Enrolling in Benefits for Graduate Assistants and Interns:

Loss of Coverage Life Event

Overview

This job aid will assist you in enrolling yourself and your eligible dependents in health coverages due to a recent loss of coverage through another source. You have up to 31 days following the date coverage was lost to make your elections, which will become effective on the first of the month following the date coverage was lost.

If the loss of coverage occurred in the past 31 days, you will start on Step 1. If the loss of coverage date is in the future, you must first contact your Agency Benefits Specialist to open the event, and you will begin at Step 10 after the following navigation: Main Menu>CORE-CT HRMS>Self Service>Benefits>Benefits Enrollment.

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

Before You Begin

Please refer to the list of items below prior to starting your loss of coverage life event in Core-CT:

1. **Proof Documentation:** You must provide proof documentation for life events. Core-CT provides you with the option to electronically upload your proof documentation, or to indicate how the proof documentation will be provided, such as fax, mail, email or in person. For a loss of coverage event, you will be required to provide the following:
   - Proof of loss of coverage, such as a COBRA notice or employer letter stating loss of coverage, with the date of loss for each coverage and the name of each person losing coverage
   - Marriage Certificate to add a spouse
   - Long form Birth Certificates to add children/stepchilden

2. **Social Security Number:** You will be requested to provide the Social Security Number for any dependent(s) you are adding to coverage (spouse and any children).

3. **Legal Guardianship/Disabled Children:** The following children cannot be processed through self-service and require that you contact your Agency Benefits Specialist for assistance:
   - Children for whom you are legal guardian
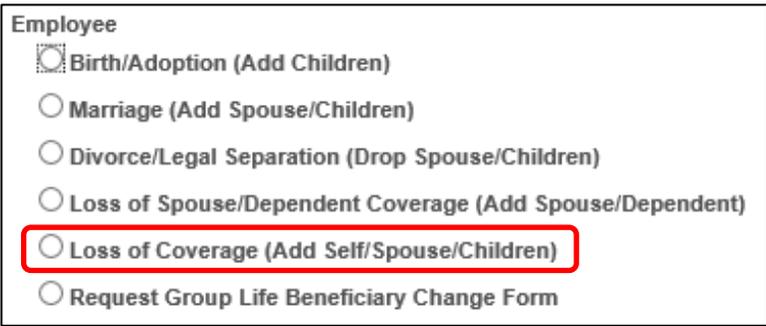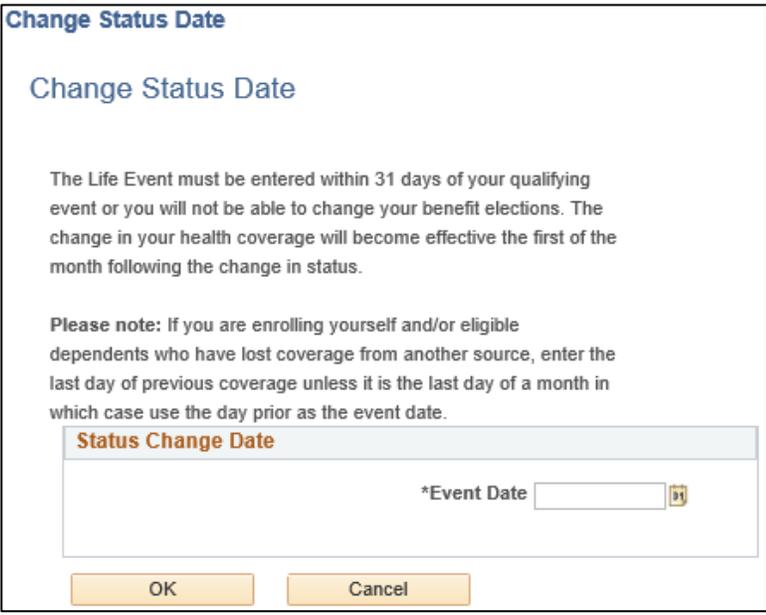   - Disabled children over the age limit for coverage
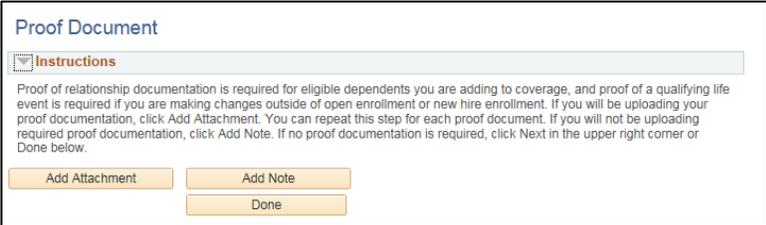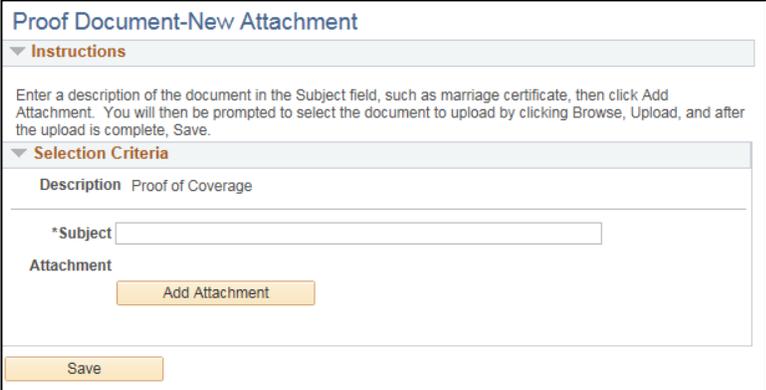
Please note the following:

This module contains information that does not apply to Graduate Assistants and Interns. Please disregard information about:
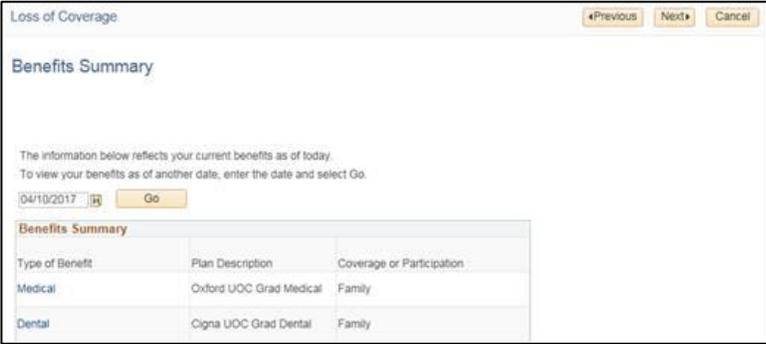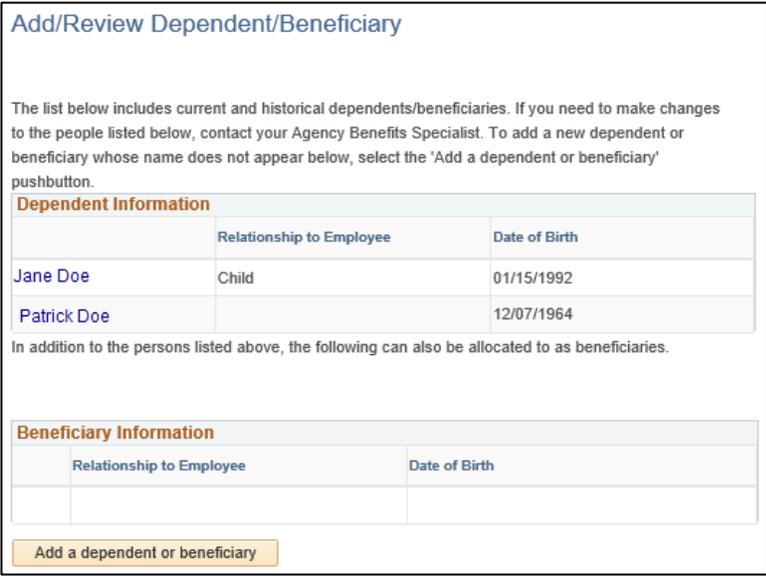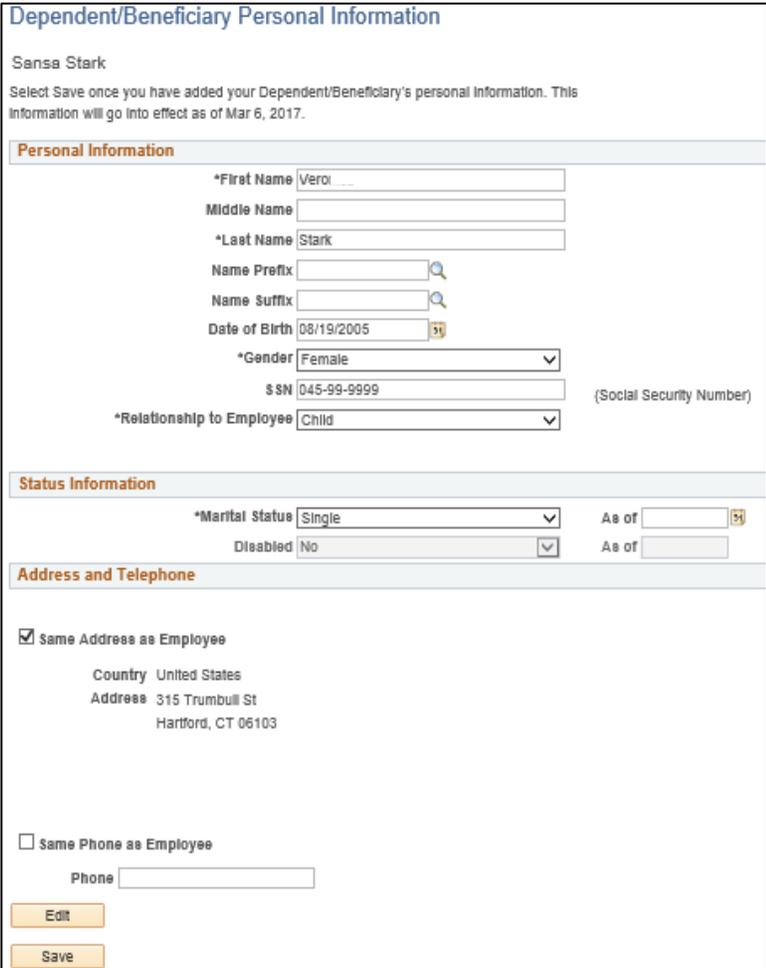   - Health Enhancement Program (HEP)
