



Qualifying Life Event Type	Required Documents*
<p>An Effective Date must be included on the documentation and must match the effective date of the Qualifying Life Event.</p> <p><i>*Please note, any financial information in the documents should be redacted prior to submission, along with all but the last four digits of social security numbers.</i></p>	
<p>Marriage</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ Marriage Certificate ▪ Official Court Documentation of Marriage ▪ Ceremonial Marriage Certificate ▪ Declaration of Common Law Marriage
<p>Domestic Partnership</p>	<p>Either</p> <ul style="list-style-type: none"> ▪ Domestic Partner Affidavit (Notarized) <p>and one of the following:</p> <ul style="list-style-type: none"> ▪ Bank or Credit Card Statement with Common Address ▪ Mortgage or Lease Statement with a Common Address ▪ Motor Vehicle Registration Card or Proof of Insurance with a Common Address ▪ Utility Bill with a Common Address <p>Or one of the following:</p> <ul style="list-style-type: none"> ▪ Documentation of Domestic Partner Registration ▪ Documentation of a Civil Union
<p>Birth or Adoption</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ Birth Certificate with Parents Name Listed ▪ Hospital Birth Record (within 90 days of Birth) ▪ Adoption Certificate ▪ Certified Copy of Court Order/Decree ▪ Qualified Medical Child Support Order
<p>Divorce, Legal Separation, or End of Domestic Partnership</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ Divorce Decree ▪ Certified Copy of Court Order ▪ Legal Separation Agreement ▪ Domestic Partner Dissolution Documentation
<p>Gains Outside Coverage</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ Letter Verifying Other Coverage from Employer ▪ Letter Verifying Other Coverage from Insurance Carrier or Third-Party Administrator ▪ Carrier ID card that includes dependents(s) name(s)
<p>Loses Outside Coverage</p>	<p>One of the following:</p> <ul style="list-style-type: none"> ▪ Loss of Coverage Letter from Insurance Carrier or Third-Party Administrator verifying loss of coverage ▪ Letter from Previous Employer ▪ COBRA Notice



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Gains or Loses Coverage - Medicare/Medicaid/CHIP	One of the following: <ul style="list-style-type: none">▪ Copy of ID Card with effective date or Letter from Agency
Change in Dependent Care Cost or Provider	One of the following: <ul style="list-style-type: none">▪ Invoice from Daycare showing old and new invoice amounts▪ Letter from Daycare stating cost differences

Documentation can be submitted via:

Online Upload: Go to www.myTennecoUSBenefits.com. The upload feature is at the bottom left of the home page under Additional Items to Explore.

Mail: Tenneco US Benefits Center
P. O. Box 2188
Bellaire, TX 77402

Submission of Documentation:

Standard forms that team members return to Empyrean should include the following information, on each page, to support accurate and efficient processing:

- Attn: Tenneco US Benefits Center
- Participant's full name, first and last name
- Participant's employee ID or last four digits of the Social Security number
- A daytime phone number where the participant may be reached

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