

# Required Documentation for Status Events



All requests for an enrollment change due to a status event must be completed and submitted with the required documentation within 30 days of the date of the event.

| Event  | Documentation  |
|--|--|
| Marriage   | <b>Marriage certificate</b> — must contain name of employee, name of spouse, date of marriage, and certifier’s signature/official seal   |
| Divorce/Annulment  | <b>Divorce decree or declaration of nullity</b> — must contain the name of the employee, name of spouse, date of the divorce/annulment, and certifier’s signature/official seal  |
| Birth/Adoption/Guardianship  | <p><b>Birth certificate</b> — must contain name of employee or spouse, name of the child, and date of birth; or</p> <p><b>Hospital birth record</b> — must contain name of employee or spouse, name of the child, and date of birth; or</p> <p><b>Naturalization certificate or consular report of birth abroad</b> — must contain name of employee or spouse, name of child, and date of birth</p> <p><b>Adoption paperwork</b> — must contain name of child and notary signature/indication that document has been filed with the court</p> <p><b>Legal guardianship court order</b> — must contain name of the employee or spouse, name of the child, and notary signature/indication that document has been filed with the court</p> |
| Death of spouse or last eligible dependent child   | <b>Death certificate</b> — must contain name of employee, name of spouse, date of death, and certifier’s signature/official seal   |
| Last eligible dependent child turns 26 (no spouse)   | No documentation needed  |
| Employment of spouse or dependents   | <b>Letter from new employer or carrier</b> — must contain name of spouse/dependents, type of benefit coverage, and date coverage starts  |
| Termination of employment of spouse or dependents  | <p><b>Letter from former employer or carrier</b> — must contain name of spouse/dependents, type of benefit coverage, and date coverage ends; or</p> <p><b>Certificate of credible coverage from former employer</b> — must contain name of spouse/dependents, type of benefit coverage, and date coverage ends</p>   |
| Change in spouse’s employment from full-time to part-time, or from part-time to full-time  | <p><b>Letter from employer or carrier</b> — must contain name of spouse, type of benefit coverage, and date coverage (or subsidy) starts or ends; or</p> <p><b>Certificate of credible coverage from former employer</b> — must contain name of spouse/dependents, type of benefit coverage, and date coverage ends</p>  |
| Change in residence or worksite for your spouse or dependents to a location outside of the current plan’s service area, making your current plan unavailable | <p><b>For worksite:</b> Letter from employer — must contain name of spouse/dependents, date of the change in worksite, and the new location, including zip code</p> <p><b>For residence:</b> Copy of driver’s license with new address; or Copy of signed purchase agreement/rental agreement for new residence—must contain name of spouse/dependents, effective date, full address of property, and be signed by all parties</p>   |

| Event   | Documentation   |
|---|---|
| <p><b>Other gain or loss of spouse/ dependent coverage</b></p>                      | <p><b>MinnesotaCare or MNsure: Copy of eligibility or denial notice</b> — must contain name of spouse/dependents, type of benefit coverage, and date coverage ends</p> <p>(In the case of MinnesotaCare or MNsure, the enrollment change must be made within 30 days of the event; however, you have 30 days from the date of the notice to submit the documentation)</p> |
| <p><b>Entry of your dependents into the United States for more than 90 days</b></p> | <p><b>Each dependent must have their own DS-2019 and a J2-visa stamp to enter the United States in J-2 status</b></p> <p>(The DS-2019 document captures the necessary information and is sufficient documentation required by the Total Compensation office for adding a dependent and for dependent eligibility verification)</p>  |
| <p><b>Daycare provider changes or cost changes</b></p>                              | <p>Letter from your daycare provider confirming cost change</p>   |

If you have questions, call the OHR Contact Center at 612-624-8647 or 1-800-756-2363 Option 1 for Benefits, or by email at [benefits@umn.edu](mailto:benefits@umn.edu).  
**Please make a copy of this form for your records and return the original to Total Compensation by mail or fax.**

**Campus Mail:**  
Total Compensation  
100 DonhoweB  
Del Code 3122A

**U.S. Mail:**  
Total Compensation  
100 Donhowe Bldg.  
319 15th Avenue SE  
Minneapolis, MN 55455-0103

**Fax:** 612-626-0808  
**Phone:** 612-624-8647  
**Email:** [benefits@umn.edu](mailto:benefits@umn.edu)