

CHANGING YOUR ELECTIONS DURING THE YEAR

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Overview

Once you make your benefit selections, they remain in effect for the entire benefit plan year. Generally, you cannot make changes to your benefits until the next annual open enrollment. However, you may make certain changes to your elections under the People's United Bank Section 125 Cafeteria Plan during a Plan Year if an event occurs that is a permitted election change event and certain other conditions are met, as described below. Generally, a permitted election change event is a change in your personal situation or to the plan that affects your eligibility or coverage for a People's United Health Plan option, your spouse's employer's plan, or your dependent's employer's plan. For details, see the permitted election change event headings below:

- Special Enrollment Rights (HIPAA)
- Changes in Status
- Leaves of absence, including FMLA leaves
- Certain Judgments, Decrees, and Orders
- Medicare or Medicaid
- Changes in Cost
- Changes in Coverage
- Reduction of Hours
- Exchange Enrollment

Note that the permitted election change events do not apply for all Benefits—applicable exclusions are described under each heading. In addition, the Plan Administrator, People's United Bank, can change certain elections on its own initiative.

If any permitted election change event occurs, you must notify Human Resources by making your changes on *my-peoples* within 30 days following the occurrence (or within 60 days after the occurrence in the case of a special enrollment right due to loss of eligibility for Medicaid or state children's health insurance program coverage or eligibility for a state premium assistance subsidy from a Medicaid plan or through a state children's health insurance program with respect to coverage under the Medical Plan). If the change involves a loss of your spouse's or dependent's eligibility for benefits, then the change will be deemed effective as of the date that eligibility is lost due to the occurrence of the permitted election change event, even if you do not request it within 30 days.

If you have any questions regarding changing your coverage, call the HR Info Line at 877-274-8383.

Permitted Election Change Events

SPECIAL ENROLLMENT RIGHTS (HIPAA)

(Applies to Medical Benefit only.) If you waive medical coverage for yourself or your spouse or eligible dependents during enrollment because you or they have other health insurance coverage, and then you or they lose that coverage, you may be able to enroll yourself or your dependents in a People's United Medical Plan option before the next annual enrollment. Specifically, you may enroll in a People's United Medical Plan option within 30 days following the date you or your dependents:

- Lose eligibility for coverage under another group health plan,
- Lose the employer contribution toward another group plan's coverage, or
- Exhaust COBRA coverage (your COBRA coverage ends, but not because you failed to make the premium payment).

Once you enroll, your coverage is effective retroactive to the first of the month following the date you lost coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days following the date of marriage, birth, adoption, or placement for adoption. Coverage for new dependents due to marriage will be effective the first month following the date of marriage. Coverage for new dependents as a result of birth, adoption, or placement

for adoption will be effective on the date of the event. You must add a newborn to your plan(s) via *my-peoples* within 30 days following the date of birth in order for the child to have coverage for the remainder of the plan year. Although the Medical Plan provides coverage for a newborn automatically for the first 31 days following the date of birth, failure to add the child via *my-peoples* will result in coverage terminating after this initial 31 days. You will not be able to add the child to your coverage until the next open enrollment, or, if earlier, you experience another permitted election change event. An election to add previously eligible dependents as a result of the acquisition of a new spouse or dependent child shall be considered to be consistent with the special enrollment right.

You may elect medical coverage at a time other than the annual open enrollment period in the following situations:

- If you (and/or your eligible dependent) are not enrolled in medical coverage and are covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of the Social Security Act and your (and/or your eligible dependent's) coverage under that Medicaid or State child health plan terminates because you (and/or your dependent) lose eligibility for that coverage, you may elect medical coverage if you request enrollment within 60 days after coverage under the Medicaid plan or State child health plan terminates.
- If you (and/or your eligible dependent) are not enrolled in medical coverage and become eligible for assistance with the cost of medical coverage under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of the Social Security Act, you may elect medical coverage if you request enrollment within 60 days after the date you (and/or your eligible dependent) are determined to be eligible for such assistance.

