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# Enrolling in Benefits for Graduate Assistants and Interns: Birth or Adoption Life Event

## Overview

This job aid will assist you with adding a newborn or newly adopted child to your current health coverages. You have up to 31 days following the date of birth/adoption to make your changes, which will become effective on the first of the month following the date of birth/adoption. A life event cannot be future dated.

Please note that the costs reflected in this job aid are for illustration purposes only.

## Before You Begin

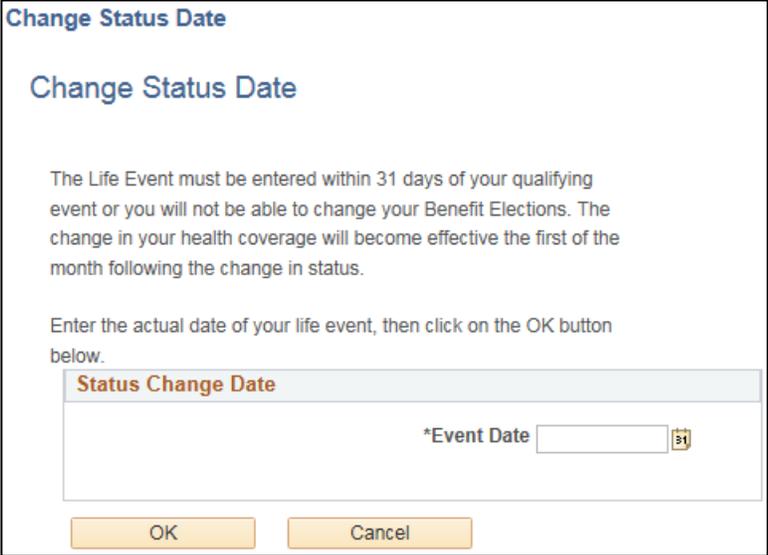
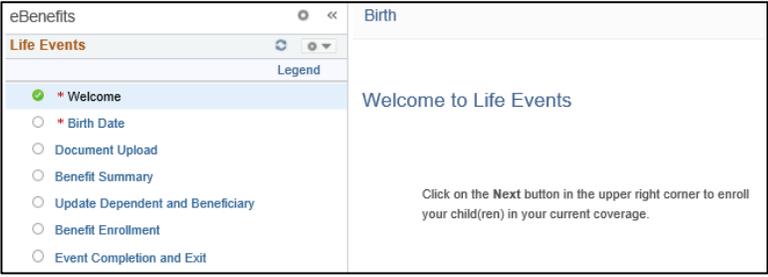
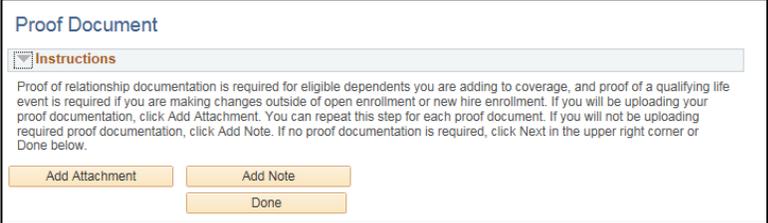
**Proof Documentation:** For a birth/adoption event, you will be required to provide a long form Birth Certificate, Adoption Decree, or Notification of Placement for Adoption in order to add your child to your current health coverages. CORE-CT self-service provides you with the opportunity to upload the proof documentation, or to indicate how the proof documentation will be provided, such as fax, mail, email or in person.

