



Enrolling in Benefits for Graduate Assistants and Interns

Marriage Life Event

Overview This job aid will assist you with adding your spouse and any stepchildren to your current health coverages. You have up to 31 days following the date of marriage to make your changes, which will become effective on the first of the month following the date of marriage. 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 marriage life event in Core-CT:

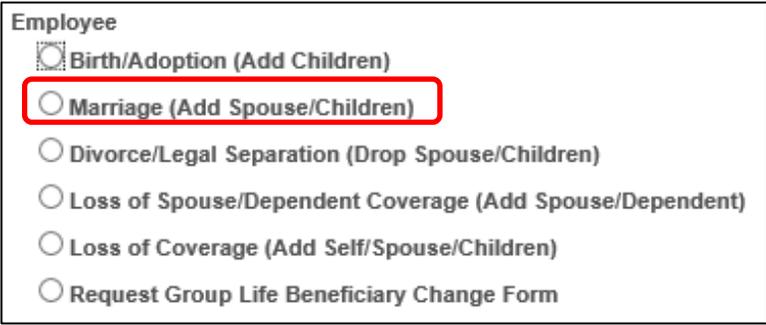
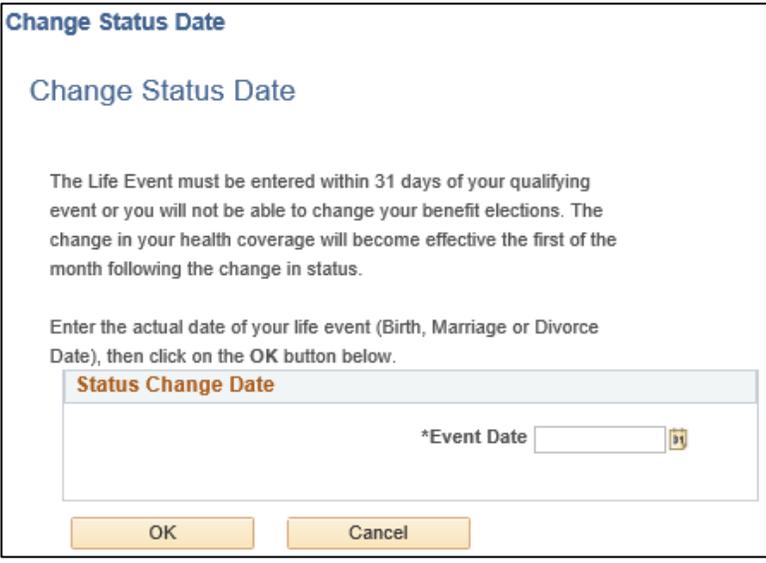
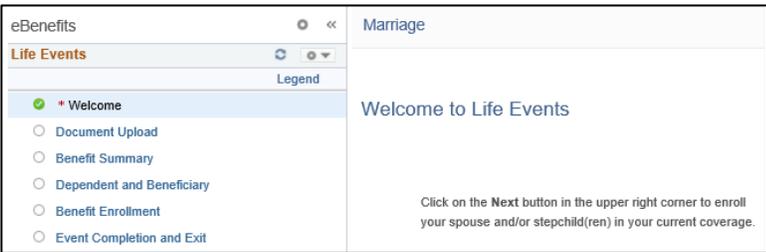
1. **Proof Documentation:** You are required to provide proof documentation for life events. Core-CT provides you with the option to electronically upload your proof documentation, or to indicate how the proof documentation will be provided, such as fax, mail, email or in person. For a marriage event, you will be required to provide the following to add dependents to your health coverages:
 - Marriage Certificate
 - Long form Birth Certificate for each stepchild
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 stepchildren).
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:

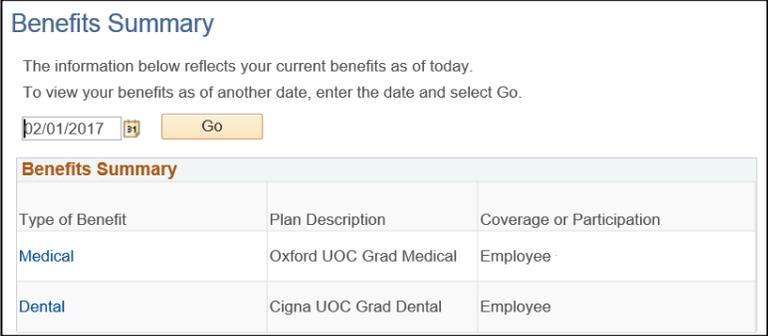
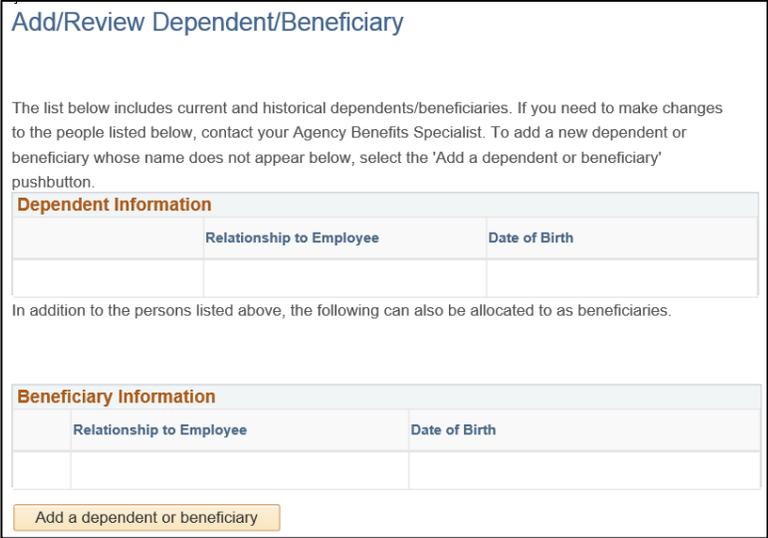
This module contains information that does not apply to Graduate Assistants and Interns. Please disregard information about:

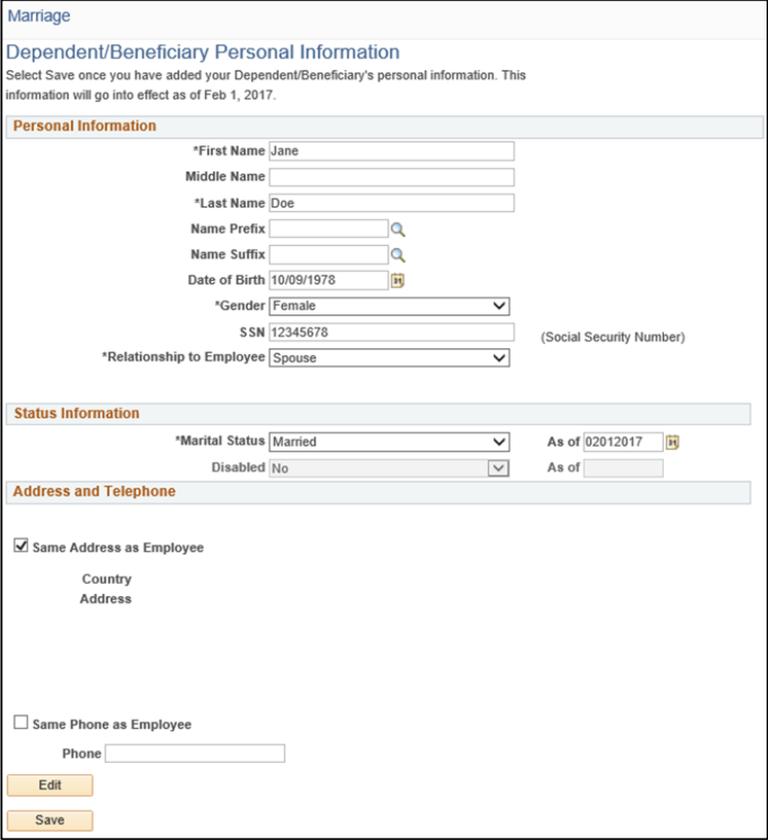
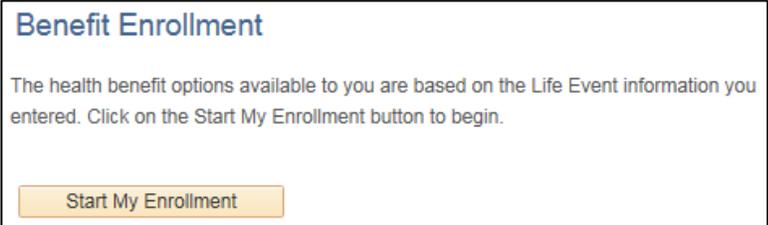
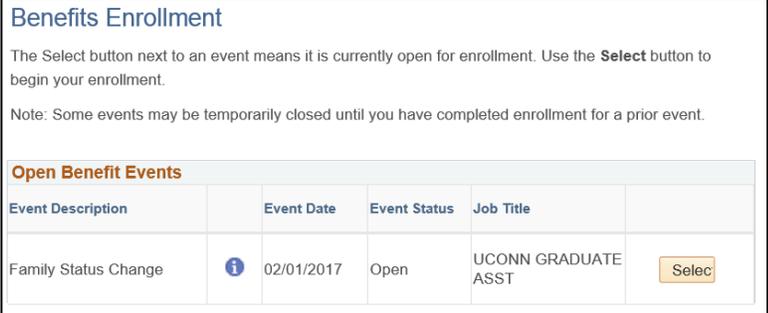
- Health Enhancement Program (HEP)
- Family Less Employed Spouse (FLES)
- Life Insurance and Life Insurance Beneficiaries