CHANGE IN STATUS

(Applies to Medical, Dental, Vision, Life, AD&D, Disability Benefits and Health Care FSA Benefit as limited below, and to Dependent Care FSA.) If one or more of the following Change in Status events occur, you may revoke your old election and make a new election, provided that both the revocation and new election are on account of and correspond with the Change in Status as described below. Occurrences that qualify as a Change in Status include the events described below, as well as any other events that the Plan Administrator, People's United Bank, in its sole discretion and on a uniform and consistent basis, determines are permitted under IRS regulations:

- **Legal Marital Status.** A change in your marital status (such as marriage, domestic partnership, death of a spouse, divorce, legal separation, or annulment);
- **Number of Dependents.** A change in the number of your dependents (such as the birth of a child, adoption or placement for adoption of a dependent, or death of a dependent);
- **Employment Status.** Any of the following events that change the employment status of you, your spouse, or your dependent and that affect benefits eligibility under a cafeteria plan (including the Bank's Section 125 Cafeteria Plan) or other employee benefit plan of you, your spouse, or your dependents. Such events include any of the following changes in employment status: termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; a change in worksite; switching from salaried to hourly-paid, union to non-union, or full-time to part-time (or vice versa); incurring a reduction or increase in hours of employment; or any other similar change that makes the individual become (or cease to be) eligible for a particular employee benefit;
- **Dependent Eligibility Requirements.** An event that causes your dependent to satisfy or cease to satisfy an eligibility requirement for a particular benefit (such as attaining a specific age, ceasing to be a student, or a similar circumstance); or
- **Change in Residence.** A change in your, your spouse's, or your dependent's place of residence that affects eligibility for coverage under a plan (such as an employee enrolled in the DMO dental option moving out of the DMO service area).

Change in Status—Other Requirements

If you wish to change your election based on a Change in Status, you must establish that the revocation is on account of and corresponds with the Change in Status. The Plan Administrator will determine whether a requested change is on account of and corresponds with a Change in Status. As a general rule, a desired election change will be found to be consistent with a Change in Status if the event affects coverage eligibility. For Dependent Care FSA benefits, the event may also affect eligibility of dependent care expenses for the dependent care tax exclusion.

In addition, you must satisfy the following specific requirements in order to alter your election based on that Change in Status:

- **Loss of Spouse or Dependent Eligibility; Special COBRA Rules.** For the Medical Plan and the Health Care FSA, a special rule governs which types of election changes are consistent with the Change in Status. For a Change in Status involving your (a) divorce, annulment, or legal separation from your spouse, (b) the death of your spouse or your dependent, or (c) your dependent's ceasing to satisfy the eligibility requirements for coverage, you may elect only to cancel the benefits for the affected spouse or dependent. A change in election for any individual other than your spouse involved in the divorce, annulment, or legal separation, your deceased spouse or dependent, or your dependent that ceased to satisfy the eligibility requirements would fail to correspond with that Change in Status.

However, if you, your spouse, or your dependent elects COBRA continuation coverage under the Employer's plan because you ceased to be eligible because of a reduction of hours or because your dependent ceases to satisfy eligibility requirements for coverage, and if you remain a participant, then you may in certain circumstances be able to increase your contributions to pay for such coverage.

- **Gain of Coverage Eligibility under another Employer's Plan.** For a Change in Status in which you, your spouse, or your dependent gains eligibility for coverage under another employer's benefit plan as a result of a change in your marital status or a change in your, your spouse's, or your dependent's employment status, your election to cease or decrease coverage for that individual would correspond with that Change in Status only if coverage for that individual becomes effective or is increased under the other employer's plan.
- **Dependent Care FSA.** With respect to the Dependent Care FSA, you may change or terminate your election with respect to a Change in Status event only if (a) such change or termination is made on account of and conforms with a Change in Status that affects eligibility for coverage under the Dependent Care FSA; or (b) your election change is on account of and conforms with a Change in Status that affects the eligibility of Dependent Care Expenses for the available tax exclusion.