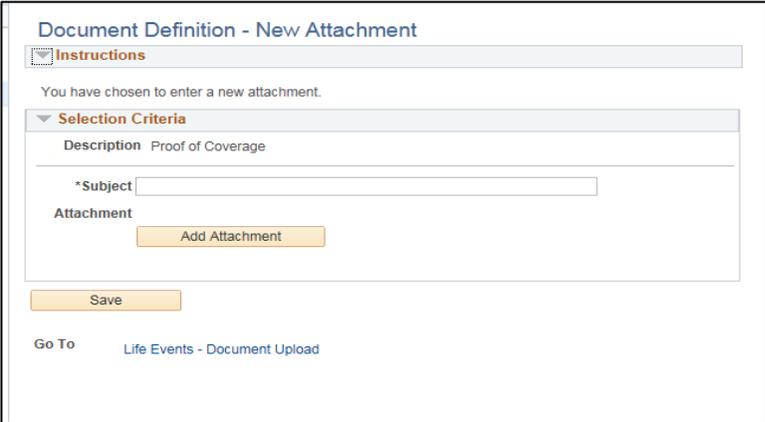
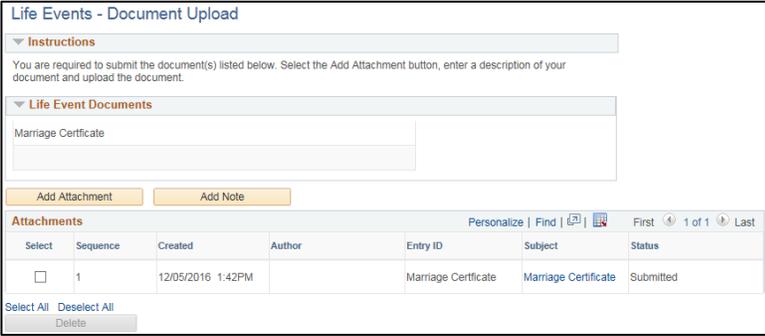
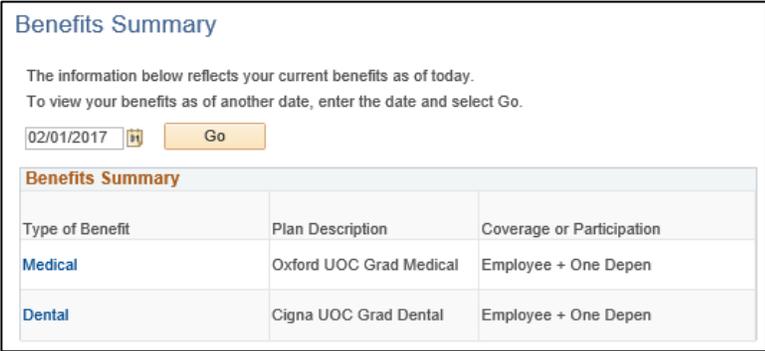
### Please note the following:

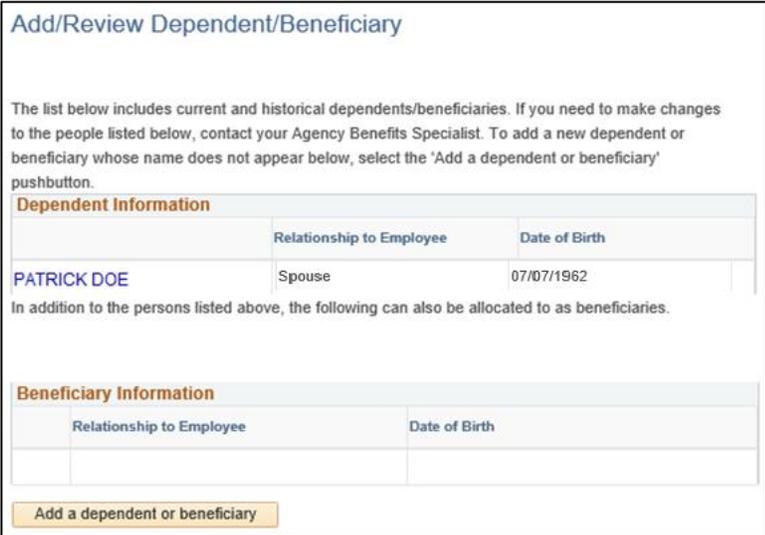
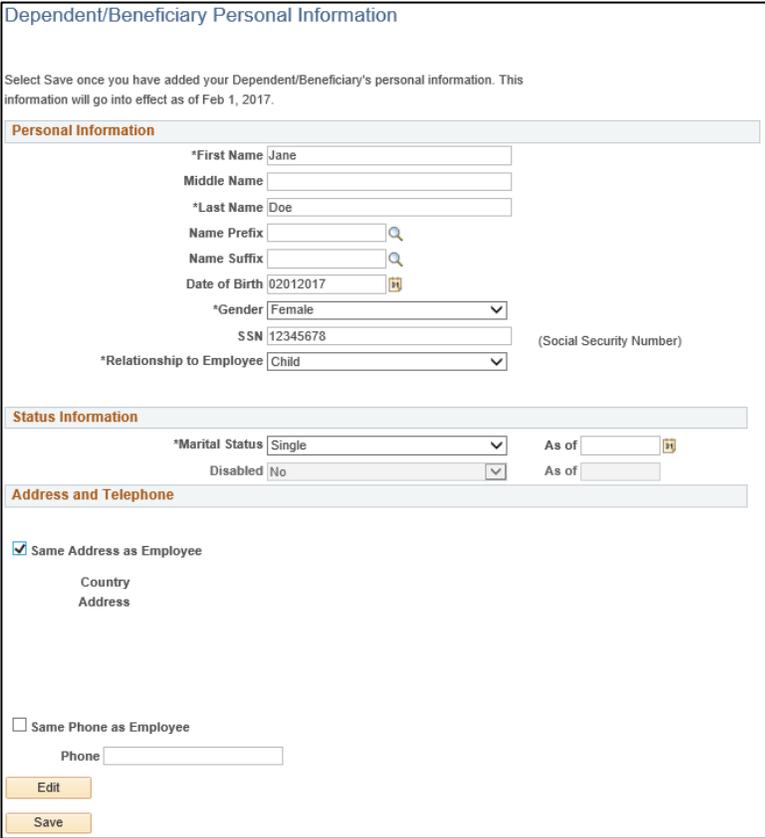
This module contains information that does not apply to Graduate Assistants and Interns. Please disregard information about:

- Health Enhancement Program (HEP)
- Family Less Employed Spouse (FLES)
- Life Insurance and Life Insurance Beneficiaries

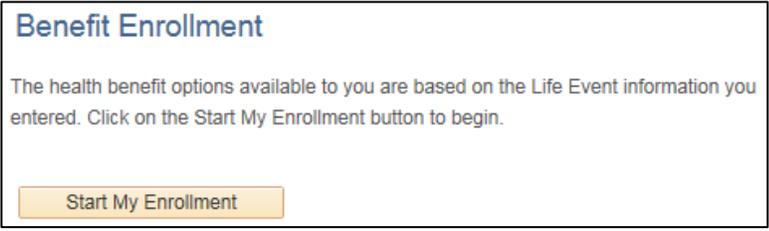
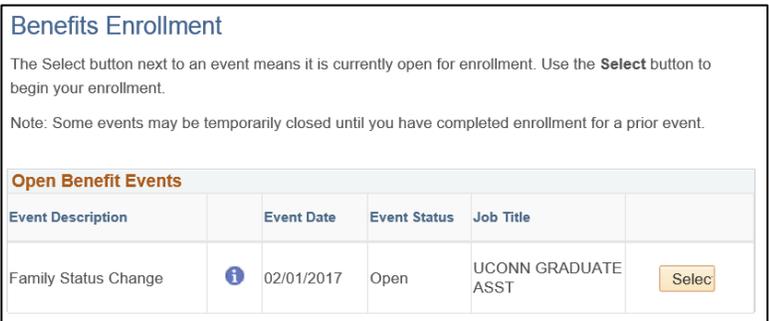
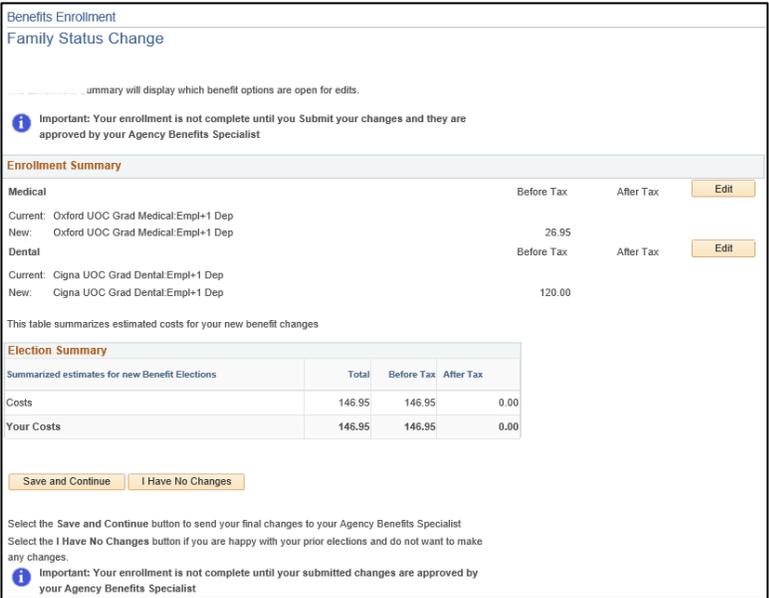
**Process Steps**

Step	Action	Screenshot
1	Navigation: <b>Main Menu &gt; Core-CT HRMS &gt; Self Service &gt; Benefits &gt; Life Events</b>	
2	On the <b>Life Events</b> page, select the <b>Birth/Adoption (Add Child)</b> option. It will take you to the <b>Change Status Date</b> page.	
3	<p>On the <b>Change Status Date</b> page, enter the <b>Event Date</b> of your birth or adoption.</p> <p><b>Reminder:</b> Future dated life events are not allowed.</p> <p>Once the date is entered, click <b>OK</b> to continue.</p>	
4	<p>You will be brought to the <b>Birth/Adoption</b> life events portal. On the left side, you can see the different steps you will be guided through to add your child to your health coverages.</p> <p>Click on the <b>Next</b> button in the upper right corner to move to the <b>Life Events – Document Upload</b> page.</p>	
5	<p>For a birth or adoption event, the following are considered proof documents:</p> <ul style="list-style-type: none"> <li>• Long form Birth Certificate</li> <li>• Adoption Decree or Notification of Placement for Adoption</li> </ul> <p>If you are not providing your proof documentation</p>	