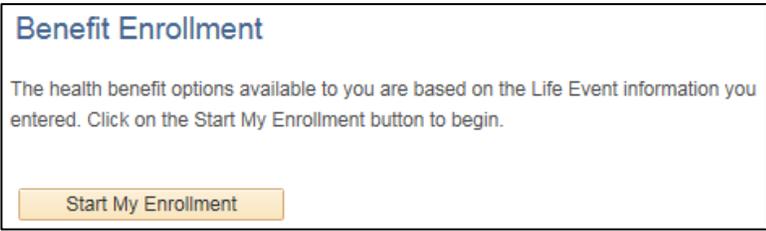   - Family Less Employed Spouse (FLES)
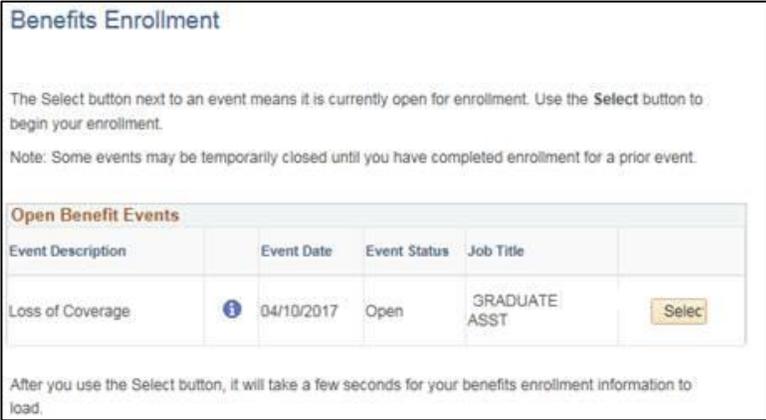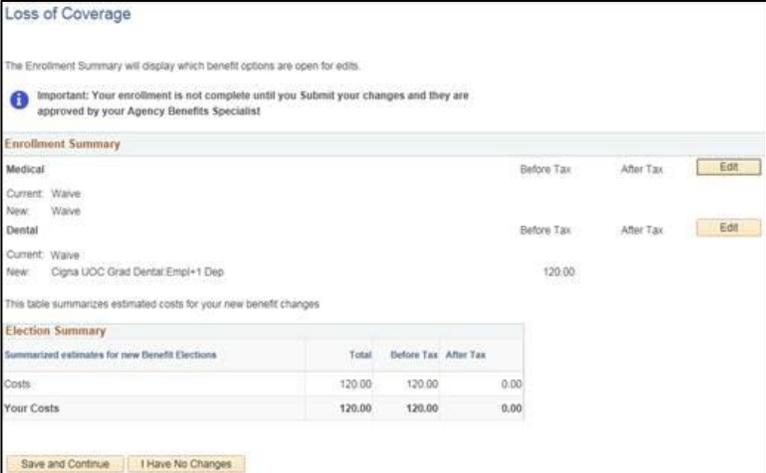
- Life Insurance and Life Insurance Beneficiaries

