



Enrolling in Benefits for Graduate Assistants and Interns:

Loss of Dependent Coverage Life Event

Overview This job aid will assist you in adding your eligible dependents who have recently lost coverage through another source to your current health coverages. You have up to 31 days following the date coverage was lost to make your changes, which will become effective on the first of the month following the date coverage was lost. 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 Please refer to the list of items below prior to starting your loss of dependent 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 dependent coverage event, you will be required to provide the following to add dependents to your benefit elections:
 - 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 dependent losing coverage
 - Marriage Certificate to add a spouse
 - Long form Birth Certificates to add children
- 2. Social Security Number:** You will be asked to provide the Social Security Number for any dependent(s) you are adding to coverage (spouse, children, and any stepchildren).
- 3. Review Your Dependents/Beneficiaries:** Before starting a life event, review your current list of dependents and beneficiaries in Core-CT from the Benefits Summary page (Self Service > Benefits > Benefits Summary). If you are adding a person to your health benefits coverage who already has a pre-established record and changes are needed, contact your Agency Benefits Specialist to update the information prior to starting the life event.
- 4. 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

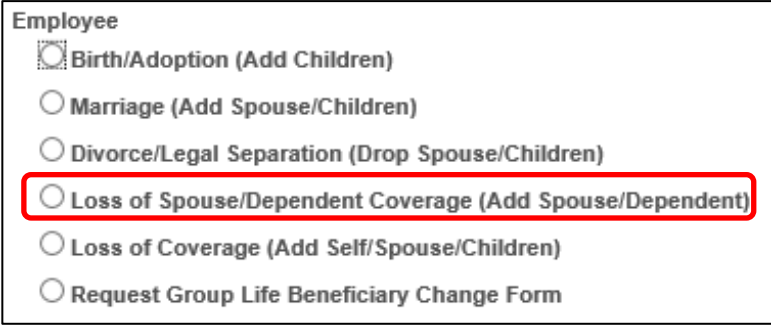
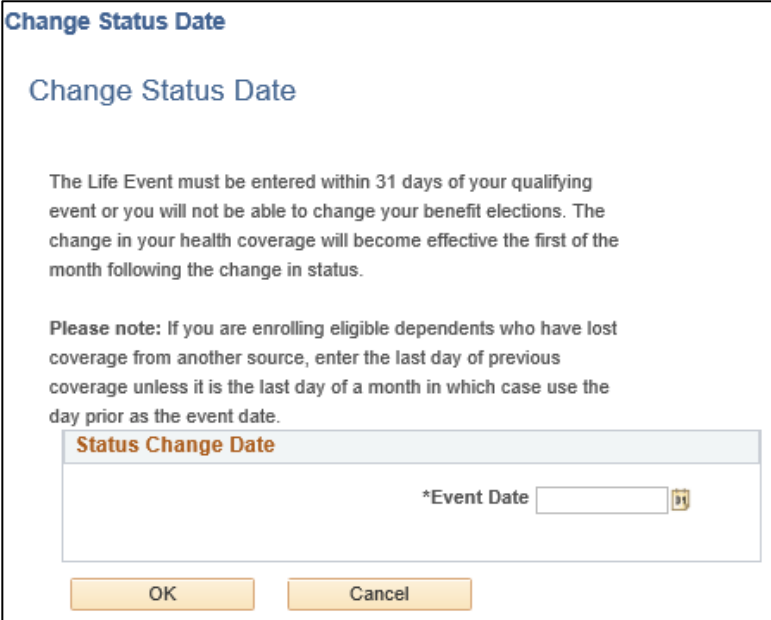

Core CT Job Aid: Enrolling in Benefits for Graduates:

