

Life Event (You have 31 days from the date of the event to report the occurrence and make changes to benefits)	Benefit Effective/ Termination Date	Medical Coverage	Dental Coverage	Vision Coverage	Basic Life Insurance	Supplemental Life Insurance	Optional AD&D, Spouse Life & Dependent Life Insurance	Supplemental Long- Term Disability	TRIP (Transit & Parking)	Flexible Spending – Health Care	Flexible Spending – Dependent Care	Group Legal	401(k) Plan
Newly Eligible (New Hire)	Coverage will begin on the first day of the month coincident with or immediately following the date of hire.	May elect within 31 days (if not, you will not be able to elect coverage until Open Enrollment)			Review beneficiary; Option to reduce down to \$50,000	May elect within 31 days (if not, you will not be able to elect coverage until Open Enrollment which will be subject to Evidence of Insurability)				able to elect cov	n 31 days (if not, verage until Open g change in family	Enrollment or	Auto enrollment at 5% after 30 days, unless you elect otherwise
Marriage/Marriage to Domestic Partner/Civil Union Marriage	Coverage will begin on the date of the qualifying event.	May add spouse or change domestic partner to spouse within 31 days *If enrolling in spouse/partners plan use 'Gain of Other Coverage' event.			May increase coverage within 31 days; Review beneficiary	May add or increase coverage within 31 days; Review beneficiary	May add or increase AD&D and spouse life within 31 days; Review beneficiary	May enroll or increase within 31 days	May elect or change at any time	May enroll or increase within 31 days	May enroll or change	May enroll within 31 days	Review beneficiary & contribution election
Add Domestic/Civil Union Partner	Coverage will begin on the date of the qualifying event.	May add domestic/civil union partner once eligibility criteria is met (refer to domestic partnership/civil union affidavit in the forms library)			May increase coverage within 31 days; Review beneficiary	May add or increase coverage within 31 days; Review beneficiary	May add or increase AD&D within 31 days; Review beneficiary	May enroll or increase within 31 days	May elect or change at any time	May enroll or increase within 31 days	May enroll or change	May enroll within 31 days	Review beneficiary & contribution election
Birth/Adoption	Coverage will begin on the date of the qualifying event.	May add child within 31 days (if not, you will not be able to elect coverage for your child until Open Enrollment or during another applicable life event change)			May increase coverage within 31 days; Review beneficiary	May add or increase coverage within 31 days; Review beneficiary	May add or increase AD&D, and child life within 31 days; Review beneficiary	May enroll or increase within 31 days	May elect or change at any time	May enroll or increase within 31 days	May enroll or change	May enroll within 31 days	Review beneficiary & contribution election
Divorce/Annulment/Lega I Separation	Coverage ends at the end of the month in which the event occurs.				May decrease within 31 days; Review beneficiary	May decrease within 31 days; Review beneficiary	May decrease AD&D, and waive spouse life within 31 days and it is effective the first of the month following the event date; Review beneficiary	May decrease within 31 days	May elect or change at any time	May enroll or change election within 31 days		May waive coverage within 31 days	Review beneficiary & contribution election
Domestic Partner or Civil Union Dissolution	Coverage ends at the end of the month in which the event occurs.	You have 31 days from the event date to cancel domestic or civil union partners coverage and their coverage terminates at the end of the month. *If you are losing coverage under a partners plan use 'Loss of Other Coverage' event.			May decrease within 31 days; Review beneficiary	May decrease within 31 days; Review beneficiary	May decrease AD&D within 31 days; Review beneficiary	May decrease within 31 days	May elect or change at any time	May enroll or change election within 31 days		May waive coverage within 31 days	Review beneficiary & contribution election
Employee Death	Coverage ends at the end of the month of the employee death.		may continue co		Benefit is payable to beneficiary	Benefit is payable to beneficiary	Coverage ends at the end of the month of employee's death, may convert or port (see Summary Plan Description for more detail)	Coverage ends at the end of the month of the employee death.	Coverage ends at the end of the month of the employee death.	continuation the month of		s at the end of the employee ath.	Balance will be transferred to your spouse (unless previously waived) or beneficiary on file

