Earl Ray Tomblin
Governor

Ted Cheatham
Director

WV Toll-free: 1-888-680-7342 • Phone: 1-304-558-7850 • Internet: www.wvpeia.com

To: PEIA Eligibility Documentation Unit

From: _____

Date: _____
(policyholder's name)

Re: Unique ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] number **OR**

Last four digits of SSN [ ][ ] – [ ][ ] – [ ][ ][ ][ ]

Please mark the type of transaction you're 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	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.
	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.
	Significant Change in Health Coverage Attributable to Spouse's or Dependent'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.
	Change from full-time to part-time employment or vice versa for employee or spouse	A letter from your or your spouse's employer stating the previous hours worked and the new hours worked and the effective date of the change.
I understand that PEIA cannot process my enrollment or change in enrollment for me or my dependents until these documents have been received.		

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

601 57th Street, SE • Suite 2 • Charleston, WV 25304-2345
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