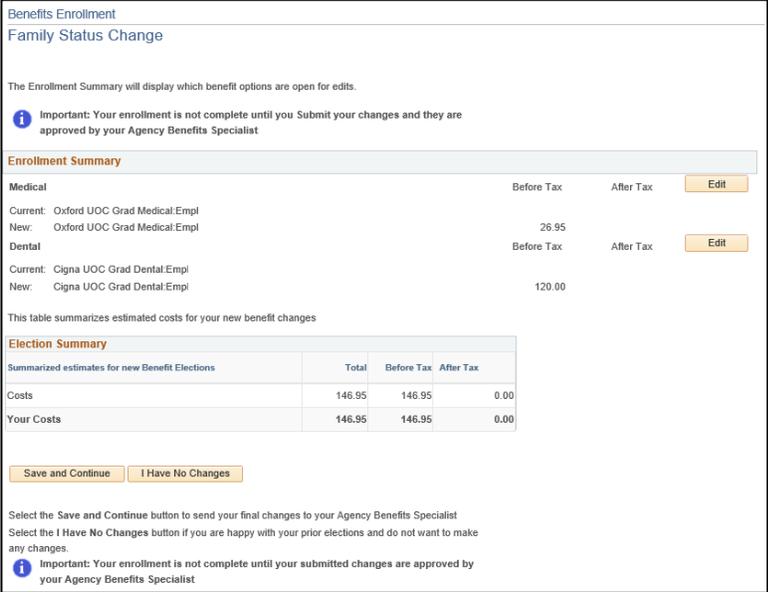
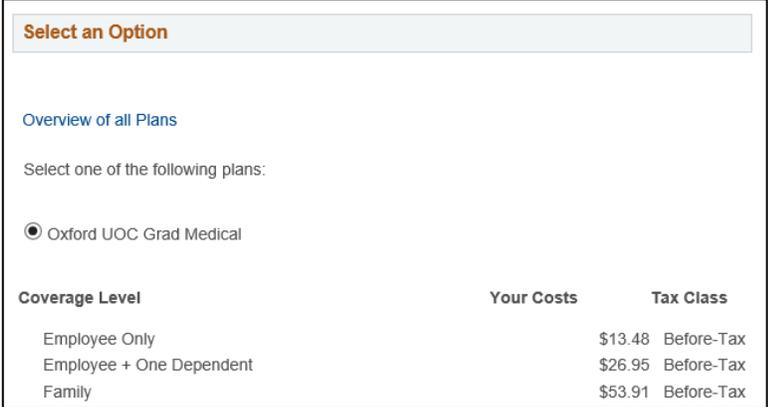
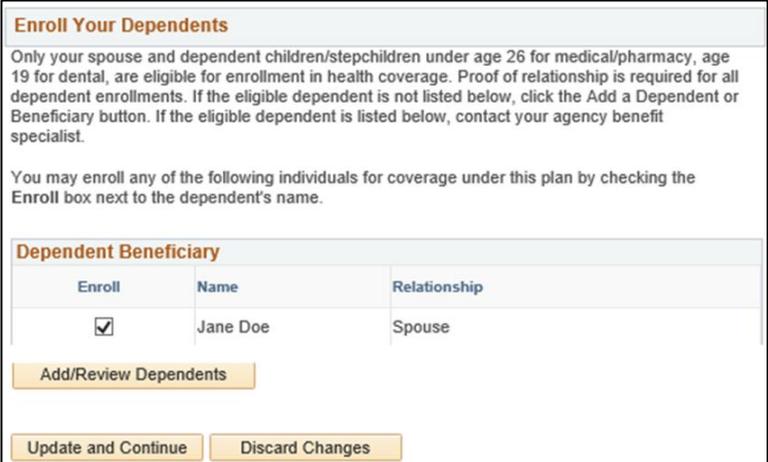
Process Steps

