

Life Event Name (Workday Event Name)	When to Run This Event	Effective / Event Date	Days to Enroll from Date of Event
<p><b><i>If you have an open life event that you need to cancel, please contact the HR Benefits Center at 1-888-376-8836 M-F 8am-5pm ET. Future-dated changes are not allowed.</i></b></p>			
<p><b><i>Please see <a href="http://mybewellbenefits.com">mybewellbenefits.com</a> for eligibility information.</i></b></p>			
<p><b>Birth / Adoption</b> <b><i>(US - Birth / Adoption of Child)</i></b></p>	<p>If you have a baby, legally adopt a child, have a child placed with you for adoption, have a child placed with you for foster care, or obtain legal guardianship of a child, please report this change within 60 days of the event.</p>	<p>Date of Birth or Date of Adoption</p>	<p>60</p>
<p><b>Day Care Change</b> <b><i>(US - Day Care Change)</i></b></p>	<p>If you have a change in daycare cost or coverage, such as a significant cost increase or decrease charged by the current day care provider, or a change in the provider, you may change the amount you contribute to your Dependent Care Flexible Spending Account.</p>	<p>Date of Day Care Change</p>	<p>31</p>
<p><b>Death of Child</b> <b><i>(US - Death of Child)</i></b></p>	<p>If your child passes away, please report this change within 31 days of the event.</p>	<p>Date of Child's Death</p>	<p>31</p>
<p><b>Death of Spouse</b> <b><i>(US - Death of Spouse)</i></b></p>	<p>If your spouse passes away, please report this change within 31 days of the event.</p>	<p>Date of Spouse's Death</p>	<p>31</p>

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<b>Death of Domestic Partner</b> <i>(US - Death of Domestic Partner)</i>	If your domestic partner passes away, please report this change within 31 days of the event. If applicable, domestic partner children will be removed from coverage.	Date of Domestic Partner's Death	31
<b>Dependent No Longer Eligible</b> <i>(US - Dependent No Longer Eligible)</i>	If your child(ren) no longer meet the eligibility criteria for the plan, please report this change within 31 days of the event.	Date the Dependent is no longer eligible	31
<b>Dissolution of Domestic Partner</b> <i>(US - Dissolution of Domestic Partnership)</i>	If your domestic partner no longer meets the criteria according to the plan rules, please report this change within 31 days of the event*.  <i>*You must change your Domestic Partner to an "Ex-Domestic Partner" before selecting this life event to remove them from coverage.</i>	Date of Dissolution of Domestic Partnership	31
<b>Divorce</b> <i>(US - Divorce)</i>	If you divorce or get an annulment, please report this change within 31 days of the event*.  <i>*You must change your Spouse to an "Ex-Spouse" before selecting this life event to remove them from coverage.</i>	Date of Divorce or Annullment	31
<b>Establish Domestic Partnership</b> <i>(US - Establish Domestic Partner)</i>	If you establish an eligible a domestic partnership, please report this change within 31 days of the event.	Date Domestic Partership Established	31

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<b>Gain of Medicare</b> <i>(US - Gain of Medicare)</i>	If you or your dependent(s) begin Medicare coverage, please report this change within 60 days of the event.	Date the Medicare Coverage Begins	60
<b>Gain Medicaid/CHIP</b> <i>(US - Gain Medicaid / CHIP)</i>	If you or your dependent (s) begin Medicaid or CHIP coverage, please report this change within 60 days of the event.	Date the Medicaid / CHIP Coverage Begins	60
<b>Gain of Other Coverage</b> <i>(US - Gain of Other Coverage)</i>	If you or a dependent gains coverage elsewhere not including Medicare/Medicaid, please report this change within 31 days of the event.	Date the other Coverage Begins	31
<b>US - HSA Contribution Change</b> <i>(US - HSA Contribution Change)</i>	Participants enrolled in the Consumer Driven Health Plan (CDHP) may request to make an update to their Health Savings Account (HSA) contributions during the year.	Date of Contribution Change	1
<b>Loss of Medicaid/CHIP</b> <i>(US - Loss of Medicaid / CHIP)</i>	If you or your dependent(s) lose Medicaid/ CHIP coverage, please report this change within 60 days of the event.	Date the Medicaid / CHIP Coverage Ends	60

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<b>Loss of Medicare</b> <b>(US - Loss of Medicare)</b>	If you or your dependent(s) lose Medicare coverage, please report this change within 60 days of the event.	Date the Medicare Coverage Ends	60
<b>Loss of Other Coverage</b> <b>(US - Loss of Other Coverage)</b>	If you or a dependent loses coverage elsewhere not including Medicare/Medicaid, please report this change within 31 days of the event.	Date the Other Coverage is Terminated <b>or</b> Date Dependent Moved from Another Country into the US	31
<b>Marriage</b> <b>(US - Marriage)</b>	If you get married, please report this change within 31 days of the date of the event.	Date of Marriage	31
<b>Significant Cost Change</b> <b>(US - Significant Cost Change)</b>	If you experience a cost increase of 15% or more in another employer's plan affecting spouse/domestic partner/dependent.	Date the Significant Cost Change Becomes Effective	31

*In the event there is a discrepancy between what is contained in this email and the official plan documents, the official plan documents will always govern. Capital One reserves the right to amend, modify, or terminate benefit plans and programs at any time.*