Supporting Documentation for your QLE

- You are required to submit proof of the Qualifying Event
- If you are adding a new dependent, you are also required to submit proof of Dependent relationship

Event	Proof Due		
Marriage	Government Issued Marriage License		
Divorce	Court signed Divorce Decree		
Dependent Gains or	HIPAA Certificate of Creditable Coverage OR		
Loses Other Coverage	 Letter from the Plan Sponsor certifying there is a change in benefits. Must include the effective date of the change and all lines of coverage lost (Medical, Dental, Vision, etc). Must include all family members requesting a change to midyear elections 		
Employee Gains or	HIPAA Certificate of Creditable Coverage OR		
Loses Other Coverage	 Letter from the Plan Sponsor certifying there is a change in benefits. Must include the effective date of the change and all lines of coverage lost (Medical, Dental, Vision, etc). Must include all family members requesting a change to midyear elections 		
Medicare or Medicaid Eligibility	Letter from Medicare or Medicaid indicating the date coverage begins		
Birth	Government issued birth certificate (Including Parent's Name)		
Adoption	Adoption Placement Agreement Including Child's Birth Date OR		
	Petition for Adoption Including Child's Birth Date OR		
	Adoption Certificate Including Child's Birth Date		

Adding a new family member/dependent

New Dependent	Proof Due		
Legal Spouse	Government Issued Marriage License		
Domestic Partner	Notarized Affidavit of Domestic Partnership		
Biological Child	Government issued birth certificate (Including Parent's Name)		
Disabled Biological Child	Government issued birth certificate (Including Parent's Name) Age 26 and over Must be medically certified as disabled Must be the Employee's child		
Step Child	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate (if married in the last 12 months) Age 26 and under • Must be biological child of Employee's spouse.		
Disabled Step-Child	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate Age 26 and over • Must be medically certified as disabled • Must be the Employee's spouse's child		
Domestic Partner Child	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership • Age 26 and under • Must be EE's Domestic Partner's Child For the child(ren) of your domestic partner to be covered, you must also enroll your Domestic Partner in the same lines of coverage as the child.		
Domestic Partner Disabled Child	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership • Age 26 and over • Must be medically certified as disabled • Must be the Employee's Domestic Partner's child		
Adopted Child	 Adoption Placement Agreement Including Child's Birth Date or Petition for Adoption Including Child's Birth Date OR Adoption Certificate Including Child's Birth Date. Age 26 and under 		
Disabled Adopted Child	 Adoption Certificate Including Child's Birth Date Age 26 and over Must be medically certified as disabled Must be Employee or Spouse's Adopted Child 		

Foster Child	Foster Care Placement Authorization Including Child's Birth Date & EE listed as Child's Caregiver • Age 26 and under • Must be EE or spouse's foster child
Legal Ward	 Government Issued Birth Certificate & Court Ordered Document of Legal Custody Age 26 and under Must be the legal ward of the Employee or spouse
Disabled Legal Ward	 Government Issued Birth Certificate & Court Ordered Document of Legal Custody Age 26 and over Must be Medically Certified as disabled Must be the legal ward of the Employee or spouse

- Submit proof of the Qualifying Life Event (QLE) to Niagara's benefit administrator. Scan & email documents to niagarabenefits@onesourcevirtual.com.
- Visit niagarabenefits.com or check out our user friendly benefits counselor tool "Meet Alex" to learn more about your Benefits!

When entering your QLE, please use these event dates:

Qualifying Life Event	Event Date	Effective Date
Birth /Adoption	Date of Birth /Adoption	Date of Birth/Adoption
Marriage	Date of Marriage	1 st of the Following Month
Divorce	Date Divorce is Finalized	1 st of the Following Month
Team Member/Dependent Gains Coverage	The last day of coverage desired under Niagara Example: If new coverage starts 11/1, enter 10/31	1 st of the Following Month
Team Member/Dependent Loses Coverage	The last day of active coverage Example: if the old coverage ends 11/1, enter 10/31	1 st of the Following Month
Medicare or Medicaid Changes	Date prior to Medicare/Medicaid beginning or ending	1 st of the Following Month 1 st of the Following Month