Election changes may not be made to reduce Health Care FSA coverage during a Plan Year; however, election changes may be made to cancel Health FSA coverage completely due to the occurrence of any of the following events: death of your spouse, divorce, legal separation, or annulment; death of your dependent; change in employment status such that you become ineligible for Health Care FSA coverage; or your dependent's ceasing to satisfy eligibility requirements for Health Care FSA coverage (e.g., on account of attaining a specific age). But your election to cancel coverage cannot result in your contributions for the year being less than the amount for which you have already been reimbursed. For example, assume that you elected to contribute \$100 per month to the Health Care FSA and in February you were reimbursed for expenses in the amount of \$700. Cancellation of coverage would not be permitted in March, even if the Change in Status event would normally allow you to cancel coverage, as you have not yet contributed a total of \$700 for the year. You would be permitted to reduce your annual election to \$700.

LEAVES OF ABSENCE

(Applies to Medical, Dental, Vision, Life, AD&D, Disability Benefits, Health Care FSA, and Dependent Care FSA Benefits.) You may change an election upon an FMLA and non-FMLA leave. See the "Family and Medical Leave Act" section in the Rules, Regulations and Plan Administration Section of the Summary Plan Description.

CERTAIN JUDGMENTS, DECREES, AND ORDERS

(Applies to Medical, Dental, Vision Benefits and Health Care FSA Benefits.) If a judgment, decree, or order from a divorce, separation, annulment, or custody change requires your child (including a foster child who is your dependent) to be covered under the Medical, Dental, Vision or Health Care FSA Benefits, you may change your election to provide coverage for the child. If the order requires that another individual (such as your former spouse) cover the child, then you may change your election to revoke coverage for the child, provided that such coverage is, in fact, provided for the child.

MEDICARE OR MEDICAID

(Applies to Medical Benefits and to Health Care FSA Benefits as Limited Below.) If you, your spouse, or your dependent becomes entitled to (i.e., becomes enrolled in) Medicare or Medicaid, then you may reduce or cancel that person's coverage under the Medical Plan, and/or your Health Care FSA coverage may be canceled completely but not reduced. Notwithstanding the foregoing, such cancellation will not become effective to the extent that it would reduce future contributions to the Health FSA to a point where the total contributions for the Plan. Similarly, if you, your spouse, or your dependent who has been entitled to Medicare or Medicaid loses eligibility for such coverage, then you may elect to commence or increase that person's Medical Benefits and/or Health Care FSA Benefits.

CHANGE IN COST

(Applies to Medical, Dental, Vision, Life, AD&D, Disability Benefits, and to Dependent Care FSA Benefits as Limited Below.) If the cost charged to you for your Insurance Benefits or Dependent Care FSA Benefits significantly increases during the Plan Year, then you may choose to do any of the following:

- (a) make a corresponding increase in your contributions;
- (b) revoke your election and receive coverage under another benefit package option (if any) that provides similar coverage, or elect similar coverage under the plan of your Spouse's employer; or
- (c) drop your coverage, but only if no other benefit package option provides similar coverage.

For these purposes, the Health Care FSA is not similar coverage with respect to the Insurance Benefits; an HMO and a PPO are considered to be similar coverage (the Bank currently offers two POS options, and coverage under another employer plan, such as the plan of a spouse's or dependent's employer, may be treated as similar coverage if it otherwise meets the requirements of similar coverage). If the cost of the Benefits significantly decreases during the Plan Year, then you may make the following election changes:

- (a) if you are enrolled in the benefit option that has decreased in cost, you may make a corresponding decrease in your contributions;
- (b) if you are enrolled in another benefit option, you may change your election on a prospective basis to elect the benefit option that has decreased in cost; or
- (c) if you are otherwise eligible, you may elect the benefit option that has decreased in cost on a prospective basis, subject to the terms and limitations of the benefit option.