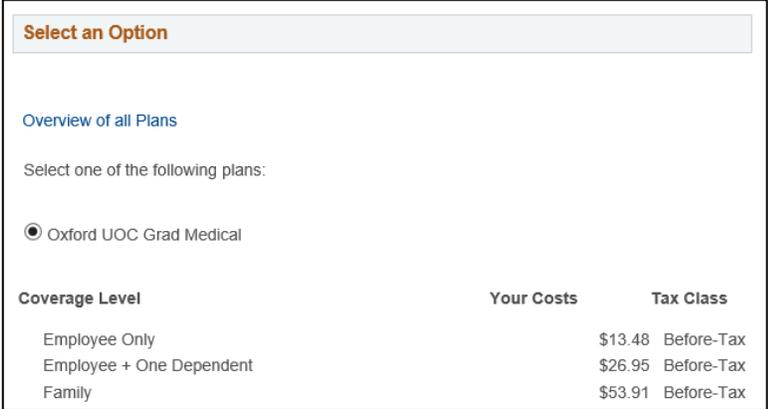
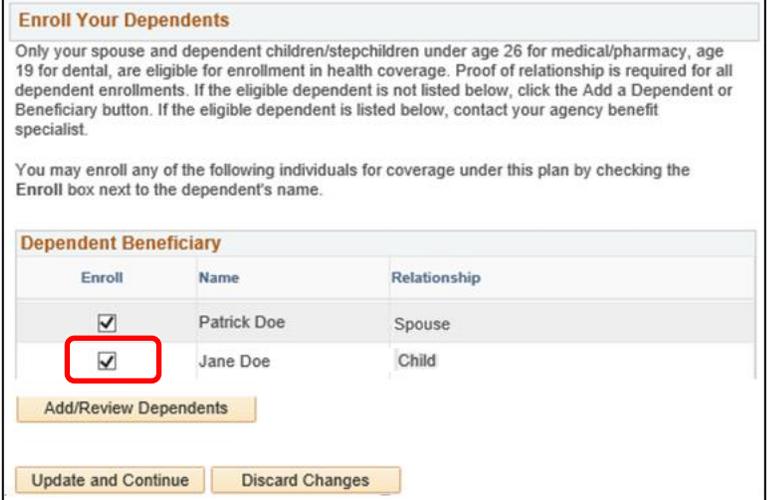
Step	Action	Screenshot
	<p>in self-service, click <b>Add Note</b> and indicate how you will be providing the proof documentation to your Agency Benefits Specialist, such as by fax, mail, email or in person.</p> <p>If you are uploading your proof documentation in self-service, click on <b>Add Attachment</b>.</p> <p>On the <b>Document Definition – New Attachment</b> page, type the name of the document you will be uploading, such as birth certificate for [name of child]. Then click <b>Add Attachment</b>. A <b>File Attachment</b> pop-up box will appear. Click on <b>Browse</b> to locate the document you will be uploading. Once the document location appears in the box to the left of <b>Browse</b>, click on <b>Upload</b>. The name of your document will now appear to the right of <b>Attachment</b> under the <b>Subject</b>. Click on <b>Save</b> to save your attachment.</p> <p>Repeat the <b>Add Attachment</b> steps for each proof document you are providing via self-service.</p> <p>If you have added a document in error and wish to delete it, check the <b>Select</b> box on the row of the document you wish to delete and the <b>Delete</b> button will be available to click.</p> <p>Once your proof documentation is uploaded or your note is added, click on the <b>Next</b> button in the upper right corner to move to the <b>Benefit Summary</b> step.</p>	 <p>The screenshot shows the 'Document Definition - New Attachment' page. It includes an 'Instructions' section, a 'Selection Criteria' section with a description of 'Proof of Coverage', a text input for '*Subject', and an 'Attachment' section with a file browser and an 'Add Attachment' button. There is also a 'Save' button and a 'Go To' link for 'Life Events - Document Upload'.</p>  <p>The screenshot shows the 'Life Events - Document Upload' page. It includes an 'Instructions' section, a 'Life Event Documents' section with a list of documents (e.g., Marriage Certificate), and an 'Attachments' table. The table has columns for Select, Sequence, Created, Author, Entry ID, Subject, and Status. Below the table are buttons for 'Select All', 'Deselect All', and 'Delete'.</p>
6	<p>The <b>Benefit Summary</b> page reflects your current coverages as of <u>today's date</u>. Click on each Type of Benefit to view additional information.</p> <p>To see your summary for a different date, update the date and click <b>Go</b>.</p> <p>When you are done reviewing the <b>Benefits Summary</b>, click on the <b>Next</b> button in the upper right corner to move to the <b>Update Dependent and Beneficiary</b> page.</p>	 <p>The screenshot shows the 'Benefits Summary' page. It includes a date selector (02/01/2017) and a 'Go' button. Below is a table with columns for Type of Benefit, Plan Description, and Coverage or Participation. The table lists 'Medical' and 'Dental' benefits with their respective plan descriptions and coverage details.</p>