Process Steps

Step	Action	Screenshot
1	Navigation: **Main Menu > Core-CT HRMS > Self Service > Benefits > Life Events**	
2	On the **Life Events** page, select the **Loss of Coverage (Add Self/Spouse/Children)** option. It will take you to the **Change Status Date** page.	Employee ○ Birth/Adoption (Add Children) ○ Marriage (Add Spouse/Children) ○ Divorce/Legal Separation (Drop Spouse/Children) ○ Loss of Spouse/Dependent Coverage (Add Spouse/Dependent) ○ Loss of Coverage (Add Self/Spouse/Children) ○ Request Group Life Beneficiary Change Form
3	On the **Change Status Date** page, enter the **Event Date** you lost benefits coverage. The event date is the last date you were covered through another source, underline that date is the last day of a month, in which case the date prior to the last day of the month should be used. For example, if the last date of coverage was July 31, enter July 30. **Reminder:** Future dated life events cannot be entered. Once the date is entered, click **OK** to continue.	**Change Status Date** Change Status Date The Life Event must be entered within 31 days of your qualifying event or you will not be able to change your benefit elections. The change in your health coverage will become effective the first of the month following the change in status. Please note: If you are enrolling yourself and/or eligible dependents who have lost coverage from another source, enter the last day of previous coverage unless it is the last day of a month in which case use the day prior as the event date. **Status Change Date** *Event Date [ ] OK Cancel
4	You will be brought to the **Loss of Coverage** life events portal. On the left side, you can see the different steps you will be guided through to enroll in health coverages. Click on the **Next** button in the upper right corner to move to the **Life Events – Document Upload** page.	