For insignificant increases or decreases in the cost of Benefits, however, the Plan Administrator will automatically adjust your election contributions to reflect the minor change in cost. The Plan Administrator generally will notify you of increases or decreases in the cost of the Benefits; you generally will have to notify the Plan Administrator of increases or decreases in the cost of Dependent Care FSA Benefits.

The change in cost provision applies to Dependent Care FSA benefits only if the cost change is imposed by a dependent care provider who is not your relative.

CHANGE IN COVERAGE

(Applies to Medical, Dental, Vision, Life, AD&D, Disability Benefits and Dependent Care FSA Benefits.) You may also change your election if one of the following events occurs:

- **Significant Curtailment of Coverage.** If your Benefits coverage is significantly curtailed without a loss of coverage (for example, when there is an increase in the deductible under a Medical Plan option), then you may revoke your election for that coverage and elect coverage under another benefit option that provides similar coverage. (Coverage under a plan is significantly curtailed only if there is an overall reduction of coverage under the plan generally—loss of one particular physician in a network does not constitute significant curtailment.) If your benefits coverage is significantly curtailed with a loss of coverage (for example, if you lose all coverage under the option by reason of an overall lifetime or annual limitation), then you may either revoke your election and elect coverage under another benefit option that provides similar coverage, elect similar coverage under the plan of your spouse's employer, or drop coverage, but only if there is no option available under the plan that provides similar coverage. (The Plan Administrator generally will notify you of significant curtailments in coverage; you generally will have to notify the Plan Administrator of significant curtailments in Dependent Care FSA Benefits coverage.)

- **Addition or Significant Improvement of Plan Option.** If the Plan adds a new option or significantly improves an existing option, then Participants who are enrolled in an option other than the new or improved option may elect the new or improved option. Also, eligible Employees may elect the new or improved option on a prospective basis, subject to limitations imposed by the applicable option.
- **Loss of Other Group Health Coverage.** You may change your election to add group health coverage for you, your spouse, or your dependent, if any of you loses coverage under any group health coverage sponsored by a governmental or educational institution (for example, a state children's health insurance program or certain Indian tribal programs).
- **Change in Election under another Employer Plan.** You may make an election change that is on account of and corresponds with a change made under another employer plan (including a plan of People's United Bank or a plan of your spouse's or dependent's employer), so long as (a) the other cafeteria plan or qualified benefits plan permits its participants to make an election change permitted under the IRS regulations; or (b) the People's United Bank Section 125 Cafeteria Plan permits you to make an election for a period of coverage (for example, the Plan Year) that is different from the period of coverage under the other cafeteria plan or qualified benefits plan, which it does. For example, if an election to drop coverage is made by your spouse during his or her employer's non-calendar Plan Year open enrollment, you may add coverage to replace the dropped coverage.
- **Dependent Care FSA Coverage Changes.** You may make a prospective election change that is on account of and corresponds with a change by your dependent care service provider. For example: (a) if you terminate one dependent care service provider and hire a new dependent care service provider, then you may change coverage to reflect the cost of the new service provider; and (b) if you terminate a dependent care service provider because a relative becomes available to take care of the child at no charge, then you may cancel coverage.

REDUCTION OF HOURS

(Applies only to Medical Benefits.) If you were reasonably expected to average 30 hours of service or more per week and experience an employment status change such that you are no longer reasonably expected to average 30 hours of service or more per week, you may prospectively revoke your election for Medical coverage, provided that you certify that you and any related individuals whose coverage is being revoked have enrolled or intend to enroll in another plan providing minimum essential coverage under health care reform that is effective no later than the first day of the second month following the month that includes the date the Medical coverage is revoked.

EXCHANGE ENROLLMENT

(Applies only to Medical Benefits.) If you are eligible to enroll for coverage in a government sponsored Exchange (Marketplace) during a special or annual enrollment period, you may prospectively revoke your election, provided your revocation of the election of coverage corresponds to the intended enrollment through the Marketplace for new coverage and you certify that you and any related individuals whose coverage is being revoked have enrolled or intend to enroll for new Marketplace coverage that is effective beginning no later than the day immediately following the last day of the medical coverage that is revoked.