Step	Action	Screenshot												
7	<p>The people listed as Dependents on the <b>Add/Review Dependent/Beneficiary</b> page are currently eligible for coverage.</p> <p>Click <b>Add a dependent or beneficiary</b> to add your new child.</p>	 <p><b>Add/Review Dependent/Beneficiary</b></p> <p>The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' pushbutton.</p> <table border="1"> <thead> <tr> <th>Dependent Information</th> <th>Relationship to Employee</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td>PATRICK DOE</td> <td>Spouse</td> <td>07/07/1962</td> </tr> </tbody> </table> <p>In addition to the persons listed above, the following can also be allocated to as beneficiaries.</p> <table border="1"> <thead> <tr> <th>Beneficiary Information</th> <th>Relationship to Employee</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Add a dependent or beneficiary</b></p>	Dependent Information	Relationship to Employee	Date of Birth	PATRICK DOE	Spouse	07/07/1962	Beneficiary Information	Relationship to Employee	Date of Birth			
Dependent Information	Relationship to Employee	Date of Birth												
PATRICK DOE	Spouse	07/07/1962												
Beneficiary Information	Relationship to Employee	Date of Birth												
8	<p>In this example, <b>Jane Doe</b> was added as a new dependent and the following information was entered:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Social Security Number*</li> <li>• Relationship to Employee</li> <li>• Marital Status</li> <li>• Same Address as Employee</li> </ul> <p>*For newborns, the enrollment can be processed without a social security number. This can be added later through your Agency Benefits Specialist.</p> <p><b>Important Note: Carefully review the information you entered for accuracy before clicking Save.</b> Once the information is saved, you will <u>not</u> be able to make changes. Changes must be requested through your Agency Benefit Specialist.</p> <p>After your careful review, click <b>Save</b>. A confirmation page will appear. Click <b>OK</b>.</p> <p>Click on the <b>Next</b> button in the upper right corner to move to the <b>Benefit Enrollment</b> step.</p>	 <p><b>Dependent/Beneficiary Personal Information</b></p> <p>Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Feb 1, 2017.</p> <p><b>Personal Information</b></p> <p>*First Name: Jane      Middle Name:       *Last Name: Doe      Name Prefix:       Name Suffix:       Date of Birth: 02/01/2017      *Gender: Female      SSN: 12345678 (Social Security Number)      *Relationship to Employee: Child</p> <p><b>Status Information</b></p> <p>*Marital Status: Single As of:       Disabled: No As of:   <b>Address and Telephone</b></p> <p><input checked="" type="checkbox"/> Same Address as Employee      Country:       Address:   <input type="checkbox"/> Same Phone as Employee      Phone:   <b>Edit</b>  <b>Save</b></p>												