Loss of Dependent Coverage Life Event

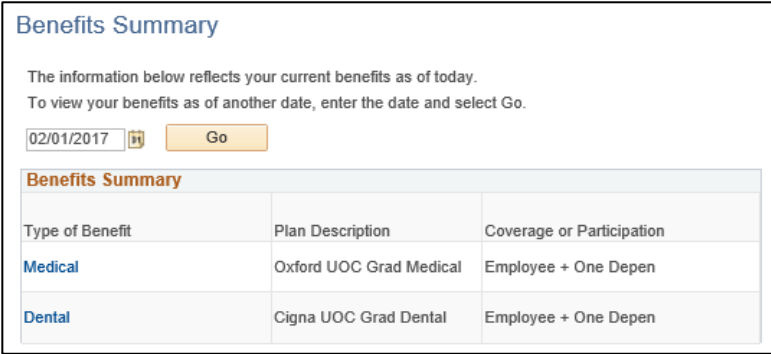
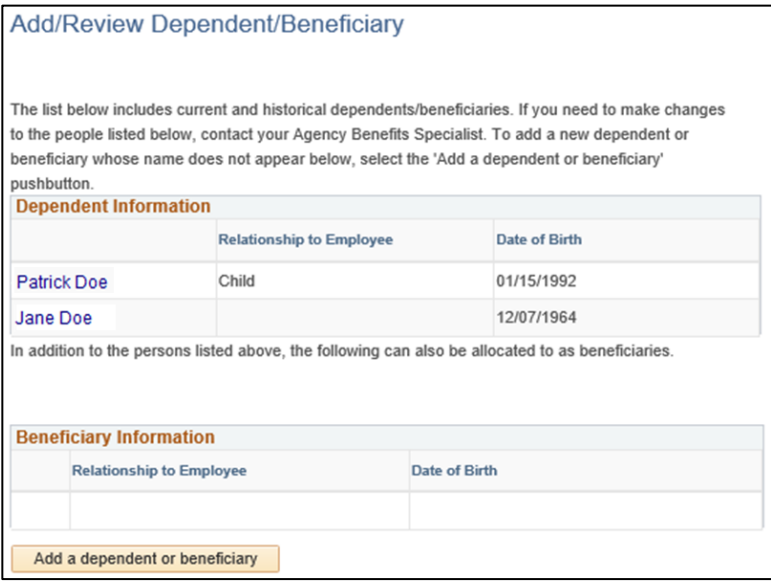
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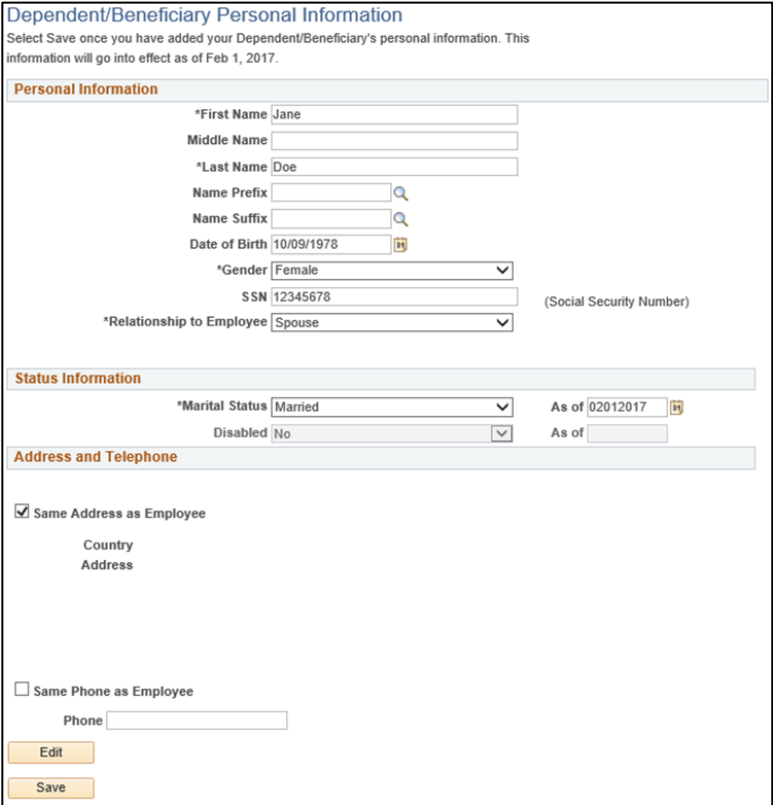
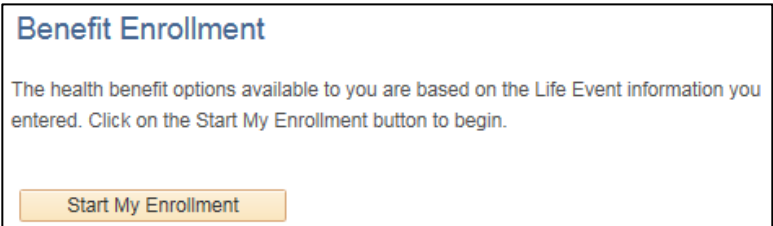
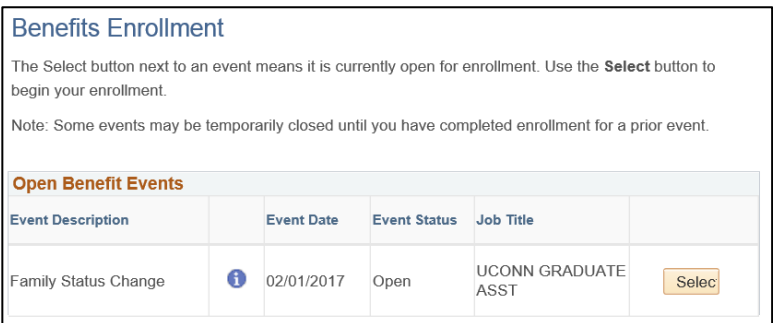
- Health Enhancement Program (HEP)
- Family Less Employed Spouse (FLES)
- Life Insurance and Life Insurance Beneficiaries