Health Savings Account

You may increase or decrease your employee contribution to the Health Savings Account (HSA) once per month throughout the year. New contribution elections are effective the first of the month following the date the change is submitted in *my-peoples*, provided it is administratively possible.

Voluntary Benefits (Accidental Injury, Critical Illness & Hospital Care Insurances)

Voluntary Benefits are paid with after-tax payroll contributions through payroll deductions. You may elect coverage for one or more voluntary benefit plans as a new hire (for coverage effective the first of the month following date of hire)

and during the annual Open Enrollment period (for a January 1 effective date). Mid-year enrollment is not permitted, even if you experience a life event. You may, however, terminate coverage during the year by contacting HR.Services@peoples.com. Coverage will be terminated the first of the month following receipt of your request. Premiums will not be refunded except as required per the 30 Day Right To Examine Certificate.

30 Day Right To Examine Certificate: Copies of the plans' certificates are available on the Summary Plan Description page of The Insider. If an employee is not satisfied with the Certificate for any reason, the employee may request cancellation of enrollment within 30 days after the coverage effective date. Any premium that has been paid will be returned and the coverage will be void as if it had never been issued.

Tables

The following are tables that summarize some of the common events that employees experience and how the election change rules apply in each circumstance. The tables are intended as a summary only to assist you with understanding the election change rules. Your circumstances are unique and may differ from the examples included in the tables below. Therefore, you should not rely solely on the tables and should read the detailed summary above. We also suggest that you discuss your circumstances with HR by calling the HR Info Line at 877-274-8383.

MEDICAL, DENTAL AND/OR VISION BENEFITS

Event Description	my-peoples Life Event	Changes You May Make to Your Medical , Dental, or Vision Election		
		Add Coverage	Drop Coverage	Change Plan Option
Marriage (HIPAA Special Enrollment Rights apply to Medical Plan)	I have a change in my marital status	You may add Medical coverage for yourself, your spouse, and any newly eligible dependent children. Under the tag-along rule, you may also add previously eligible dependent children if you also add your spouse or newly eligible dependents. You may add newly eligible dependents to your existing Dental and Vision Plan.	You may drop your existing coverage if you enroll with coverage under your spouse's plan due to marriage.	You may change Medical Plan option if you add coverage for your dependents. <i>Note: Only medical coverage can be changed with this event.</i>
Divorce, annulment, legal separation, death of spouse	I have a change in my marital status	You may add coverage for yourself and any eligible dependents if you lost coverage under your spouse's plan due to divorce, legal separation, annulment, or death of your spouse.	You must drop coverage for your former spouse and any other dependents of your former spouse who are not also your dependents. You may not drop coverage for yourself or other eligible dependents.	You may change Medical Plan option if you add coverage for your dependents. <i>Note: Only medical coverage can be changed with this event.</i>
Birth, adoption or placement for adoption (HIPAA Special Enrollment Rights apply to Medical Plan)	I want to add coverage for self/dependent	You may add Medical coverage for yourself, your new dependent and, under the tag-along rule, any other eligible dependents not previously covered, including your spouse. You may add newly eligible dependents to your existing Dental and Vision Plan.	You may drop your coverage or your dependent's existing coverage if you or your dependent enrolls in like coverage under your spouse's plan.	You may change Medical Plan option if you add coverage for your dependents. <i>Note: Only medical coverage can be changed with this event.</i>

