

Eligibility for Benefits & Qualifying Life Events

Medical/Dental/Vision/Voluntary & Flexible Spending Account (FSA) Plans

ELIGIBILITY REQUIREMENTS

All regular full-time and part-time employees who are regularly scheduled to work at least 20 hours per week are eligible to participate in most plans upon date of hire. Temporary employees, interns, and independent contractors are not eligible to participate.

DEPENDENT ELIGIBILITY REQUIREMENTS

You may enroll the following members of your family:

- Legally married spouse or domestic partner (as described on page 2)
- Natural, step, legally adopted or eligible foster children until the end of the month in which they turn 26; whether married or unmarried and regardless of student status.
- Disabled children after their 26th birthday, if proof of disability is established; and
- Children who are recognized under a Qualified Medical Child Support Order (QMCSO).
- Grandchild(ren) when employee has established legal custody or while the parent is an eligible and covered dependent under the employee's coverage.

NEW HIRES OR NEWLY ELIGIBLE EMPLOYEES

New hires or newly eligible employees are required to enroll and provide supporting documents verifying eligibility for each dependent requesting coverage under the medical, dental, vision, dependent life, voluntary and/or FSA plans within 30 days of their hire or eligibility date. See page 2 for a list of required documents.

If you are a new employee and you miss your enrollment deadline, but are otherwise eligible, you will receive default coverage as follows:

- Employee Assistance Program;
- Basic Life Insurance;
- Basic AD&D Insurance;
- Short-term Disability; (full-time only) and
- Long-term Disability - Employer paid option (full-time only).

You will have no coverage for the following benefits, but you can enroll in them at any time subject to eligibility and any required evidence of insurability requirements:

- Supplemental Life Insurance;
- Dependent Life Insurance;
- AAA Basic Primary Membership; and
- Profit Sharing and 401(k) Savings Plan
- Pet Insurance

You will have no coverage for the following benefits, and you will not be able to enroll in them until the next Open Enrollment unless you have a qualifying life event.

- Medical (including prescription drug coverage)
- Dental
- Vision
- FSAs
- Voluntary Plans: Group Legal, Critical Illness, Hospital Indemnity and Accident

REQUIRED DEPENDENT ELIGIBILITY DOCUMENTATION

All required documents **MUST** contain the date (including year), employee's name, and dependent's name. **Personal information such as social security numbers, account numbers, and financial information may be marked out for privacy purposes.**

FOR SPOUSE:

- A copy of your marriage certificate **AND**
- **One of the following:**
 - A copy of the front page of your most recently filed federal tax return confirming this dependent is your spouse or,
 - A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date and your mailing address. Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

FOR CHILDREN UP TO AGE 26:

- A copy of the child's birth certificate or adoption certificate naming you or your spouse/partner* as the child's parent. Please note the document must list the first and last names of the child and parent(s). **OR**
- A copy of the court order naming you as the child's legal guardian or custodian.
- **For Grandchildren whom you are not legal guardian or custodian:** Please submit a copy of the grandchild's birth certificate listing your covered dependent child as the birth parent.

FOR DISABLED CHILDREN 26 AND UP:

- A copy of your most recently filed tax return listing the dependent as an exemption, **AND**
- A copy of the child's birth certificate or adoption certificate naming you or your spouse/partner* as the child's parent. Please note the document must list the first and last names of the child and parent(s). **OR** A copy of the court order naming you as the child's legal guardian.

**Note for a stepchild or child of your domestic partner: If you are covering a stepchild or child of your domestic partner you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.*

FOR DOMESTIC PARTNER – Please refer to the Domestic Partner Section on page 3 for document requirements.

DOMESTIC PARTNER COVERAGE

Election of coverage for a domestic partner must either be done at the time of hire or when you first become eligible, at open enrollment or when you experience a qualifying life event. Domestic partner coverage is open to couples of same or opposite sex and their qualifying dependent children.

A completed 'Benefits Enrollment/Change Form' and completed 'Statement of Same/Opposite Sex Domestic Partnership Form' must be submitted to Human Resources. In addition, the employee must provide proof of 12 months of joint residency with the domestic partner. The proof should show both names at the same address; something from the present date, and something from 12 months prior. Examples include a joint checking account, rental agreement, property deed, or utility bills. Even if you and your partner have moved over the course of the year, it should show that you resided together in the same residence 12 months ago and do so presently.

You must also attest that neither partner is married, that you are jointly responsible for each other's common welfare and financial obligations and that you and your partner otherwise meet the eligibility requirements of the MAPFRE medical, dental, vision, and/or FSA plans.

Please note that the Internal Revenue Service does not recognize domestic partners as eligible dependents under the regulations governing pre-tax benefit programs.

As a result:

- 1) Domestic partners are not qualified beneficiaries under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) and
- 2) Coverage for such dependents is not available on a pre-tax basis; this means the value of the individual coverage for the domestic partner and their qualifying dependent children is considered taxable income to the employee.