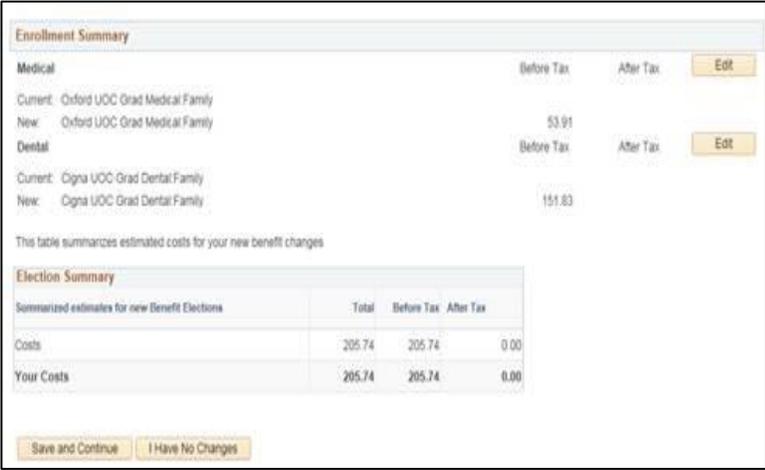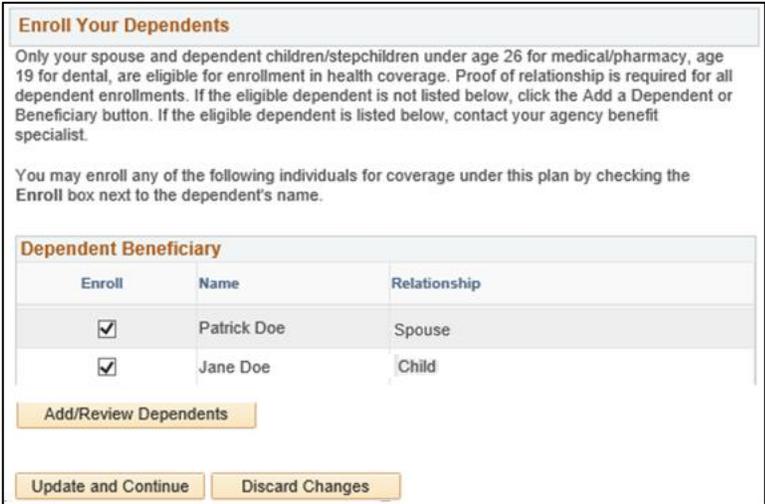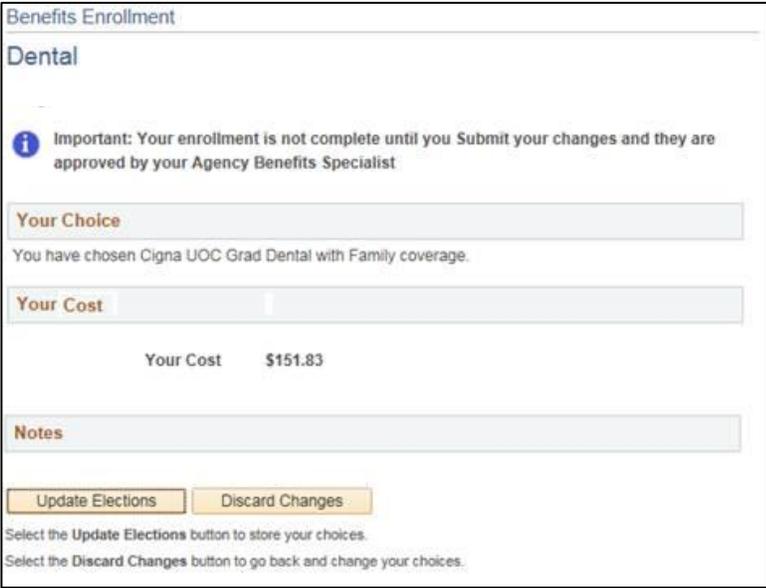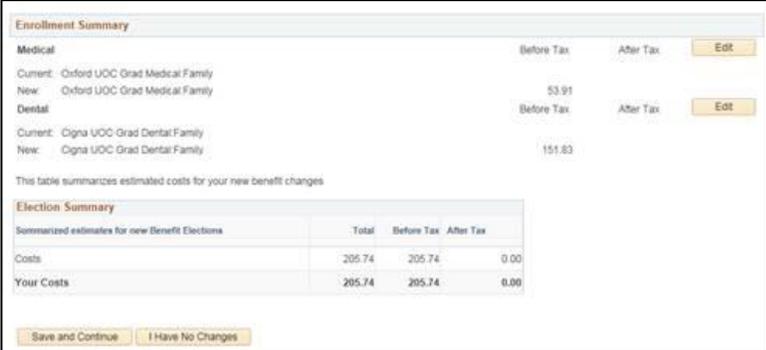| Step	Action	Screenshot
5	For a loss of coverage event, the following are considered proof of loss of dependent coverage: • COBRA Notice • Letter from Employer stating loss of coverage, with the date of loss for each coverage and the name of each dependent losing coverage When enrolling eligible dependents to coverage, the following are considered proof of relationship documentation: • Marriage Certificate for spouse • Long form Birth Certificate(s) for children or stepchildren • Adoption Decree or Notification of Placement for Adoption If you are not providing your proof documentation in self-service, click **Add Note** and indicate how you will be providing the proof documentation to your Agency Benefits Specialist, such as by fax, mail, email or in person. If you are uploading your proof documentation in self-service, click on **Add Attachment**. On the **Document Definition – New Attachment** page, type the name of the document you will be uploading, such as marriage certificate or birth certificate for [name of child/stepchild]. Then click **Add Attachment**. A **File Attachment** pop-up box will appear. Click on **Browse** to locate the document you will be uploading. Once the document location appears in the box to the left of **Browse**, click on **Upload**. The name of your document will now appear to the right of **Attachment** under the **Subject**. Click on **Save** to save your attachment. Repeat the **Add Attachment** steps for each proof document you are providing via self-service. If you have added a document in error and wish to delete it, check the **Select** box on the row of the document you wish to delete and the **Delete** button will be available to click.	**Proof Document** Instructions Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click Add Attachment. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click Add Note. If no proof documentation is required, click Next in the upper right corner or Done below. [Add Attachment] [Add Note] [Done] **Proof Document-New Attachment** Instructions Enter a description of the document in the Subject field, such as marriage certificate, then click Add Attachment. You will then be prompted to select the document to upload by clicking Browse, Upload, and after the upload is complete, Save. Selection Criteria Description Proof of Coverage *Subject [ ] Attachment [Add Attachment] [Save] [Add Attachment] [Add Note] Attachments Personalize | Find | First 1 of 1 Last | Select	Sequence	Created	Author	Entry ID	Subject	Status
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☐	1	03/14/2017 6:03PM	Sansa Stark	Proof of Coverage	sample document	Submitted	 Select All Deselect All [Delete] [Done]