Event Description	<i>my-peoples</i> Life Event	Changes You May Make to Your Medical , Dental, or Vision Election		
		Add Coverage	Drop Coverage	Change Plan Option
Loss of dependent status (for example, death of non-spouse dependent, or dependent child reaches age 26)	I want to remove coverage for self/dependent	No	You must drop coverage for the dependent that loses eligibility. You may not drop coverage for yourself or any other dependents.	No
Judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody requiring you to provide health coverage for your dependent child (including a dependent foster child)	I want to add coverage for self/dependent	You may enroll yourself and the dependent child in coverage.	No	No, unless required by order.
Judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody requiring your spouse, former spouse, or other individual to provide health coverage for your dependent child (including a dependent foster child)	I want to remove coverage for self/dependent	No	You may drop coverage for the dependent child.	No
Coverage is dropped during the official open enrollment period of your spouse's or dependent's employer's plan (Plan Year differs from People's United)	I want to remove coverage for self/dependent	You may enroll in coverage for yourself, your spouse, and your dependents only if similar coverage is dropped through your spouse's or dependent's plan.	No	No
Coverage is added during the official open enrollment period of your spouse's or dependent's employer's plan (Plan Year differs from People's United)	I want to add coverage for self/dependent	No	You may drop coverage for yourself, your spouse, and your dependents if you, your spouse, or your dependents enroll with coverage under your spouse's or dependent's plan.	No
Change in your employment status that makes you newly eligible for coverage at People's United (for example, part-time non-benefits eligible (regularly scheduled to work <20 hours/week) to part-time benefits eligible (20+ hrs. /wk.) or Full-time (37.5+ hrs./wk.)	I have a change in my employment status	Yes	N/A	N/A
Change in your spouse's or dependent's employment status that makes you, your spouse, or your dependent eligible for coverage through that person's plan (for example, spouse starts new job with benefits)	I want to remove coverage for self/dependent	No	You may drop coverage for yourself, your spouse, or your dependent if you, your spouse, or your dependent enrolls in similar coverage through that person's plan.	No

Event Description	my-peoples Life Event	Changes You May Make to Your Medical , Dental, or Vision Election		
		Add Coverage	Drop Coverage	Change Plan Option
Change in your, your spouse's or your dependent's employment status that results in loss of eligibility under your spouse's or dependent's employer's plan (for example, you waived coverage due to enrollment in your spouse's plan and then that coverage is lost due to termination of employment) <i>(HIPAA Special Enrollment Rights apply to Medical Plan)</i>	I want to add coverage for self/dependent	You may add coverage for yourself, your spouse, and any eligible dependents if you, your spouse, or your dependents lose similar coverage under your spouse's or dependent's plan due to change in employment status.	No	You may change Medical Plan option if you add coverage for your dependents. <i>Note: Only medical coverage can be changed with this event.</i>
Change in your, your spouse's or your dependent's employment status that does not result in a change in eligibility under a plan (for example, part-time benefits eligible (20+ hrs./wk.) to full-time (37.5+ hrs./wk.) or vice versa; dependent's hours increase but there is no change in eligibility for benefits)	N/A	No	No	No
You, your spouse, or your dependent is no longer eligible for Medicaid¹ or Children's Health Insurance Program (CHIP)¹	I want to add coverage for self/dependent	You may add medical, dental and/or vision coverage for yourself, your spouse, or your dependent who loses entitlement to similar coverage.	No	You may change Medical Plan option if you add coverage for your dependents.
You or your currently enrolled spouse or dependent becomes eligible for Medicare, Medicaid¹ or Children's Health Insurance Program (CHIP)¹ <i>(HIPAA Special Enrollment Rights apply to Medical Plan with respect to Medicaid and CHIP)</i>	I want to remove coverage for self/dependent	No	You may drop medical, dental and/or vision coverage for the individual who becomes eligible for and enrolls in similar Medicare, Medicaid or CHIP coverage.	No
You or your spouse or dependent becomes eligible for a premium subsidy under Medicaid¹, CHIP¹ or public exchange coverage <i>(HIPAA Special Enrollment Rights apply to Medical Plan with respect to Medicaid and CHIP)</i>	I want to add coverage for self/dependent	You may add medical, dental and/or vision coverage for yourself, your spouse, or your dependent who becomes eligible for a premium subsidy for a similar coverage.	No	No

Event Description	my-peoples Life Event	Changes You May Make to Your Medical , Dental, or Vision Election		
		Add Coverage	Drop Coverage	Change Plan Option
Exchange Enrollment	I want to remove coverage for self/dependent	No	You may drop Medical coverage for yourself, your spouse, and your dependents if you, your spouse, or your dependents enroll in Exchange coverage that is effective no later than the day after the last day of coverage under the Plan. <i>Note: Only medical coverage can be changed with this event.</i>	

¹ my-peoples cannot process events that occurred more than 30 days in the past. To request changes related to Medicaid or CHIP after 30 days following the event but prior to 60 days following the event deadline, contact HR.Services@peoples.com for assistance.

