipt of the QMCSO/NMSN in the PEBP office and may not be reverted until the next open enrollment period 	<p>Must add dependent(s) as stated in the QMCSO/NMSN</p> <p>May add other eligible dependent(s) in the family unit</p>

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Declination of Coverage for Employee, Retiree, Spouse, DP or Dependent who Becomes Eligible for and Enrolls in Medicare Part A and/or B	Within 60 days of the Medicare effective date	<input type="checkbox"/> Copy of Medicare card	<ul style="list-style-type: none"> Coverage terminates on the last day of the month preceding the Medicare coverage effective date, or the last day of the month of notification, whichever is later 	Employee or Retiree who enrolls in Medicare Part A or B may decline coverage, Spouse, DP or Dependent who becomes Eligible for and Enrolls in Medicare Part A and/or B may decline coverage
Declination of Coverage for Employee, Retiree Spouse, DP, or Dependent who Becomes Eligible for and Enrolls in CHIP, Medicaid or Nevada Check Up	Within 60 days of CHIP, Medicaid or Nevada Check Up effective date	<input type="checkbox"/> Documentation from Medicaid, CHIP or Nevada Check Up showing that the eligibility for Medicaid, CHIP, or Nevada Check Up was approved and the coverage effective date	<ul style="list-style-type: none"> PEBP coverage terminates on the last day of the month preceding the first day of the month the participant's dependent gains eligibility; or, the last day of the month of notification, whichever is later 	Covered Employee, Retiree Spouse, DP, or dependent who becomes Eligible for and Enrolled in CHIP/Medicaid or Nevada Check Up may decline coverage
Employee, Spouse, DP or Dependent Loses Coverage Under CHIP, Medicaid or Nevada Check Up	Within 60 days of CHIP, Medicaid or Nevada Check Up termination date	<input type="checkbox"/> Documentation from Medicaid, CHIP or Nevada Check Up showing that the dependent's eligibility for Medicaid or CHIP was denied and when it was denied. Or documentation that the coverage ended or will end <input type="checkbox"/> Copy of certified birth certificate(s) for each dependent child(ren) being added to the plan; and/or Copy of marriage or domestic partner certification	<ul style="list-style-type: none"> Coverage for dependent child(ren) effective on the first day of the month following the primary participant's notification to PEBP of loss of coverage from Medicaid and/or Nevada Check Up 	Eligible Employee, Spouse, DP or dependent child(ren) may enroll for coverage

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Dependent Loses Coverage Spouse/DP or eligible dependents experience a change of status <i>resulting in a loss of</i> eligibility from another employer group health plan.	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> A letter from previous insurance carrier stating the insurance end date and names of covered individual(s) for each dependent being added to your coverage <input type="checkbox"/> SSN for all dependent(s) being added <input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificate(s) 	<ul style="list-style-type: none"> • Coverage effective on the first day of the month following notification 	May add the spouse or domestic partner and all other eligible dependent(s) in the family unit who experienced a loss of coverage
Dependents Gains Coverage Spouse/DP or eligible dependent experiences a change of status <i>resulting in a gain of</i> eligibility from another employer group health plan.	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Confirmation of coverage letter stating the group insurance effective date and names of covered individual(s) for each dependent being deleted from your coverage 	<ul style="list-style-type: none"> • PEBP coverage terminates on the last of the month preceding the coverage effective date under the new plan, or the last day of the month of notification, whichever is later 	Must delete spouse or domestic partner* if coverage is employer based May delete any dependent(s) that are being added to the employer group coverage <i>*Premium refunds will not be given for late notification</i>
If an employee or dependent lost other health care coverage as a result of the individual's voluntary cancellation of coverage, termination of coverage through the state health exchange (Affordable Care Act), failure to pay premiums, reduction or elimination of employer financial payment of premiums, or for cause, such as making a fraudulent claim, that individual does not have enrollment rights.				

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Employer of Spouse/Domestic Partner Offers an Open Enrollment Period OR Initial Benefit Enrollment Period	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of open enrollment from spouse/domestic partner's employer <input type="checkbox"/> Confirmation of coverage letter from the insurance carrier stating the effective date of new coverage and the name(s) of the newly covered individual(s) 	<ul style="list-style-type: none"> • Enrolling in PEBP coverage: PEBP coverage becomes effective on the first day of the month following the end date of coverage under the other employer's health plan, or the first day of the month following notification to PEBP, whichever is later. • Declining PEBP coverage: PEBP coverage terminates on the last day of the month prior to the effective date of coverage under the other group health plan; or, the last day of the month following notification to PEBP, whichever is later. 	Participant and any covered dependents may decline PEBP coverage to newly enroll in the other employer's coverage OR Participant and eligible dependents in declined status with PEBP may re-enroll in PEBP coverage if the other employer group coverage is terminated
PEBP's Open Enrollment Period	Each year typically May 1 -May 31	<ul style="list-style-type: none"> <input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Eligibility Document Requirements in this document <input type="checkbox"/> Required supporting documents are due by June 15 	<ul style="list-style-type: none"> • Coverage effective date is July 1 immediately following open enrollment period 	May add or delete dependents May change plan options May decline coverage