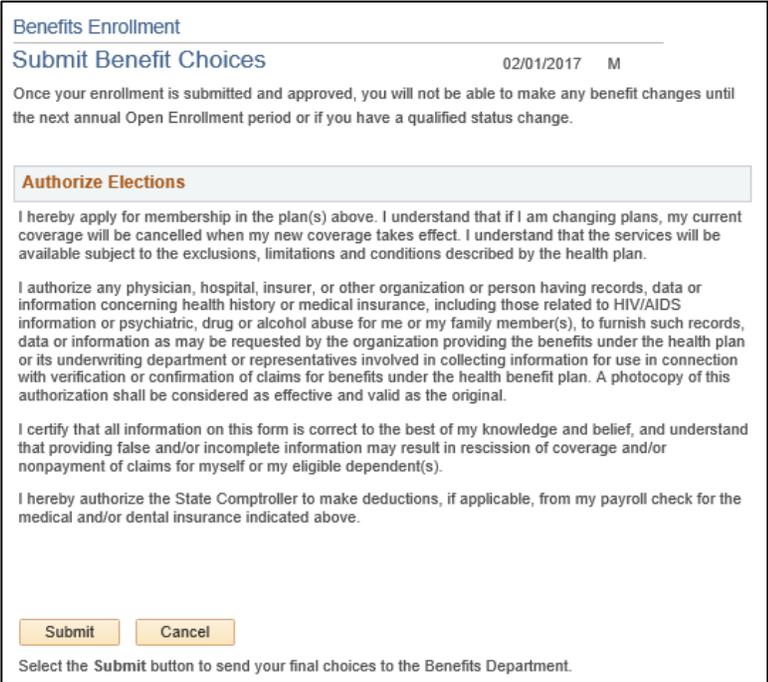| Step	Action	Screenshot
	Once your proof documentation is uploaded or your note is added, click on the **Next** button in the upper right corner to move to the **Benefit Summary** step.	
6	The **Benefit Summary** page reflects your current coverages as of <u>today's date</u>. Click on each Type of Benefit to view additional information. To see your summary for a different date, update the date and click **Go.** When you are done reviewing the **Benefits Summary**, click on the **Next** button in the upper right corner to move to the **Update Dependent and Beneficiary** page.	Loss of Coverage　　　　　　　　◀Previous　Next▶　Cancel Benefits Summary The information below reflects your current benefits as of today. To view your benefits as of another date, enter the date and select Go. 04/10/2017 ▥　Go **Benefits Summary** Type of Benefit　Plan Description　Coverage or Participation Medical　Oxford UOC Grad Medical　Family Dental　Cigna UOC Grad Dental　Family
7	The people listed as Dependents on the **Add/Review Dependent/Beneficiary** page are currently eligible for health coverages. Reminder: If your spouse or children/stepchildren are listed as Beneficiaries, but not Dependents, you will not be able to enroll them in your health coverages until their information has been updated. Contact your Agency Benefits Specialist to make changes to the information for your spouse and any children/stepchildren. Click **Add a dependent or beneficiary** to add your dependent(s) to your coverage.	Add/Review Dependent/Beneficiary 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. **Dependent Information** 　　Relationship to Employee　Date of Birth Jane Doe　Child　01/15/1992 Patrick Doe　　12/07/1964 In addition to the persons listed above, the following can also be allocated to as beneficiaries. **Beneficiary Information** 　Relationship to Employee　Date of Birth Add a dependent or beneficiary