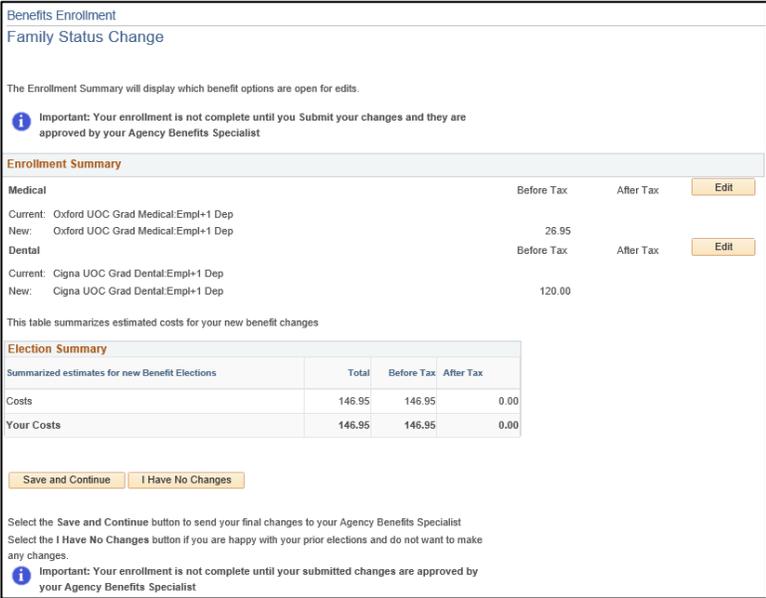
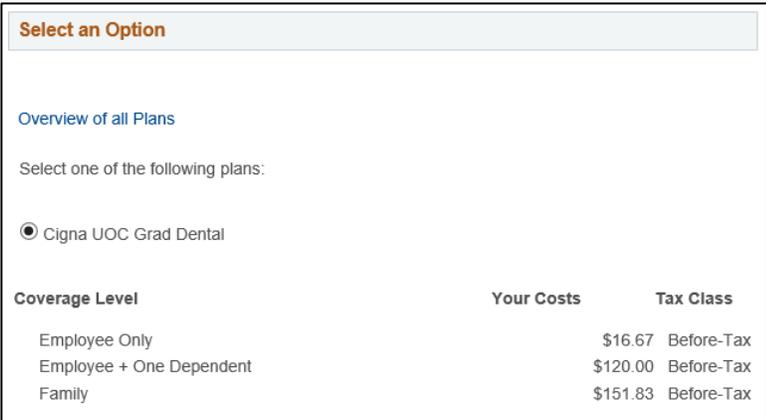
Core CT Job Aid: Enrolling in Benefits for Graduates:  
Birth or Adoption Life Event

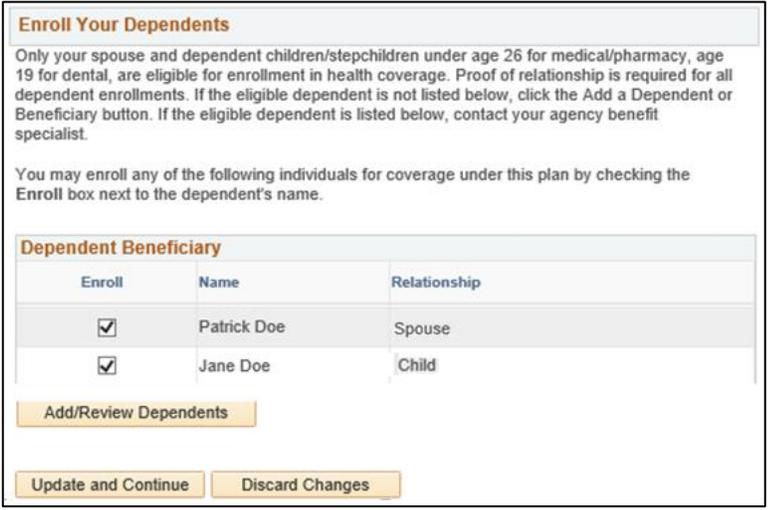
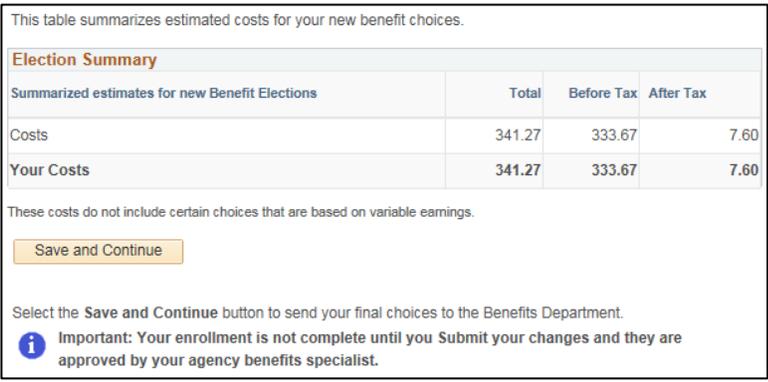
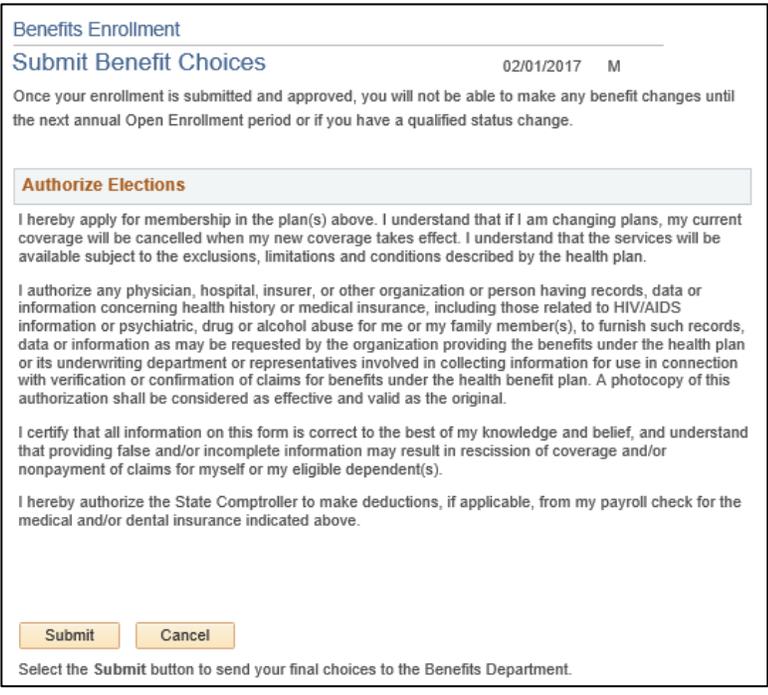
Step	Action	Screenshot
9	Click <b>Start My Enrollment</b> to begin your benefit enrollment	
10	<p>The <b>Select</b> button next to an event means that the event is currently open for enrollment. Click on <b>Select</b> on the <b>Family Status Change</b> row.</p> <p><b>Note:</b> After you click <b>Select</b>, it will take a few seconds for the <b>Family Status Change</b> page to load.</p>	
11	<p>The <b>Family Status Change</b> page is where you will make changes to your current health coverages by clicking on the <b>Edit</b> button next to each of the following:</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> </ul> <p>Your Current coverages are reflected. The New coverages will reflect your Current coverages unless you click <b>Edit</b> and make changes.</p> <p>To add your child to Medical coverage, click <b>Edit</b> next to <b>Medical</b>.</p>	

