MEMO

To: PEIA Eligibility Document Unit

From: _____ Date: _____
(policyholder's name)

RE: Unique ID Number | | | | | | | | | | | | | | | | | **OR**

Last four digits of SSN [redacted] - [redacted] - | | | |

Please mark in the left column the type of transaction you are documenting and the documentation attached.

	Status Change Event	**Documentation Required**
	Divorce	Provide a copy of the divorce decree showing that the divorce is final.
	Marriage	Copy of valid marriage license or certificate.
	Birth of Child	Copy of child's birth certificate.
	Adoption	Copy of adoption papers.
	Adding coverage for a stepchild who resides with the policyholder	Copy of child's birth certificate.
	Adding coverage for any other child who resides with the policyholder	Copy of court-ordered guardianship papers
	Open Enrollment under spouse's employer's benefit plan	A copy of printed material showing open enrollment dates and the employer's name.
	Death of spouse or dependent	A copy of the death certificate.
	Beginning of spouse's employment	A letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
	End of spouse's employment	A letter from the spouse's employer stating the termination or retirement date, what coverage was lost, and dependents that were covered.
	Significant change in health coverage due to spouse's employment	A letter from the spouse's insurance carrier indicating the change in insurance coverage, the effective date of that change and dependents covered.
	Unpaid leave of absence by employee or spouse	A letter from your or your spouse's personnel office stating the date that you or your spouse went on unpaid leave or returned from unpaid leave.
	Ineligibility of dependent due to coverage available from his or her own employer	A letter from the dependent's employer stating that coverage is available.
	Change from full-time to part-time employment of vice versa for employee or spouse	A letter from you or your spouse's employer stating the previous hours worked, the new hour worked, and the effective date of the change.

I understand that PEIA cannot process my enrollment or change in enrollment for me and my dependents until these documents have been received.

Please send this documentation checklist cover sheet with your documents to the address below.

601 57th St., SE – Suite 2 – Charleston, WV 25304-2345

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