Step	Action	Screenshot
1	Navigation: Main Menu > Core-CT HRMS > Self Service > Benefits > Life Events	
2	On the Life Events page, elect the Marriage (Add Spouse/Children) 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 checked="" type="radio"/> Marriage (Add Spouse/Children) <input type="radio"/> Divorce/Legal Separation (Drop Spouse/Children) <input 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 actual Event Date of your marriage.</p> <p>Note: The change in your health coverage will become effective the first of the month following the Event Date.</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>Enter the actual date of your life event (Birth, Marriage or Divorce Date), then click on the OK button below.</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 Marriage life events portal. On the left side, you can see the different steps you will be guided through to add your spouse and any stepchildren to your 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"> <input checked="" type="radio"/> * Welcome <input type="radio"/> Document Upload <input type="radio"/> Benefit Summary <input type="radio"/> Dependent and Beneficiary <input type="radio"/> Benefit Enrollment <input type="radio"/> Event Completion and Exit <p>Marriage</p> <p>Welcome to Life Events</p> <p>Click on the Next button in the upper right corner to enroll your spouse and/or stepchild(ren) in your current coverage.</p>

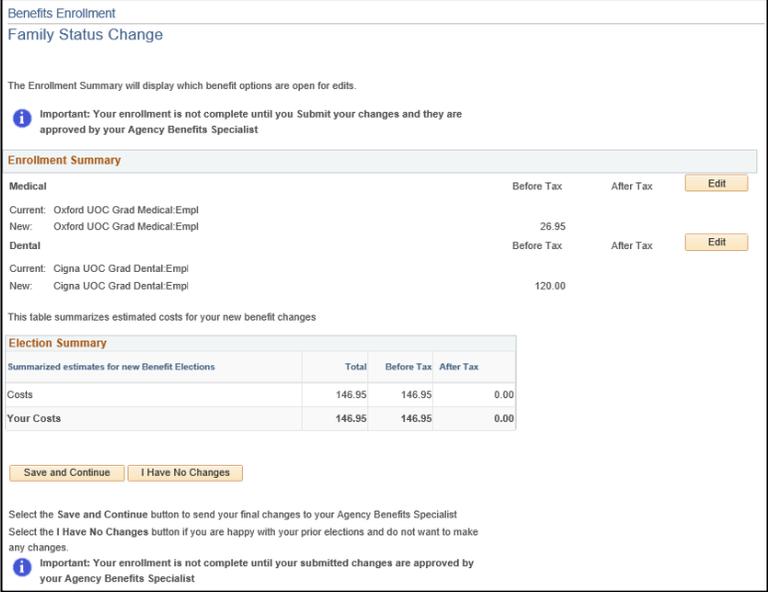
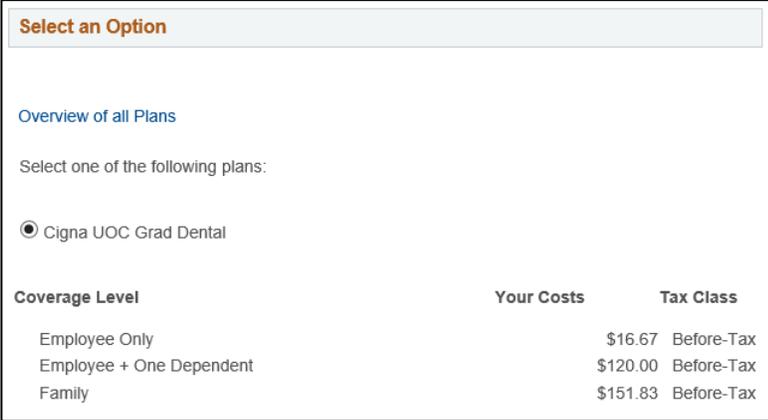
Step	Action	Screenshot
5	<p>For a marriage event, the following is considered a proof documentation to add a spouse:</p> <ul style="list-style-type: none"> • Marriage Certificate <p>If enrolling eligible stepchildren to coverage, the following is considered proof of relationship documentation:</p> <ul style="list-style-type: none"> • Long form Birth Certificate <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, 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 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 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>	<p>The screenshot area contains three distinct screenshots of the system interface:</p> <ul style="list-style-type: none"> Top Screenshot: Proof Document <ul style="list-style-type: none"> Section: Instructions Text: "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." Buttons: Add Attachment, Add Note, Done Middle Screenshot: Document Definition - New Attachment <ul style="list-style-type: none"> Section: Instructions Text: "You have chosen to enter a new attachment." Section: Selection Criteria <ul style="list-style-type: none"> Description: Proof of Coverage *Subject: [Text Input Field] Attachment: Add Attachment Buttons: Save Go To: Life Events - Document Upload Bottom Screenshot: Life Events - Document Upload <ul style="list-style-type: none"> Section: Instructions Text: "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." Section: Life Event Documents <ul style="list-style-type: none"> Marriage Certificate Buttons: Add Attachment, Add Note Section: Attachments <ul style="list-style-type: none"> Table with columns: Select, Sequence, Created, Author, Entry ID, Subject, Status Row 1: <input type="checkbox"/>, 1, 12/05/2016 1:42PM, [blank], Marriage Certificate, Marriage Certificate, Submitted Buttons: Select All, Deselect All, Delete

