



**QUALIFYING LIFE EVENT
FAX COVER SHEET**

**HUDSON'S BAY COMPANY
HBC EMPLOYER ID: 06125**

Please complete the information below and fax with your QLE documentation to **1-844-397-7261**.

Associate Name: _____

Associate ID number: _____

What is your Qualifying Event? Birth, Adoption, Marriage, Divorce, You or Your spouse employment status change, Gain or Loss of Coverage

Date of Event: _____

What documentation have you attached? Birth Certificate, Adoption Decree, Marriage License, Divorce Decree, Notice of Coverage for Gain or Loss of coverage event