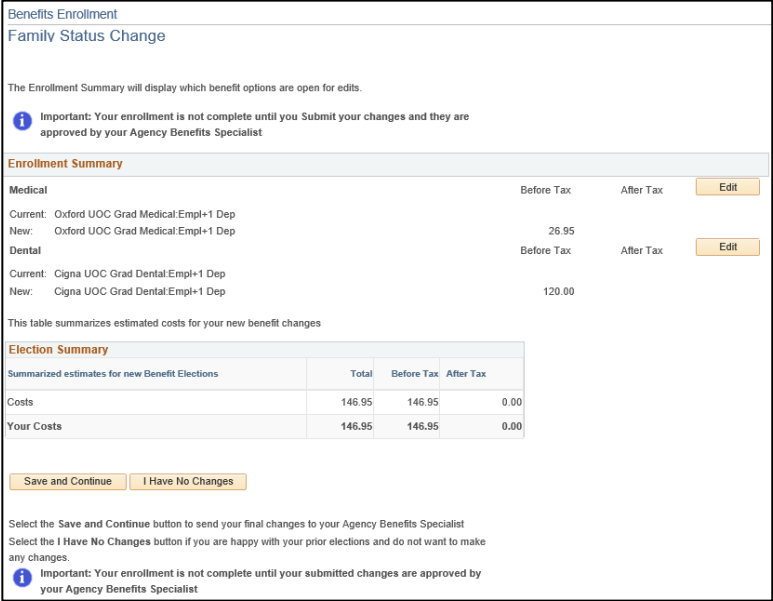
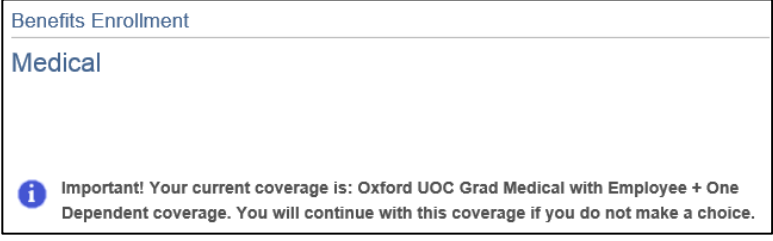
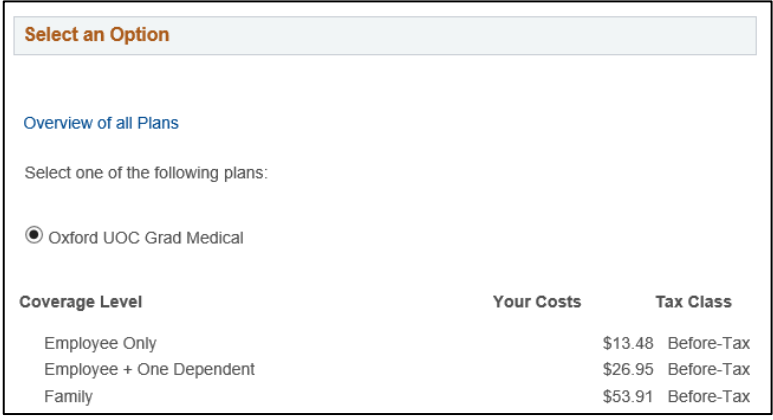
Process Steps