If the domestic partner relationship ends, it is the responsibility of the employee to notify Human Resources in writing within 30 days of this qualifying life event. The employee will be restricted from enrolling a new domestic partner until the next open enrollment or qualifying life event following 12 months from the removal of the prior domestic partner. The one year waiting period is waived only if filing to reinstate the same domestic partner within 30 days following the effective date of the termination.

IMPORTANT NOTE

If you enroll a dependent who is later determined to be ineligible for coverage under the plan, even if done so inadvertently, coverage for the dependent may be retroactively terminated. You may be responsible for reimbursing the plan for the costs associated with providing coverage to the ineligible person(s).

Any claims that were incurred by the ineligible dependent may be reversed by the insurer and those costs will be the responsibility of the patient.

In addition, a revised W-2 may be issued to you correcting the value of your pre-tax or post-tax benefits. In such event, you will be required to file a revised tax return to the IRS for the affected tax year.

CHANGING YOUR COVERAGE

Under current regulations governing pre-tax plans, you can update your medical, dental, and vision plan elections during the year for certain qualifying life events. Supporting documentation of such event is required as described below. In all cases, the change must be requested within 30 days of the event and must be consistent with the qualifying event.

In the absence of a qualifying life event and in accordance with the IRS regulations for pre-tax benefit plans, your medical, dental, vision, and FSA plan election(s) can only be changed during the **open enrollment** period held each year for benefits effective on the following January 1st.

Please contact Human Resources at Ext. 14998 if your situation is not described below or to obtain the appropriate forms.

Note: The information presented here represents only a general summary of the provisions of the plans. The actual terms and conditions of the plans are governed by the official plan documents and subject in all respects to the detailed provisions of the legal documents, policies, and contracts of the plans. Eligibility and qualifying life event rules may differ for other MAPFRE-sponsored benefit plans.

<u>Event</u>	<u>Acceptable Supporting Documentation</u>	<u>Enrollment Timing</u>
Adoption <i>(Child you have legally adopted or has been placed with you for adoption or in anticipation of legal adoption.)</i>	<ul style="list-style-type: none"> Page 1 of employee's most recent Federal Income Tax Return (1040, 1040A or 1040EX) as filed with the IRS, listing the adopted child as dependent <p>OR</p> <ul style="list-style-type: none"> International adoption papers from country of adoption Papers from the adoption agency showing intent to adopt 	<ul style="list-style-type: none"> 30 days from placement 30 days from issuance of court signed adoption papers 30 days from entrance into the U.S. (international adoption)

<u>Event</u>	<u>Acceptable Supporting Documentation</u>	<u>Enrollment Timing</u>
<p>Birth <i>(Defined as your biological child and includes child of same gender spouse.)</i></p>	<ul style="list-style-type: none"> • Page 1 of employee’s most recent Federal Income Tax Return (1040, 1040A or 1040EX) as filed with the IRS, listing the child as dependent <p>OR</p> <ul style="list-style-type: none"> • Birth Certificate with subscriber’s name listed as parent <p>OR</p> <ul style="list-style-type: none"> • Proof of Birth issued by a hospital 	<ul style="list-style-type: none"> • 30 days from child’s birth date
<p>Change From Part-Time to Full-Time Status (or Vice Versa) for You or Your Spouse That Results in a Change in Contribution</p>	<ul style="list-style-type: none"> • For MAPFRE employee, no documentation required other than proof that the dependent is otherwise eligible • For spouse – letter from their current employer on their letterhead with proof of dependent’s eligibility 	<ul style="list-style-type: none"> • 30 days from status change date
<p>Establishment or Change in Legal Custody for an Otherwise Qualifying Child <i>(A child for whom the subscriber has become the child’s court-ordered guardian or has been awarded legal and physical custody of the child, pursuant to a valid court order.)</i></p>	<ul style="list-style-type: none"> • Page 1 of subscriber’s most recent 1040 Federal Income Tax Return as filed with the IRS, listing the child as a dependent <p>OR</p> <ul style="list-style-type: none"> • Court documents signed by a judge verifying legal custody of the child 	<ul style="list-style-type: none"> • 30 days from the date the judge signed
<p>Death of Spouse or Dependent Child</p>	<ul style="list-style-type: none"> • Copy of death certificate <p>OR</p> <ul style="list-style-type: none"> • Obituary <p>AND</p> <ul style="list-style-type: none"> • COBRA Notice <p>OR</p> <ul style="list-style-type: none"> • Letter from prior health insurer or employer indicating the coverage end date and the names of all dependents losing coverage. 	<ul style="list-style-type: none"> • 30 days from the date of death