Step	Action	Screenshot
8	You will be prompted to enter information about the dependent you are adding. For example, **Vero Stark** was added as a new dependent and the following information was entered: • First Name • Last Name • Date of Birth • Gender • Social Security Number • Relationship to Employee* • Marital Status • Same Address as Employee *Only spouses, children and stepchildren are eligible dependents for enrollment in health coverages. **Important Note**: **Carefully review the information you entered for accuracy before clicking Save.** Once the information is saved, you will <u>not</u> be able to make changes. Changes must be requested through your Agency Benefit Specialist. After your careful review, click **Save.** A confirmation page will appear. Click **OK**. Click on the **Next** button in the upper right corner to move to the **Benefit Enrollment** step.	**Dependent/Beneficiary Personal Information** Sansa Stark Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Mar 6, 2017. **Personal Information** *First Name: Vero... Middle Name: *Last Name: Stark Name Prefix: Name Suffix: Date of Birth: 08/19/2005 *Gender: Female SSN: 045-99-9999 (Social Security Number) *Relationship to Employee: Child **Status Information** *Marital Status: Single As of: Disabled: No As of: **Address and Telephone** ☑ Same Address as Employee Country United States Address 315 Trumbull St Hartford, CT 06103 ☐ Same Phone as Employee Phone Edit Save
9	Click **Start My Enrollment** to begin.	**Benefit Enrollment** The health benefit options available to you are based on the Life Event information you entered. Click on the Start My Enrollment button to begin. Start My Enrollment

Step	Action	Screenshot
10	The **Select** button next to an event means that the event is currently open for enrollment. Click on **Select** on the **Loss of Coverage** row. **Note:** After you click **Select**, it will take a few seconds for the **Loss of Coverage** page to load.	
11	The **Loss of Coverage** page is where you will make changes to your current health coverages by clicking on the **Edit** button next to each coverage in which you are enrolling. Your **Current** coverages are reflected. The **New** coverages will reflect your **Current** coverages unless you click **Edit** and make changes. Click **Edit** next to **Medical** if you are enrolling in medical coverage.	
12	The **Benefits Enrollment – Medical** page reflects the available health coverage and costs for each Coverage Level. Please note the costs reflected in this job aid are for illustration purposes only. To enroll in **Medical**, click on the radial button next to the name of the Grad Medical plan.	