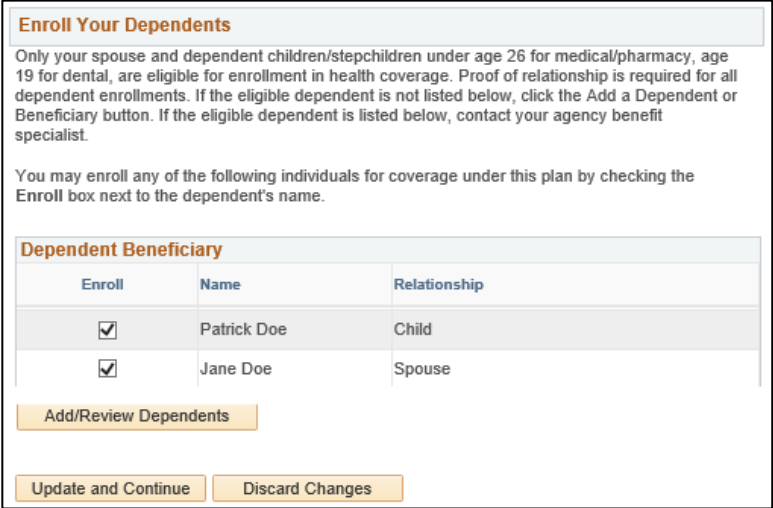
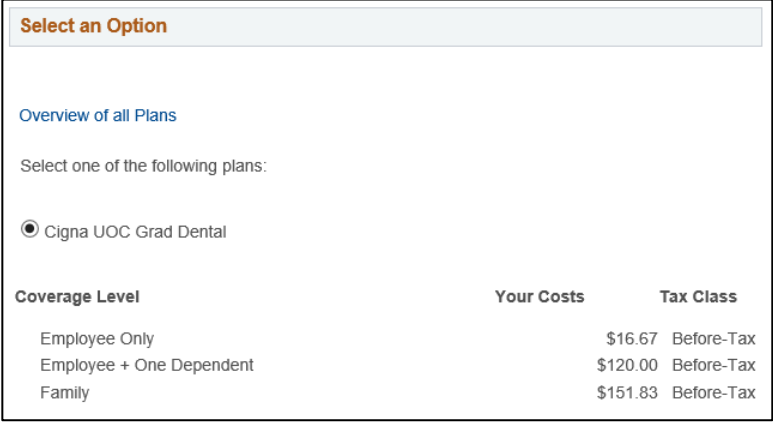
Step	Action	Screenshot
1	Navigation: Main Menu > Core-CT HRMS > Self Service > Benefits > Life Events	
2	On the Life Events page, select the Loss of Spouse/Dependent Coverage (Add Spouse/Dependent) option. It will take you to the Change Status Date page.	 <p>Employee</p> <ul style="list-style-type: none"> <input type="radio"/> Birth/Adoption (Add Children) <input type="radio"/> Marriage (Add Spouse/Children) <input type="radio"/> Divorce/Legal Separation (Drop Spouse/Children) <input checked="" type="radio"/> Loss of Spouse/Dependent Coverage (Add Spouse/Dependent) <input type="radio"/> Loss of Coverage (Add Self/Spouse/Children) <input type="radio"/> Request Group Life Beneficiary Change Form
3	<p>On the Change Status Date page, enter the Event Date your dependent(s) lost coverage.</p> <p>The event date is the last date your dependent(s) was covered through another source, <u>unless</u> 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.</p> <p>Reminder: Future dated life events are not allowed.</p> <p>Once the date is entered, click OK to continue.</p>	 <p>Change Status Date</p> <p>Change Status Date</p> <p>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.</p> <p>Please note: If you are enrolling 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.</p> <p>Status Change Date</p> <p>*Event Date <input type="text"/> 31</p> <p>OK Cancel</p>
4	<p>You will be brought to the Loss of Dependent Coverage life events portal. On the left side, you can see the different steps you will be guided through to add your dependents who have lost coverage through another source to your current health coverages.</p> <p>Click on the Next button in the upper right corner to move to the Life Events – Document Upload page.</p>	 <p>eBenefits</p> <p>Life Events</p> <p>Legend</p> <ul style="list-style-type: none"> * Welcome Document Upload Benefit Summary Dependent and Beneficiary Benefit Enrollment Event Completion and Exit <p>Loss of Dep Coverage</p> <p>Welcome to Life Events</p> <p>Click on the Next button in the upper right corner to enroll your dependents in your current coverage.</p>

