

## **PERSONAL EVENTS AFFECTING COVERAGE**

### ***If You Gain a New Dependent***

If you gain a new dependent (through marriage, birth or adoption), you may enroll your new dependent if you do so within *31 days of the date he or she became your dependent*. Contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) for additional information. If you enroll your dependent *within* the specified 31-day time frame, he or she is **covered** from the date he or she became your dependent. *If you do not enroll your new dependent within 31 days, you will not be permitted to elect coverage for your dependent until the next **annual enrollment** period, unless you experience another applicable **qualified status change**.*

### ***If a Dependent Loses Eligibility***

Contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) within 31 days of the date your **covered dependent** is no longer eligible. Also, see “Continuing Your Dental Coverage Through COBRA”.

### ***If Your Physically or Mentally Handicapped Child Reaches Age 23***

If your physically or mentally handicapped child is incapable of self-support when he or she reaches age 23, coverage may be continued beyond that age, if the child is fully dependent on you for support at that time. You must apply for this coverage. It is not automatic. To apply for coverage, contact the medical health care company at the telephone number printed on your medical ID card prior to the child's 23rd birthday.

### ***If You Die While Covered Under the Dental Plan***

If you die while **covered** under the Plan, your **covered dependents** have the option of continuing coverage under **COBRA** for up to 36 months if they make the required contributions. For more information about continuing coverage under **COBRA**, see “Continuing Your Dental Coverage Through COBRA.”

### ***Qualified Status Changes***

Between **annual enrollment** periods, coverage type changes are allowed for certain **qualified status changes**. The type of change you can make (e.g., a change in coverage option or coverage category) depends on the event. You may only make a change in coverage that is consistent with your **qualified status change**. For example,

if you marry, you may elect to change your coverage from “individual” coverage to “family” coverage.

To be eligible to make a change, you must report your **qualified status change** to the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) *within* 31 days of the qualifying event or you will have to wait until the next **annual enrollment period** to make the change, unless you experience another applicable **qualified status change**. Contact the **Avaya Health and Benefits Decision Center** for additional information.

### **If You Move**

If you move out of the area and have selected the **DMO**, it is a good idea to select a new **DMO** participating provider or change from the **DMO** to the **Traditional option** before your move. This will save you time when you need care, and could save you money as well.

### ***If You Have a Change in Dependent Status***

You must update your dependent information whenever you have a change in dependent status, for example, if your dependent no longer meets the eligibility requirements (see “Participating in the Plan”). To update dependent information, contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”).

### ***Qualified Medical Child Support Orders***

Payments under the Dental Plan will be made according to the terms of a **Qualified Medical Child Support Order (QMCSO)**. If the Plan Administrator determines that a medical child support order qualifies, benefit payments from the Dental Plan may be made according to the qualified order to the child or **children** named in the order, or to the custodial parent or legal guardian, where appropriate, or to health care **providers** (if benefits have been properly assigned by the child or **children** or by the custodial parent or legal guardian). See “Important Contacts” for the address to submit correspondence concerning a **QMCSO**.