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Establish Domestic Partnership	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> SSN for domestic partner <input type="checkbox"/> Copy of the Certificate of Registered Domestic Partnership <input type="checkbox"/> If adding dependent child(ren), SSN and a copy of the child(ren)'s certified birth certificate(s) 	<ul style="list-style-type: none"> • Coverage effective on the first day of the month following the date of domestic partnership registration; or the first day of the month following notification, whichever is later. 	May add domestic partner and/or other eligible dependent(s) in the family unit
Marriage	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> SSN for spouse <input type="checkbox"/> Copy of the certified marriage certificate <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificate(s) and SSN 	<ul style="list-style-type: none"> • Coverage effective on the first day of the month following the date of marriage; or the first day of the month following notification, whichever is later. 	May add spouse and/or other eligible dependent(s) in the family unit
Divorce, Annulment, or Termination of Domestic Partnership	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of the divorce/annulment decree signed by the judge (all pages) <input type="checkbox"/> Copy of the Termination of Certificate of Registered Domestic Partnership 	<ul style="list-style-type: none"> • Coverage terminates on the last day of the month in which the divorce decree is signed by the judge; or the last day of the month following notification to the PEBP, whichever is later. 	<p>Must delete ex-spouse or ex-domestic partner* and all other ineligible dependent(s). May not add dependent(s) unless they lose group coverage (Dependent Loses Coverage)</p> <p>COBRA is offered to the ex-spouse or ex-domestic partner for up to 36 months if notified within 60 days</p> <p><i>*Premium refunds will not be given for late notification and COBRA Coverage will not be offered</i></p>

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Retiree/Dependent or Survivor's Entitlement to Medicare Parts A and/or B	End of the month preceding the date the individual becomes eligible for Medicare	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Medicare Parts A and B card <input type="checkbox"/> If ineligible for premium-free Part A, must provide PEBP a copy of the Medicare Benefit Verification Letter issued by the Social Security Administration (SSA) <input type="checkbox"/> If covered under TRICARE for Life, must provide a copy of the military ID card (front and back) 	<ul style="list-style-type: none"> • Coverage under Medicare Exchange must become effective within 60 days of Medicare effective date or retirement date, whichever is later 	<p>Must enroll in a Medicare Exchange plan if retiree and all covered dependents (if any) are eligible for free Part A, otherwise, coverage is terminated</p> <p>If one person in the family is not eligible for free Part A, the entire family may remain on the CDHP, LD-PPO, EPO, or HMO coverage or the Part A individual may choose coverage through the Exchange</p>
Medicare Part B Premium Credit	No later than the end of the month in which your Medicare Part B is effective	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Medicare Part B card or Copy of the Medicare Part B award letter 	<ul style="list-style-type: none"> • Part B premium credit will apply concurrent with the Medicare Part B effective date or the first of the month following PEBP's receipt of the retiree's Medicare Part B card, whichever is later 	<p>Premium credit will only apply to primary retirees covered under the CDHP, LD-PPO, EPO or HMO Plan.</p>
Termination of Retiree Benefits*	Upon request from participant	<ul style="list-style-type: none"> <input type="checkbox"/> Written request signed by the retiree to decline all PEBP benefits 	<ul style="list-style-type: none"> • Coverage ends on the last day of the month after PEBP receives the request to decline coverage 	<p>Coverage terminates for retiree and any covered dependents</p>

*Please note that declining the PEBP-sponsored coverage includes medical, dental, vision, prescription drug coverage, basic life insurance, voluntary life insurance (if applicable), years of service premium subsidy, and HRA funds that may be on your HSA Bank visa debit card (if applicable).