Step	Action	Screenshot														
5	<p>For a loss of dependent coverage event, the following are considered proof of loss of dependent coverage:</p> <ul style="list-style-type: none"> • 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 <p>When enrolling eligible dependents to coverage, the following are considered proof of relationship documentation:</p> <ul style="list-style-type: none"> • Marriage Certificate for spouse • Long form Birth Certificate(s) for children or stepchildren • Adoption Decree or Notification of Placement for Adoption <p>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.</p> <p>If you are uploading your proof documentation in self-service, click on Add Attachment.</p> <p>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.</p> <p>Repeat the Add Attachment 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 Select box on the row of the</p>	<p>Proof Document</p> <p>Instructions</p> <p>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.</p> <p>Add Attachment Add Note Done</p> <hr/> <p>Document Definition - New Attachment</p> <p>Instructions</p> <p>You have chosen to enter a new attachment.</p> <p>Selection Criteria</p> <p>Description Proof of Coverage</p> <p>*Subject <input type="text"/></p> <p>Attachment <input type="text"/> Add Attachment</p> <p>Save</p> <p>Go To Life Events - Document Upload</p> <hr/> <p>Life Events - Document Upload</p> <p>Instructions</p> <p>You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.</p> <p>Life Event Documents</p> <p>Marriage Certificate</p> <p>Add Attachment Add Note</p> <table border="1"> <thead> <tr> <th>Select</th> <th>Sequence</th> <th>Created</th> <th>Author</th> <th>Entry ID</th> <th>Subject</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td>12/05/2016 1:42PM</td> <td></td> <td>Marriage Certificate</td> <td>Marriage Certificate</td> <td>Submitted</td> </tr> </tbody> </table> <p>Select All Deselect All Delete</p>	Select	Sequence	Created	Author	Entry ID	Subject	Status	<input type="checkbox"/>	1	12/05/2016 1:42PM		Marriage Certificate	Marriage Certificate	Submitted
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	<p>document you wish to delete and the Delete button will be available to click.</p> <p>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.</p>																						
6	<p>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.</p> <p>To see your summary for a different date, update the date and click Go.</p> <p>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.</p>	 <p>Benefits Summary</p> <p>The information below reflects your current benefits as of today. To view your benefits as of another date, enter the date and select Go.</p> <p>02/01/2017 <input type="button" value="Go"/></p> <table border="1"> <thead> <tr> <th colspan="3">Benefits Summary</th> </tr> <tr> <th>Type of Benefit</th> <th>Plan Description</th> <th>Coverage or Participation</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td>Oxford UOC Grad Medical</td> <td>Employee + One Depen</td> </tr> <tr> <td>Dental</td> <td>Cigna UOC Grad Dental</td> <td>Employee + One Depen</td> </tr> </tbody> </table>	Benefits Summary			Type of Benefit	Plan Description	Coverage or Participation	Medical	Oxford UOC Grad Medical	Employee + One Depen	Dental	Cigna UOC Grad Dental	Employee + One Depen									
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7	<p>The people listed as Dependents on the Add/Review Dependent/Beneficiary page are currently eligible for health coverages.</p> <p>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.</p> <p>Click Add a dependent or beneficiary to add your dependent(s) to your coverage.</p>	 <p>Add/Review Dependent/Beneficiary</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 colspan="3">Dependent Information</th> </tr> <tr> <th></th> <th>Relationship to Employee</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td>Patrick Doe</td> <td>Child</td> <td>01/15/1992</td> </tr> <tr> <td>Jane Doe</td> <td></td> <td>12/07/1964</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 colspan="3">Beneficiary Information</th> </tr> <tr> <th></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><input type="button" value="Add a dependent or beneficiary"/></p>	Dependent Information				Relationship to Employee	Date of Birth	Patrick Doe	Child	01/15/1992	Jane Doe		12/07/1964	Beneficiary Information				Relationship to Employee	Date of Birth			
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Step	Action	Screenshot										
8	<p>In this example, Jane Doe was added as a new dependent and the following information was entered:</p> <ul style="list-style-type: none"> • First Name • Last Name • Date of Birth • Gender • Social Security Number • Relationship to Employee • Marital Status • Same address as the employee. <p>Important Note: <u>Carefully review the information you entered for accuracy before clicking Save.</u> 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 Save. A confirmation page will appear. Click OK.</p> <p>Click on the Next button in the upper right corner to move to the Benefit Enrollment step.</p>											
9	<p>Click Start My Enrollment to begin.</p>											
10	<p>The Select button next to an event means that the event is currently open for enrollment. Click on Select on the Family Status Change row.</p> <p>Note: After you click Select, it will take a few seconds for the Family Status Change page to load.</p>	 <table border="1" data-bbox="781 1564 1549 1717"> <thead> <tr> <th>Event Description</th> <th>Event Date</th> <th>Event Status</th> <th>Job Title</th> <th></th> </tr> </thead> <tbody> <tr> <td>Family Status Change</td> <td>02/01/2017</td> <td>Open</td> <td>UCONN GRADUATE ASST</td> <td>Select</td> </tr> </tbody> </table>	Event Description	Event Date	Event Status	Job Title		Family Status Change	02/01/2017	Open	UCONN GRADUATE ASST	Select
Event Description	Event Date	Event Status	Job Title									
Family Status Change	02/01/2017	Open	UCONN GRADUATE ASST	Select								