<u>Event</u>	<u>Acceptable Supporting Documentation</u>	<u>Enrollment Timing</u>
Dependent Child is Required to Enroll on Student Health or Needs to Enroll on MAPFRE's Plan When Student Health Coverage Ends	<ul style="list-style-type: none"> • A letter from the school stating when the coverage begins or ends and when enrolling on MAPFRE's plan, proof that the dependent is otherwise eligible as described within 	<ul style="list-style-type: none"> • 30 days from coverage begin or end date
Dependent Gains Medicaid or Medicare Coverage	<ul style="list-style-type: none"> • Written notification showing name of dependent and effective date of coverage 	<ul style="list-style-type: none"> • 30 days from coverage start date
Divorce* ¹	<ul style="list-style-type: none"> • Divorce Decree / Judgment signed by the appropriate court official (For enrollment - section that indicates that coverage is mandated for the former spouse and also includes the name of the former spouse) 	<ul style="list-style-type: none"> • 30 days from final divorce date
Domestic Partners	<ul style="list-style-type: none"> • See Page 2 with specific details on domestic partnership requirements 	
Employment Status Change of Your Spouse Which Affects Their Eligibility to Participate in Their Employer's Health Plans	<ul style="list-style-type: none"> • Letter from spouse's employer on their letterhead which includes the following: - <ul style="list-style-type: none"> ○ coverage end date ○ the plans ending ○ the names of all dependents losing coverage (if applying for dependent coverage) OR • Letter from the prior health insurance company or a COBRA letter illustrating the same 3 items listed above 	<ul style="list-style-type: none"> • 30 days from status change date
Entitlement to or Loss of Eligibility for a Government Sponsored Program	<ul style="list-style-type: none"> • Letter from Health and Human Services or the applicable state agency or exchange indicating when coverage will end, the plans ending and the names of all dependents losing coverage. 	<ul style="list-style-type: none"> • 30 days from coverage begin or end date

¹ * Please note that coverage for divorced spouses is not available on a pre-tax basis. The value of the coverage for this dependent is considered taxable income to the employee.

<u>Event</u>	<u>Acceptable Supporting Documentation</u>	<u>Enrollment Timing</u>
Enrollment of a Foster Child Under the Age of 26 <i>(Defined as your foster child or child placed with you for foster care.)</i>	<ul style="list-style-type: none"> Evidence of a legitimate foster child relationship, identifying the foster child by name, includes their date of birth and setting forth all relevant aspects of the relationship 	<ul style="list-style-type: none"> 30 days from placement begin or end date
Legal Separation	<ul style="list-style-type: none"> Separation Agreement or affidavit (sworn, notarized statement) from employee to validate legal separation 	<ul style="list-style-type: none"> 30 days from legal separation date
Loss of Dependent Child Status	<ul style="list-style-type: none"> None required for dependent turning 26 	
Loss of Medicaid or CHIP Coverage	<ul style="list-style-type: none"> Written notification showing termination date and names of dependents losing coverage 	<ul style="list-style-type: none"> 30 days from loss of coverage date
Loss of Other Coverage	<ul style="list-style-type: none"> Written notification from employer or certificate of creditable coverage (if available) with names of dependents losing coverage, the plans begin lost and the date coverage is ending 	<ul style="list-style-type: none"> 30 days from loss of coverage date
Marriage <i>(Defined as legally married spouse and includes same and opposite gender spouses.)</i>	<ul style="list-style-type: none"> Official Marriage Certificate <p>OR</p> <ul style="list-style-type: none"> Page 1 of employee's most recent Federal Income Tax Return (1040, 1040A or 1040EX) as filed with the IRS, listing the spouse (may be joint or separate if spouse is listed) 	<ul style="list-style-type: none"> 30 days from date of marriage
Military Leave	<ul style="list-style-type: none"> Requires copy of Active Duty documentation, including date active duty begins or ends. 	<ul style="list-style-type: none"> 30 days from date active duty begins or ends
Qualifying Medical Child Support Order <i>(Defined as any recognized child(ren) you are required to cover under the plan due to a Qualified Medical Child Support Order (QMCSO))</i>	<ul style="list-style-type: none"> Court documents signed by a judge <p>OR</p> <ul style="list-style-type: none"> Medical support orders issued by a State 	<ul style="list-style-type: none"> 30 days from date coverage is mandated 30 days from date the order is signed

<u>Event</u>	<u>Acceptable Supporting Documentation</u>	<u>Enrollment Timing</u>
Permanent Relocation of Dependents Into or Outside of the United States	<ul style="list-style-type: none"> • Proof of the dependents departure or arrival into or out of the United States and for enrollment – proof that the dependent is otherwise eligible as described within 	<ul style="list-style-type: none"> • 30 days from arrival or departure date into or out of the United States
Spouse’s Open Enrollment When It Does Not Coincide With MAPFRE’s Open Enrollment Period	<ul style="list-style-type: none"> • Proof of their open enrollment that includes the open enrollment deadline and for enrollment on MAPFRE’s plans, proof that the dependent is otherwise eligible as described within 	<ul style="list-style-type: none"> • 30 days from open enrollment deadline date
Substantial Change in Spouse’s or Child’s Benefit Coverage Including a Change in Cost or the Loss of Minimum Essential Coverage	<ul style="list-style-type: none"> • Documentation from insurer or employer with applicable dates and description of cost or coverage change and for enrollment on MAPFRE’s plan, proof that the dependent is otherwise eligible as described within 	<ul style="list-style-type: none"> • 30 days from effective date of change