HEALTH CARE (HC) FSA BENEFITS

Event Description	my-peoples Life Event	Changes You May Make to Your Health Care (HC) FSA Election	
		Add or Increase Contribution	Drop or Decrease Contribution
Marriage	I have a change in my marital status	Yes	No
Divorce, annulment, death of spouse	I have a change in my marital status	Yes, only if you have lost coverage under your former spouse's HC FSA plan.	You may cancel your election, provided your contributions for the year are not less than the amount for which you have already been reimbursed.
Birth, adoption, or placement for adoption	I want to add coverage for self/dependent	Yes	No
Death of a non-spouse dependent	I want to remove coverage for self/dependent	No	You may cancel your election, provided your contributions for the year are not less than the amount for which you have already been reimbursed.
Change in your employment status that makes you newly eligible for coverage at People's United	I have a change in my employment status	You may newly elect coverage.	N/A
Change in your spouse's or dependent's employment status that makes you, your spouse, or your dependent eligible for coverage through that person's plan	N/A	No	No
Change in your, your spouse's or your dependent's employment status that results in loss of eligibility under your spouse's or dependent's employer's plan	N/A	No	No
Change in your, your spouse's or your dependent's employment status that does not result in a change in eligibility under a plan	N/A	No	No

Event Description	<i>my-peoples</i> Life Event	Changes You May Make to Your Health Care (HC) FSA Election	
		Add or Increase Contribution	Drop or Decrease Contribution
Dependent Satisfies Eligibility Requirements (gain of dependent status as defined by IRC Section 152)	I want to add coverage for self/dependent	You may enroll in or increase your election to take into account the expenses of the affected dependent.	No
Dependent Ceases to Satisfy Eligibility Requirements (loss of dependent status as defined by IRC Section 152)	I want to remove coverage for self/dependent	No	You may cancel your election, provided your contributions for the year are not less than the amount for which you have already been reimbursed.
Judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody requiring you to provide health coverage for your dependent child (including a dependent foster child)	I want to add coverage for self/dependent	You may elect or increase contributions to provide the child with corresponding coverage.	No
Judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody requiring your spouse, former spouse, or other individual to provide health coverage for your dependent child (including a dependent foster child)	I want to remove coverage for self/dependent	No	You may cancel your election, provided your contributions for the year are not less than the amount for which you have already been reimbursed.
Spouse's or dependent's open enrollment	N/A	No	No
Gain Eligibility for Medicaid¹	I want to remove coverage for self/dependent	If you, your spouse, or your dependent are enrolled in the People's United Medical Plan, and become entitled to and enroll in Medicaid coverage, then for that individual you may increase your election.	You may cancel your election, provided your contributions for the year are not less than the amount for which you have already been reimbursed.
Lose Eligibility for Medicaid¹	I want to add coverage for self/dependent	If you, your spouse, or your dependent loses eligibility for Medicaid, then for that individual you may increase your election.	You may cancel your election, provided your contributions for the year are not less than the amount for which you have already been reimbursed.

¹ *my-peoples* cannot process events that occurred more than 30 days in the past. To request changes related to Medicaid or CHIP after 30 days following the event but prior to 60 days following the event deadline, contact HR.Services@peoples.com for assistance.