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Declination of Coverage Due to Marriage or Establishment of Domestic Partnership (DP) and Enrollment in Spouse's/DP's Employer Group Health Plan	Within 60 days of marriage or establishment of domestic partnership	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate <input type="checkbox"/> Creditable Coverage letter from the spouse's/domestic partner's Employer or Group Health Plan stating the effective date of the new coverage and the name(s) of the newly Covered Individual(s) 	<ul style="list-style-type: none"> • Coverage for the primary participant and any covered dependents will terminate on the last day of the month of marriage or establishment of domestic partnership; or the last day of the month in which notification is received by the PEBP 	Primary participant may decline PEBP coverage
Active Employee Reinstatement from Declined Status Active employee experiences a change of status resulting in a loss of eligibility from another Employer Group Health Plan, Medicaid, or Nevada Check-Up (CHIP)	Within 60 days of the event date	<ul style="list-style-type: none"> <input type="checkbox"/> Creditable Coverage letter or HIPAA certificate(s) stating the insurance end date and names of covered individual(s) for each person being added to your coverage <input type="checkbox"/> SSN for all dependent(s) being added <input type="checkbox"/> Copy of certified marriage certificate or domestic partnership certificate <input type="checkbox"/> If adding dependent child(ren), a copy of the child(ren)'s certified birth certificates 	<ul style="list-style-type: none"> • Coverage effective on the first day of the month concurrent with or following the date of the loss of coverage; or on the first day of the month following notification to the PEBP, whichever is later 	Participant and eligible dependent(s) in declined status with PEBP may re-enroll in PEBP coverage if other employer group health plan is terminated

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Settlement Agreement	Within 60 days of Settlement Agreement	<input type="checkbox"/> Copy of Hearing Officer's decision	<ul style="list-style-type: none"> • Retroactive to date established by the hearing officer decision but not more than 12 months under the CDHP, LD PPO, or EPO Plan; or not more than 6 months prior to PEBP's receipt of the hearing officer's decision for the HMO: OR • If the employee chooses not to pay back premiums, the first month after notification 	Employee may re-enroll in coverage <p style="text-align: center;">OR</p> Decline coverage
Initial Retirement Coverage for Eligible Retiring Employees	Within 60 days of the employee's date of retirement	<input type="checkbox"/> Years of Service Certification form <input type="checkbox"/> If age 65 or older, copy of Medicare Parts A and B card <input type="checkbox"/> If age 65 or older and ineligible for premium-free Medicare Part A, a copy of the Medicare Benefits Verification Letter and a copy of Medicare Part B card <input type="checkbox"/> If adding a dependent, refer to the Summary of Supporting Eligibility Documents	<ul style="list-style-type: none"> • Retiree coverage is effective on the first day of the month concurrent with or following the date of retirement 	May add dependent(s) May select a new health plan option If retiree is eligible for free Medicare Part A, must purchase Part B, and may be required to enroll for coverage through the Medicare Exchange as stated in the PEBP Enrollment and Eligibility Master Plan Document
Survivor's Coverage of Police/Firefighter Killed in the Line of Duty	Within 60 days of the police officer's or firefighter's date of death	<input type="checkbox"/> Written notification to employer of the Survivor's intent to enroll in Survivor's coverage <input type="checkbox"/> Copy of certified death certificate <input type="checkbox"/> SSN and copy of certified marriage certificate	<ul style="list-style-type: none"> • Coverage for eligible survivor(s) is effective on the first day of the month following the date of death, or the first of the month following notification, whichever is later 	May qualify for survivor's coverage if the dependent meets the survivor's eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document

Qualifying Life Events Quick Reference Table

Event Type	Notification Period	Required Supporting Documents	When Coverage Begins or Ends	Allowable Changes Based Upon the Event
Participant Death*	Within 60 days of the event date	<input type="checkbox"/> Copy of certified death certificate	<ul style="list-style-type: none"> Participant coverage terminates on the date of death; and Coverage for any covered dependent(s) terminates on the last day of the month in which PEBP is notified of the participant's death 	Covered dependents may qualify for re-enrollment in Survivor's coverage if he/she meets the eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document
Dependent Death*	Within 60 days of the event date	<input type="checkbox"/> Copy of certified death certificate	<ul style="list-style-type: none"> Coverage for deceased dependent terminates on the date of death 	Must delete the deceased dependent from coverage and any ineligible dependent(s) (e.g. children of domestic partner or stepchildren)
Survivor's Coverage Surviving dependent must be enrolled on a PEBP plan as a dependent on the date of death of the primary participant	Within 60 days of the primary participant's date of death	<input type="checkbox"/> Copy of certified death certificate <input type="checkbox"/> Retiree Benefit Enrollment and Change Form	<ul style="list-style-type: none"> Coverage for eligible survivor(s) is effective on the first day of the month following notification of the primary participant's date of death 	May qualify for survivor's coverage if the dependent meets the survivor's eligibility requirements as stated in the PEBP Enrollment and Eligibility Master Plan Document
Declining Unsubsidized or Survivor's Dependent Coverage	Upon request from participant	<input type="checkbox"/> Written request signed by the retiree to decline all PEBP benefits	<ul style="list-style-type: none"> Coverage ends on the last day of the month after PEBP receives the request to decline coverage 	Coverage terminates for survivor, covered dependents any unsubsidized dependent

***Late Notification of Death**

Adjustments in premiums resulting from the death of a covered participant or dependent will be refunded if notification of death is received within 60 days of the participant's or dependent's date of death. Premiums will not be refunded if notification of death and required documents are received beyond the 60-day period.