Step	Action	Screenshot																																								
11	<p>The Family Status Change page is where you will make changes to your current health coverages by clicking on the Edit button next to each of the following:</p> <ul style="list-style-type: none"> • Medical • Dental <p>Your Current coverages are reflected. The New coverages will reflect your Current coverages unless you click Edit and make changes.</p> <p>To add your spouse and any children/stepchildren to Medical coverage, click Edit next to Medical.</p>	 <p>Benefits Enrollment Family Status Change</p> <p>The Enrollment Summary will display which benefit options are open for edits.</p> <p>i Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</p> <p>Enrollment Summary</p> <table border="1"> <thead> <tr> <th></th> <th>Before Tax</th> <th>After Tax</th> <th>Edit</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: Oxford UOC Grad Medical Empl+1 Dep</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Oxford UOC Grad Medical Empl+1 Dep</td> <td>26.95</td> <td></td> <td></td> </tr> <tr> <td>Dental</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: Cigna UOC Grad Dental Empl+1 Dep</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Cigna UOC Grad Dental Empl+1 Dep</td> <td>120.00</td> <td></td> <td></td> </tr> </tbody> </table> <p>This table summarizes estimated costs for your new benefit changes</p> <p>Election Summary</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>Save and Continue I Have No Changes</p> <p>Select the Save and Continue button to send your final changes to your Agency Benefits Specialist Select the I Have No Changes button if you are happy with your prior elections and do not want to make any changes.</p> <p>i Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist</p>		Before Tax	After Tax	Edit	Medical				Current: Oxford UOC Grad Medical Empl+1 Dep				New: Oxford UOC Grad Medical Empl+1 Dep	26.95			Dental				Current: Cigna UOC Grad Dental Empl+1 Dep				New: Cigna UOC Grad Dental Empl+1 Dep	120.00			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
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12	<p>At the top of the Benefits Enrollment – Medical page, review your current coverage.</p> <p>Scroll to the middle of the page.</p>	 <p>Benefits Enrollment Medical</p> <p>i Important! Your current coverage is: Oxford UOC Grad Medical with Employee + One Dependent coverage. You will continue with this coverage if you do not make a choice.</p>																																								
13	<p>The Benefits Enrollment – Medical 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>Select an Option</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																												
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Step	Action	Screenshot
14	<p>At the bottom of the page, your dependents that are eligible for enrollment in health coverage will appear.</p> <p>Check the Enroll checkbox for each dependent you wish to enroll.</p> <p>Note: If your spouse 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, such as changing the relationship from fiancé to spouse. To return to Benefits Enrollment, you must use the left navigation and click on Benefits Enrollment.</p> <p>Click Update and Continue.</p>	
15	<p>On the Benefits Enrollment page, click Edit next to Dental if you will be adding your dependents to dental.</p> <p>Scroll to the bottom of the page.</p>	