Step	Action	Screenshot
13	At the bottom of the page, your dependents that are eligible for enrollment in medical coverage will appear. Check the **Enroll** checkbox for each dependent you wish to enroll. Then, click **Update and Continue.** You will be brought back to the **Benefits Enrollment** page. Please note that any children or stepchildren age 26 or older are not eligible for medical and will not be listed. **Note:** If your spouse, children or stepchildren that you wish to add are not listed, click on **Add/Review Dependents**. This will bring you back to the Dependent and Beneficiary step. It's important to note that you should <u>not</u> create a new dependent record for a person who already has an established record as a dependent or beneficiary. Contact your Agency Benefits Specialist to make updates for that person. To return to **Benefits Enrollment**, you must use the left navigation and click on **Benefits Enrollment**.	**Enroll Your Dependents** 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. You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. **Dependent Beneficiary** | Enroll	Name	Relationship
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☑	Patrick Doe	Spouse
☑	Jane Doe	Child | Add/Review Dependents Update and Continue Discard Changes
14	The **Benefits Summary - Medical** page displays your choice, cost and covered dependents. When you are done reviewing the information, click on **Update Elections** at the bottom of the page.	Benefits Enrollment Medical ℹ️ Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist **Your Choice** You have chosen Oxford UOC Grad Medical with Family coverage. **Your Cost** Your Cost $53.91 **Notes** Update Elections Discard Changes Select the **Update Elections** button to store your choices. Select the **Discard Changes** button to go back and change your choices.

Step	Action	Screenshot
15	You will be brought back to the **Benefits Enrollment Summary** page. Under **Enrollment Summary**, click **Edit** next to **Dental** if you are enrolling in dental coverage.	
16	The **Benefits Enrollment – Dental** page reflects the available dental coverage and costs for each Coverage Level. Please note the costs reflected in this job aid are for illustration purposes only. To enroll in **Dental**, click on the radial button next to the name of the Grad Dental plan.	
17	At the bottom of the **Benefits Enrollment - Dental** page, click on the **Enroll** checkbox next to the name of each dependent you are enrolling. Please note that any children or stepchildren age 19 or older are not eligible for dental and will not be listed. **Note:** If your spouse, children or stepchildren that you wish to add are not listed, click on **Add/Review Dependents**. This will bring you back to the Dependent and Beneficiary step. It's important to note that you should <u>not</u> create a new dependent record for a person who already has an established record as a dependent or beneficiary. Contact your Agency Benefits Specialist to make updates for that person. To return to **Benefits Enrollment**, you must use the	

Step	Action	Screenshot
	left navigation and click on **Benefits Enrollment**. Click **Update and Continue.**	
18	The **Benefit Summary - Dental** page displays your choice, cost and covered dependents. When you are done reviewing the information, click on **Update Elections**.	Benefits Enrollment Dental ⓘ Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist **Your Choice** You have chosen Cigna UOC Grad Dental with Family coverage. **Your Cost** Your Cost $151.83 **Notes** [Update Elections] [Discard Changes] Select the **Update Elections** button to store your choices. Select the **Discard Changes** button to go back and change your choices.
19	On the bottom of the page, the **Election Summary** table summarizes the costs for your coverages. Click **Save and Continue** to submit your elections to your Agency Benefits Specialist.	Enrollment Summary Medical Before Tax After Tax [Edit] Current: Oxford UOC Grad Medical Family New: Oxford UOC Grad Medical Family 53.91 Dental Before Tax After Tax [Edit] Current: Cigna UOC Grad Dental Family New: Cigna UOC Grad Dental Family 151.83 This table summarizes estimated costs for your new benefit changes **Election Summary** Summarized estimates for new Benefit Elections Total Before Tax After Tax Costs 205.74 205.74 0.00 Your Costs 205.74 205.74 0.00 [Save and Continue] [I Have No Changes]

Step	Action	Screenshot
20	You have almost completed your enrollment. If you have no changes, read the **Authorize Elections** section and click **Submit.**	**Benefits Enrollment** **Submit Benefit Choices** 02/01/2017 M 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. **Authorize Elections** 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. 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. 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). I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above. Submit Cancel Select the **Submit** button to send your final choices to the Benefits Department.
21	Click **OK** on the **Submit Confirmation** page to complete your enrollment. Your benefits enrollment 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.	**Loss of Coverage** **Benefits Enrollment** **Submit Confirmation** Your benefit changes have been submitted to your Agency Benefit Specialist. You will receive a confirmation statement when approved by your Agency Benefit Specialist. Click on the **Next** button in the upper right corner complete your life event. The OK button below allows you to return to the Benefits Enrollment page OK