

Requirement	Ask Yourself	Yes	No
<b>Election Change Event</b>	<ul style="list-style-type: none"> <li>Does the participant’s reason for requesting an election change meet one of the permitted election change events recognized by the IRS?</li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Does the event allow an election change for the particular benefit plan at issue (e.g., major medical, health FSA, DCAP)?</li> </ul>	<input type="checkbox"/>	
<b>Consistency</b>	<ul style="list-style-type: none"> <li>Does the requested election change satisfy the event’s consistency requirements?</li> </ul>	<input type="checkbox"/>	
<b>Plan Documents</b>	<ul style="list-style-type: none"> <li>Is the event recognized under the cafeteria plan documents as permitting an election change?</li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Does the plan place additional limitations on the election changes that can be made for this event?</li> </ul>		<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If the employee is not currently a participant and has elected to commence benefits mid-year, is this permitted by the plan?</li> </ul>	<input type="checkbox"/>	
<b>Component Benefit</b>	<ul style="list-style-type: none"> <li>Is the requested election change permitted under the terms of the insurance policy or plan document that governs the particular benefit to which the election change request relates?</li> </ul>	<input type="checkbox"/>	
<b>Documentation</b>	<ul style="list-style-type: none"> <li>Has the participant submitted a signed (or electronic) certification indicating:               <ol style="list-style-type: none"> <li>The event that has occurred?</li> <li>That the requested change is consistent with the event?</li> </ol> </li> </ul>	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>If the coverage is being dropped for the participant, spouse, or dependent due to a change in status resulting in a gain in eligibility under a family member's plan, has the participant provided any required certification that coverage has been (or will be) obtained under the other plan?</li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Is there any reason to believe that the certification is incorrect?</li> </ul>		<input type="checkbox"/>
<b>Timing</b>	<ul style="list-style-type: none"> <li>Has the election change request been made within the plan's time limits (e.g., 30 days)?</li> </ul>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <li>Has the participant requested a retroactive election change for an event other than a birth, adoption, or placement for adoption to which HIPAA special enrollment rights apply?</li> </ul>		<input type="checkbox"/>