Step	Action	Screenshot												
16	<p>At the bottom of the Benefits Enrollment - Dental page, check the Enroll checkbox for your spouse and any children/stepchildren you wish to enroll.</p> <p>Reminder: Children/stepchildren age 19 or older are not eligible for dental.</p> <p>Click Update and Continue. You will be brought back to the Benefits Enrollment page.</p>	<p>Enroll Your Dependents</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 colspan="3">Dependent Beneficiary</th> </tr> <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>Child</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Jane Doe</td> <td>Spouse</td> </tr> </tbody> </table> <p>Add/Review Dependents</p> <p>Update and Continue Discard Changes</p>	Dependent Beneficiary			Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Patrick Doe	Child	<input checked="" type="checkbox"/>	Jane Doe	Spouse
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17	<p>On the bottom of the page, the Election Summary table summarizes the costs for your New coverages.</p> <p>Click Save and Continue to send your final changes to your Agency Benefits Specialist.</p>	<p>This table summarizes estimated costs for your new benefit choices.</p> <p>Election Summary</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>293.67</td> <td>286.07</td> <td>7.60</td> </tr> <tr> <td>Your Costs</td> <td>293.67</td> <td>286.07</td> <td>7.60</td> </tr> </tbody> </table> <p>These costs do not include certain choices that are based on variable earnings.</p> <p>Save and Continue</p>	Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	293.67	286.07	7.60	Your Costs	293.67	286.07	7.60
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Costs	293.67	286.07	7.60											
Your Costs	293.67	286.07	7.60											
18	<p>You have almost completed your enrollment.</p> <p>If you have no further changes, read the Authorize Elections section and click Submit.</p>	<p>Benefits Enrollment</p> <p>Submit Benefit Choices 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>Authorize Elections</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>Submit Cancel</p> <p>Select the Submit button to send your final choices to the Benefits Department.</p>												

Core CT Job Aid: Enrolling in Benefits for Graduates:
Loss of Dependent Coverage Life Event

Step	Action	Screenshot
19	<p>Click OK on the Submit Confirmation page to complete the marriage 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>	