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Step	Action	Screenshot												
12	<p>The <b>Benefits Enrollment – Medical</b> page reflects your current coverage and your costs for each Coverage Level.</p> <p>Your Coverage Level is based on the number of dependents that are enrolled.</p> <p>Scroll to the bottom of the page.</p>	 <p><b>Select an Option</b></p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> Oxford UOC Grad Medical</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$13.48</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + One Dependent</td> <td>\$26.95</td> <td>Before-Tax</td> </tr> <tr> <td>Family</td> <td>\$53.91</td> <td>Before-Tax</td> </tr> </tbody> </table>	Coverage Level	Your Costs	Tax Class	Employee Only	\$13.48	Before-Tax	Employee + One Dependent	\$26.95	Before-Tax	Family	\$53.91	Before-Tax
Coverage Level	Your Costs	Tax Class												
Employee Only	\$13.48	Before-Tax												
Employee + One Dependent	\$26.95	Before-Tax												
Family	\$53.91	Before-Tax												
13	<p>At the bottom of the page, your dependents that are eligible for enrollment in health coverage will appear.</p> <p>Check the <b>Enroll checkbox</b> for your new child. Then, click <b>Update and Continue</b>. You will be brought back to the <b>Benefits Enrollment</b> page.</p>	 <p><b>Enroll Your Dependents</b></p> <p>Only your spouse and dependent children/stepchildren under age 26 for medical/pharmacy, age 19 for dental, are eligible for enrollment in health coverage. Proof of relationship is required for all dependent enrollments. If the eligible dependent is not listed below, click the Add a Dependent or Beneficiary button. If the eligible dependent is listed below, contact your agency benefit specialist.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Patrick Doe</td> <td>Spouse</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Jane Doe</td> <td>Child</td> </tr> </tbody> </table> <p>Add/Review Dependents</p> <p>Update and Continue Discard Changes</p>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Patrick Doe	Spouse	<input checked="" type="checkbox"/>	Jane Doe	Child			
Enroll	Name	Relationship												
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Step	Action	Screenshot												
14	<p>On the <b>Benefits Enrollment</b> page, click <b>Edit</b> next to Dental if you wish to add your child to your dental coverage.</p>	 <p>The screenshot shows the 'Benefits Enrollment' page with a 'Family Status Change' section. It includes an 'Enrollment Summary' table for Medical and Dental coverage, and an 'Election Summary' table. The 'Election Summary' table is as follows:</p> <table border="1"> <thead> <tr> <th>Summarized estimates for new Benefit Elections</th> <th>Total</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>146.95</td> <td>146.95</td> <td>0.00</td> </tr> <tr> <td>Your Costs</td> <td>146.95</td> <td>146.95</td> <td>0.00</td> </tr> </tbody> </table> <p>Buttons for 'Save and Continue' and 'I Have No Changes' are visible at the bottom of the screenshot.</p>	Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	146.95	146.95	0.00	Your Costs	146.95	146.95	0.00
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax											
Costs	146.95	146.95	0.00											
Your Costs	146.95	146.95	0.00											
15	<p>The <b>Benefits Enrollment – Dental</b> page reflects your current coverage and your costs for each Coverage Level.</p> <p>Your Coverage Level is based on the number of dependents that are enrolled.</p> <p>Scroll to the bottom of the page.</p>	 <p>The screenshot shows the 'Select an Option' page. It includes an 'Overview of all Plans' section with a radio button selected for 'Cigna UOC Grad Dental'. Below this is a table for 'Coverage Level' with columns for 'Your Costs' and 'Tax Class'.</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$16.67</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + One Dependent</td> <td>\$120.00</td> <td>Before-Tax</td> </tr> <tr> <td>Family</td> <td>\$151.83</td> <td>Before-Tax</td> </tr> </tbody> </table>	Coverage Level	Your Costs	Tax Class	Employee Only	\$16.67	Before-Tax	Employee + One Dependent	\$120.00	Before-Tax	Family	\$151.83	Before-Tax
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Step	Action	Screenshot												
16	<p>At the bottom of the <b>Benefits Enrollment - Dental</b> page, check the <b>Enroll checkbox</b> for your new child. Then, click <b>Update and Continue</b>. You will be brought back to the <b>Benefits Enrollment</b> page.</p>	 <p><b>Enroll Your Dependents</b></p> <p>Only your spouse and dependent children/stepchildren under age 26 for medical/pharmacy, age 19 for dental, are eligible for enrollment in health coverage. Proof of relationship is required for all dependent enrollments. If the eligible dependent is not listed below, click the Add a Dependent or Beneficiary button. If the eligible dependent is listed below, contact your agency benefit specialist.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.</p> <table border="1" data-bbox="797 537 1533 684"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Patrick Doe</td> <td>Spouse</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Jane Doe</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> <p><b>Update and Continue</b> <b>Discard Changes</b></p>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Patrick Doe	Spouse	<input checked="" type="checkbox"/>	Jane Doe	Child			
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<input checked="" type="checkbox"/>	Patrick Doe	Spouse												
<input checked="" type="checkbox"/>	Jane Doe	Child												
17	<p>On the bottom of the page, the <b>Election Summary</b> table summarizes the costs for your New coverages.</p> <p>Click <b>Save and Continue</b> to submit your changes to your Agency Benefits Specialist.</p>	 <p>This table summarizes estimated costs for your new benefit choices.</p> <p><b>Election Summary</b></p> <table border="1" data-bbox="789 877 1544 1020"> <thead> <tr> <th>Summarized estimates for new Benefit Elections</th> <th>Total</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>341.27</td> <td>333.67</td> <td>7.60</td> </tr> <tr> <td>Your Costs</td> <td>341.27</td> <td>333.67</td> <td>7.60</td> </tr> </tbody> </table> <p>These costs do not include certain choices that are based on variable earnings.</p> <p><b>Save and Continue</b></p> <p>Select the <b>Save and Continue</b> button to send your final choices to the Benefits Department.</p> <p><b>i</b> Important: Your enrollment is not complete until you Submit your changes and they are approved by your agency benefits specialist.</p>	Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	341.27	333.67	7.60	Your Costs	341.27	333.67	7.60
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax											
Costs	341.27	333.67	7.60											
Your Costs	341.27	333.67	7.60											
18	<p>You have almost completed your enrollment.</p> <p>If you have no further changes, read the <b>Authorize Elections</b> section and click <b>Submit</b>.</p> <p>Your coverage changes will be sent to your Agency Benefits Specialist. Once your enrollment is processed and approved by your Agency Benefits Specialist, you will be sent a Confirmation Statement.</p>	 <p><b>Benefits Enrollment</b> <b>Submit Benefit Choices</b> 02/01/2017 M</p> <p>Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.</p> <p><b>Authorize Elections</b></p> <p>I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions described by the health plan.</p> <p>I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.</p> <p>I certify that all information on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).</p> <p>I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.</p> <p><b>Submit</b> <b>Cancel</b></p> <p>Select the <b>Submit</b> button to send your final choices to the Benefits Department.</p>												

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Step	Action	Screenshot
19	<p>Click <b>OK</b> on the <b>Submit Confirmation</b> page to complete the birth/adoption event.</p> <p>Your coverage changes will be sent to your Agency Benefits Specialist. Once your enrollment is processed and approved by your Agency Benefits Specialist, you will be sent a Confirmation Statement.</p>	