DEPENDENT CARE (DC) FSA BENEFITS

Event Description	<i>my-peoples</i> Life Event	Changes You May Make to Your Dependent Care FSA Election	
		Add or Increase Contribution	Drop or Decrease Contribution
Marriage	I have a change in my marital status	You may newly enroll or increase your annual election amount to accommodate newly acquired dependents.	You may decrease or cancel coverage if your spouse is not employed or has a Dependent Care FSA through their employer.
Loss of your spouse through divorce, annulment, or death	I have a change in my marital status	You may newly enroll or increase your election if coverage is lost under spouse's Dependent Care FSA or to take into account the expenses of newly eligible dependent (for example, due to divorce from non-working spouse).	You may decrease or cancel coverage if eligibility is lost (for example, your dependent now resides with ex-spouse).

Event Description	<i>my-peoples</i> Life Event	Changes You May Make to Your Dependent Care FSA Election	
		Add or Increase Contribution	Drop or Decrease Contribution
Your attainment of a newly eligible dependent through birth, adoption, or placement for adoption	I want to add coverage for self/dependent	You may newly enroll or increase your annual election amount for newly eligible dependent.	No
Dependent becomes your eligible tax exemption (for example, your parent moves into your home and you will claim as a dependent on your federal	I want to add coverage for self/dependent	You may newly enroll or increase your annual election amount to take into account expenses of affected dependent.	No
Death of non-spouse dependent	I want to remove coverage for self/dependent	No	You may decrease or cancel election to take into account expenses of affected dependent.
Dependent ceases to satisfy eligibility requirements (for example, child attains 13 years of age)	I want to remove coverage for self/dependent	No	You may decrease or cancel election to take into account expenses of affected dependent.
Change in employment status that affects your eligibility (for example, part-time non-benefits eligible (regularly scheduled to work <20 hours/week) to part-time benefits eligible (20+ hrs. /wk.) or Full-time (37.5+ hrs. /wk.)	I have a change in my employment status	If you gain eligibility, you may elect coverage.	If you lose eligibility to participate, your elections will automatically be terminated as of the event date.
Your spouse commences employment or has another employment event that triggers eligibility to enroll in their employer's Dependent Care FSA plan	I want to remove coverage for self/dependent	You may newly enroll (if spouse previously did not work).	You may decrease or cancel election provided spouse elects coverage under their employer's Dependent Care FSA plan.
Your spouse terminates employment or has another employment event that causes loss of eligibility under their employer's Dependent Care FSA plan	I want to add coverage for self/dependent	You may newly enroll or increase your annual election amount to reflect loss of spouse's eligibility under their employer's Dependent Care FSA plan.	You may decrease or cancel election if spouse stops working.

Contact HR.Services@peoples.com to request changes related to the following as they are not life event reasons available on *my-peoples*.

Dependent Care Change	Change You May Make to Your Dependent Care FSA Election
<p>Change from one child care center to another, which charges a different rate, for a reason such as:</p> <ul style="list-style-type: none"> ▪ concern about a center's administration, staff quality, or staff turnover; ▪ the center cares only for children age two or over, a new baby arrives and participant wants care for the new baby and the siblings at one center; ▪ a child is in a temporary center while wait-listed for a preferred center, and a position opens; ▪ a new, state-of-the-art facility opens and participant enrolls child at the new center; ▪ a change in participant's residence or work location makes a new center more convenient or results in a change in the cost of coverage of your child care provider; ▪ a center requires that a child be moved due to the child's unsafe behavior (e.g., biting or hitting) or a parent's frequent late child pickups; or ▪ a child needs to be moved from a child care center due to chronic illness. 	<p>Increase or decrease election amount consistent with change in qualified dependent care expenses. (If the new child care center is more expensive, the election amount may be increased in a corresponding amount.)</p>

Dependent Care Change	Change You May Make to Your Dependent Care FSA Election
Change in a home child care provider, including a change in a nanny-sharing arrangement.	Increase or decrease election amount consistent with change in cost.
Change in home child care provider because a relative or friend has agreed to watch the child for free.	Decrease or cancel election.
Employee or spouse changes work schedules (including to or from part-time status), changing the hours of outside child care required and the amount of eligible dependent care expenses.	Increase or decrease election amount consistent with change in cost.