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Death of Spouse/ Domestic or Civil Union Partner	Coverage will terminate on the date of death.		oouse's/domesti s coverage withi		May decrease coverage within 31 days; Review beneficiary	May decrease coverage within 31 days; Review beneficiary	May decrease AD&D, and waive spouse life (death of spouse only) coverage within 31 days; Review beneficiary	May decrease coverage within 31 days	May elect or change at any time	r May enroll or change election within 31 days.		May waive coverage within 31 days	Review beneficiary & contribution election
Death of Child	Coverage will terminate on the date of death.	May cancel child's coverage within 31 days			May decrease coverage within 31 days; Review beneficiary	May decrease coverage within 31 days; Review beneficiary	May decrease AD&D, and decrease or waive child life coverage within 31 days; Review beneficiary	No change	May elect or change at any time	May decrease coverage within 31 days.	May enroll or change	May waive coverage within 31 days	Review beneficiary & contribution election
Gain of other coverage	Coverage will terminate on the date of the qualifying event.	May cancel/ren	move dependent	within 31 days	May decrease coverage within 31 days; Review beneficiary	May decrease or waive within 31 days; Review beneficiary	May decrease or waive within 31 days; Review beneficiary	May decrease coverage within 31 days; Review beneficiary	May elect or change at any time	May enroll or change election within 31 days		May waive coverage within 31 days	Review beneficiary & contribution election
Loss of other coverage	Coverage will begin on the date of the qualifying event.	May enroll/a	dd dependent v	rithin 31 days	May increase coverage within 31 days; Review beneficiary	May add or increase within 31 days; Review beneficiary	May add or increase within 31 days; Review beneficiary	May enroll or increase within 31 days	May elect or change at any time	May enroll or cl within 3		May enroll within 31 days	Review beneficiary & contribution election
Change in Dependent Care Costs	Coverage will begin on the date of the qualifying event.	No change, unless another qualifying life event occurs								No change	May enroll or change	No Change	Review beneficiary & contribution election
Child reaches max. age and/or is not a full-time student	Coverage will terminate at the end of the month of the qualifying event.	Cancel child's coverage and may enroll for COBRA coverage up to 36 months			No change; Review beneficiary	No change	May decrease or waive child life coverage within 31 days	No change	May elect or change at any time	May decrease coverage within 31 days	May enroll or change	No Change	Review beneficiary & contribution election
Child becomes a full-time student and/or meets eligibility criteria	Coverage will begin on the date of the qualifying event.	May add child within 31 days			No change; Review beneficiary	No change	May enroll or increase child life within 31 days; Review beneficiary	No change	May elect or change at any time	May enroll or increase coverage within 31 days	May enroll or change	No Change	Review beneficiary & contribution election
Short-term Disability (up to 6 months) If maternity, see Birth/Adoption Life Event, as well	No change, unless another qualifying life event occurs				No change, unles	May elect or change at any time				Review beneficiary & contribution election			
LTD/Disabled beyond 6 months	Medical, dental, vision, health care FSA, dependent care FSA, and TRIP terminate at the end of the month in which you begin LTD coverage. *All other benefits terminate on the date you begin LTD coverage.	which you be	ds at the end of egin LTD covera coverage up to 1	ge, may elect	Coverage ends, may convert to individual policy or port (see Summary Pl Description for specific amounts and more detail)			Premium waived; Benefit payment begins from the Hartford	Coverage terminates end of month in which you begin LTD coverage	Coverage terminates end of month in which you begin LTD coverage, may elect COBRA coverage for the remainder of Plan year	Coverage terminates end of month in which you began LTD coverage	Coverage ends	Suspended until return; Fidelity will directly bill for outstanding loan repayments
Family Medical Leave Act (FMLA) with pay	No change, unless another qualifying life event occurs	No change, unless a qualifying life event occurs								No change, unle	ess a qualifying lif	e event occurs	May change at any time
Family Medical Leave Act (FMLA) without pay	See categories to the right.	No change, unless a qualifying life event occurs. You'll be responsible for continuance of benefit premium payments											May change at any time

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Begin a Personal Leave of Absence without pay	See categories to the right.	same; Greater	0 days, coverago than 30 days co y elect COBRA o coverage	overage will end	Coverage ends after 30 days					May elect COBRA coverage up to Coverage 18 months		ge ends	Suspended until return; Fidelity will directly bill for outstanding loan repayments
Return from a Personal Leave of Absence without pay	See categories to the right.		hin 31 days (if n o elect coverage Enrollment)		Review beneficiary; Option to reduce down to \$50,000	down May elect within 31 days (if not, you will not be able to elect coverage until Open Enrollment which will be subject to Evidence of Insurability)				able to elect coverage until Open Enrollment or			Auto enrollment at 5% after 30 days, unless you elect otherwise
Military Leave	See categories to the right.	same; Great	80 days, everyth ter than 30 days cost of coverag	you must pay	Coverage ends after 30 days					ADP will directly bill you Coverage ends			Suspended until return, you may make up missed contributions upon return (see Summary Plan Description for details)
Loss of Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible	Coverage will begin on the date of the qualifying event.		hin 60 days (if n o elect coverage Enrollment)		Review beneficiary	No Change							Review beneficiary & contribution election
Become eligible for a premium assistance subsidy under Medicaid or CHIP	Coverage will begin on the date of the qualifying event.	May elect within 60 days (if not, you will not be able to elect coverage until Open Enrollment)			Review beneficiary	No Change			May elect or change at any time	r No Change			Review beneficiary & contribution election
Termination	Medical, dental, vision, health care FSA, dependent care FSA, and TRIP terminate at the end of the month in which the termination occurs. *All other benefits terminate on the date of termination.	which you	nds at the end of terminate, may erage up to 18 m	elect COBRA	Coverage ends; May convert		o individual policy or port (see or specific amounts and more ail)	Coverage ends	Coverage ends end of month in which you term	Coverage ends end of month in which you term, may elect COBRA coverage for the remainder of Plan year	Coverage ends end of month in which you term	Coverage ends	May roll balance over, withdraw or leave money in the plan if >\$1,000
Retirement	Medical, dental, vision, health care FSA, dependent care FSA, and TRIP terminate at the end of the month in which you retire. *All other benefits terminate on the date of your retirement.	Coverage ends at the end of the month in which you terminate, may elect COBRA coverage up to 18 months or enroll in retiree medical program, if eligible		Coverage ends; May convert		,	Coverage ends	Coverage ends end of month in which you term	Coverage ends end of month in which you term, may elect COBRA coverage for the remainder of Plan year	Coverage ends end of month in which you term	Coverage ends	May roll balance over, withdraw or leave money in the plan if >\$1,000	

^{*} This Life Event Matrix is not meant to replace the respective Summary Plan Descriptions (SPD). If there are any discrepancies between this matrix and the SPD, the SPD prevails.

NOTES:
Employees may update dependent information (i.e. name, address, social security number) any time.
Employees may change TRIP elections at any time.