Larkfield Instruments, Inc.

Total Rewards · Benefits Service Center · 900 Halvorsen Parkway, Weatherstone, ST 47110
1-888-555-0164 (Mon–Fri, 7:00 a.m.–7:00 p.m. Central) · Fax 1-888-555-0165
Report an event at larkfield.example/benefits · benefits@larkfield.example

QUALIFYING LIFE EVENTS

Plan year
January 1 – December 31, 2028
SPD reference
Sections 5.3 and 5.4, pages 18–22
Standard window
31 days from the event date
Guide
LI-QLE-2028, published October 4, 2027

A Life Event Starts a Deadline

Event table, election windows, required evidence, effective dates, and how to track the request

THE CLOCK STARTS ON THE DATE OF THE EVENT

It does not start when you notice, when the other plan mails a letter, or when you gather your documents. Report the event first and upload evidence afterward — the report is what stops the clock.

STANDARD ELECTION WINDOW	EXTENDED WINDOW	HOW TO REPORT	REVIEW COMMITMENT
31 days from the event date	**60 days for Medicaid, CHIP, and premium assistance events**	**Benefits portal, or 1-888-555-0164**	**5 business days after complete documents**
DEPENDENT VERIFICATION	RETROACTIVE ADJUSTMENTS	CONSISTENCY RULE	SPECIMEN PARTICIPANT
30 days from approval	**Spread over no more than 3 pay periods**	**The change must correspond to the event**	**Dana M. Whitcomb · LI-40188**

1. EVENT TABLE, PART ONE — CHANGES IN YOUR FAMILY OR HOUSEHOLD

EVENT	WINDOW	CLOCK STARTS ON	EVIDENCE REQUIRED	COVERAGE EFFECTIVE DATE	CHANGES YOU MAY MAKE
Marriage	31 days	Date of the marriage	Marriage certificate, or a marriage license with the officiant's signature	Date of the marriage	Add spouse and stepchildren; change tier; change FSA election
Birth of a child	31 days	Date of birth	Birth certificate, hospital birth record, or a signed statement of live birth	Retroactive to the date of birth	Add the child; change tier; change FSA election
Adoption or placement for adoption	31 days	Date of placement	Placement agreement or the adoption decree	Retroactive to the date of placement	Add the child; change tier; change FSA election
Divorce, annulment, or legal separation	31 days	Date the decree is entered	Divorce decree, annulment order, or separation order	Former spouse's coverage ends on the last day of that month	Remove the former spouse; change tier; COBRA is offered to the former spouse
Dependent reaches age 26	No election needed	Last day of the birthday month	Nothing required; the plan applies the age rule	Coverage ends on the last day of the month of the 26th birthday	Tier changes automatically; COBRA is offered to the dependent
Death of a covered dependent	31 days	Date of death	Death certificate	Last day of the month of the date of death	Remove the dependent; change tier
Court order or QMCSO requiring coverage for a child	31 days	Date the order is issued	Certified copy of the order	Date stated in the order, or the date the order is received	Add the child; change tier

Every window is measured in calendar days, including weekends and holidays. If the last day of a window falls on a weekend or a company holiday, the window ends on the next business day.

2. EVENT TABLE, PART TWO — CHANGES IN OTHER COVERAGE OR ELIGIBILITY

EVENT	WINDOW	CLOCK STARTS ON	EVIDENCE REQUIRED	COVERAGE EFFECTIVE DATE	CHANGES YOU MAY MAKE
You or a dependent lose other coverage	31 days	Date the other coverage ends	Letter from the other plan showing the names covered and the exact last date of coverage	The day after the other coverage ends	Add yourself and affected dependents; change tier
You or a dependent gain other coverage	31 days	Date the other coverage begins	Enrollment confirmation from the other plan showing names and the effective date	Last day of the month in which the other coverage begins	Drop the person who gained coverage; change tier
Spouse's employer open enrollment with a different plan year	31 days	Effective date of the spouse's new election	Spouse's confirmation statement showing the plan, tier, and effective date	Effective date of the spouse's election	Corresponding change to your tier or election
Change in your own employment status affecting eligibility	31 days	Date the status change takes effect	Nothing required; payroll records are used	Date the status change takes effect	Elect, change, or drop coverage as eligibility requires
You or a dependent lose Medicaid or CHIP coverage	60 days	Date the coverage ends	State notice of termination showing names and the last date of coverage	The day after the Medicaid or CHIP coverage ends	Add yourself and affected dependents; change tier
You or a dependent become eligible for a state premium assistance subsidy	60 days	Date eligibility is determined	State determination notice	First of the month following the request	Add yourself and affected dependents; change tier
You move outside the Select EPO 1000 service area	31 days	Date of the move	Proof of the new address, such as a lease, deed, or utility bill	First of the month following the request	Change medical plans only; Select EPO 1000 is not available

A missed window means the next opportunity to change your election is the open enrollment period for the following plan year, which for 2029 coverage is expected in October 2028. Losing coverage because you stopped paying for it, or because it was terminated for cause, is not a qualifying event under SPD Section 5.3.

3. THE CONSISTENCY RULE

A mid-year change must correspond to the event. The plan applies this rule to every request, and it is the reason some requests are approved in part.

EVENT	CONSISTENT CHANGE	NOT CONSISTENT
Birth of a child	Add the child; increase the FSA election	Drop your spouse for an unrelated reason
Spouse loses coverage	Add the spouse; move to a family tier	Switch from Core PPO 2000 to Select EPO 1000 with no coverage change
Divorce	Remove the former spouse	Add a new unrelated adult
Child turns 26	Tier change only	Change your medical plan

Whether a change is consistent is decided under SPD Section 5.3 and the governing plan documents, not by this guide.

4. WHAT A LIFE EVENT DOES AND DOES NOT CHANGE

- **Medical, dental, and vision:** tier and, for some events, plan changes are available.
- **Health FSA and limited-purpose FSA:** the annual election may be increased or decreased prospectively; amounts already contributed are not refunded.
- **HSA:** a life event is not required. You may change an HSA payroll election prospectively at any time, for any reason.
- **Your HSA annual limit:** moving from employee-only to any tier covering another person moves you from the $4,400 limit to the $8,750 limit.
- **Life and disability coverage:** some increases require evidence of insurability regardless of the event.
- **Deductible and out-of-pocket credit:** amounts already applied during 2028 carry forward within the same plan; they do not carry across a plan change.

5. WORKED TRACKER — DANA M. WHITCOMB, SPOUSE LOSES EMPLOYER COVERAGE ON MARCH 14, 2028

ELAPSED	DATE	WHAT HAPPENS	OWNER	STATUS IN THE PORTAL	NOTES
Day 0	Tue Mar 14, 2028	Spouse's employer coverage ends	Employee	Nothing yet	The clock starts on the event date, not the day you find out
Day 3	Fri Mar 17, 2028	Life event reported on the benefits portal	Employee	Submitted	Confirmation number issued immediately
Day 4	Mon Mar 20, 2028	Termination letter from the spouse's plan uploaded	Employee	Documents received	Letter shows the name and the last date of coverage
Day 7	Thu Mar 23, 2028	Benefits Service Center reviews the event and the evidence	Benefits analyst	Under review	Review is completed within 5 business days of complete documents
Day 8	Fri Mar 24, 2028	Event approved; tier changes from employee + child(ren) to family	Benefits analyst	Approved	Approval notice posted to the portal and emailed
Day 12	Tue Mar 28, 2028	Payroll updated for the March 31 pay date	Payroll	Payroll updated	New contribution $128.40 per pay period
Day 12	Tue Mar 28, 2028	Retroactive adjustment calculated for March 15–31	Payroll	Adjustment queued	Spread over no more than 3 pay periods
Day 45	Fri Apr 28, 2028	Dependent verification for the spouse completed	Employee	Verified	Due within 30 days of the approval; the dependent is removed if it is missed

In this example the window closed on April 14, 2028, 31 days after the event. The coverage effective date is March 15, 2028 — the day after the spouse's prior coverage ended — even though payroll did not reflect the change until the March 31 pay date. The employee moved from the employee + child(ren) tier at $74.00 per pay period to the family tier at $128.40 per pay period, a difference of $54.40 per pay period. The HSA limit did not change, because the prior tier already covered more than the employee alone and the $8,750 family limit already applied.

6. STATUS DEFINITIONS

`Submitted`	The event is reported and the clock has stopped. Nothing is approved yet.
`Documents received`	Evidence was uploaded. Review has not started until the file is complete.
`Under review`	A benefits analyst is applying the event table and the consistency rule. Five business days from a complete file.
`Returned`	Something is missing or does not match. The original window does not reopen, but a returned request keeps its submission date.
`Approved`	The election change is recorded with an effective date. A notice is posted and emailed.
`Payroll updated`	Deductions reflect the new election beginning with the pay date shown in the notice.

7. DEPENDENT VERIFICATION — SPD SECTION 5.4

DEPENDENT	ACCEPTED DOCUMENTS	DUE
Spouse	Marriage certificate and the first page of a joint tax return or a joint account statement dated within 12 months	30 days from approval
Child under 26	Birth certificate, adoption decree, or court order naming you as parent or guardian	30 days from approval
Stepchild	Child's birth certificate plus your marriage certificate	30 days from approval
Disabled adult child	Proof of the disability determination plus proof of the relationship	30 days from approval

Financial figures may be redacted on a tax return. If verification is not completed, the dependent is removed retroactively to the coverage effective date and any claims paid for that dependent may be recovered.

8. REPORTING AN EVENT IN FOUR STEPS

1. Report the event on the benefits portal on the day you learn of it, even if you have no documents yet. The report stops the clock and generates a confirmation number.
2. Upload the evidence listed in the event table. Documents must show the names of the people affected and the exact dates.
3. Watch the status in the portal and respond to any request the same week. A returned request keeps its original submission date, but the plan cannot approve an incomplete file.
4. Check the first paycheck after the approval notice and compare it to the contribution schedule in the open enrollment comparison guide. Report a mismatch within 30 days.

Report first, ask later: The Benefits Service Center cannot tell you whether your situation qualifies before you report it, and nothing in this guide decides that question. Report the event, provide the evidence, and let the plan apply SPD Sections 5.3 and 5.4 and the governing plan documents.

Which document controls: This document is a plain-language aid. If anything in it — or in an enrollment screen, a cost modeling tool, a benefits fair handout, a recorded webinar, or a verbal statement by any employee — conflicts with the official plan document, the insurance contract, or the trust agreement for the Larkfield Instruments, Inc. Group Health and Welfare Plan, the official governing plan documents control in all cases. No statement here creates a right to a benefit that the governing plan documents do not provide.