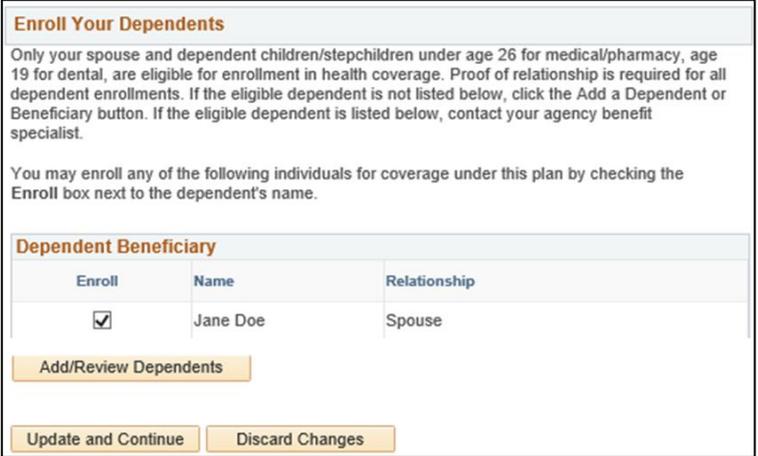
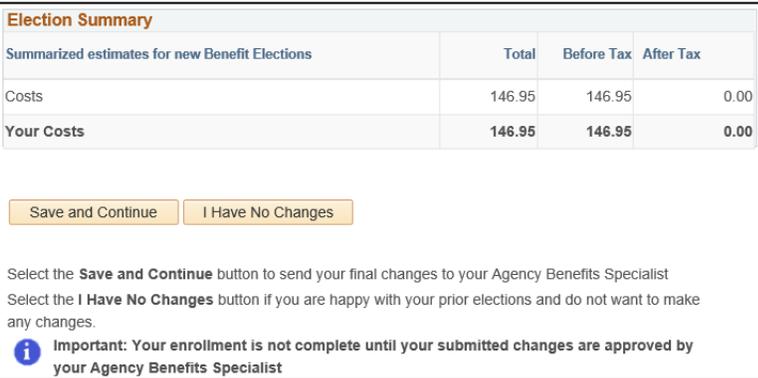
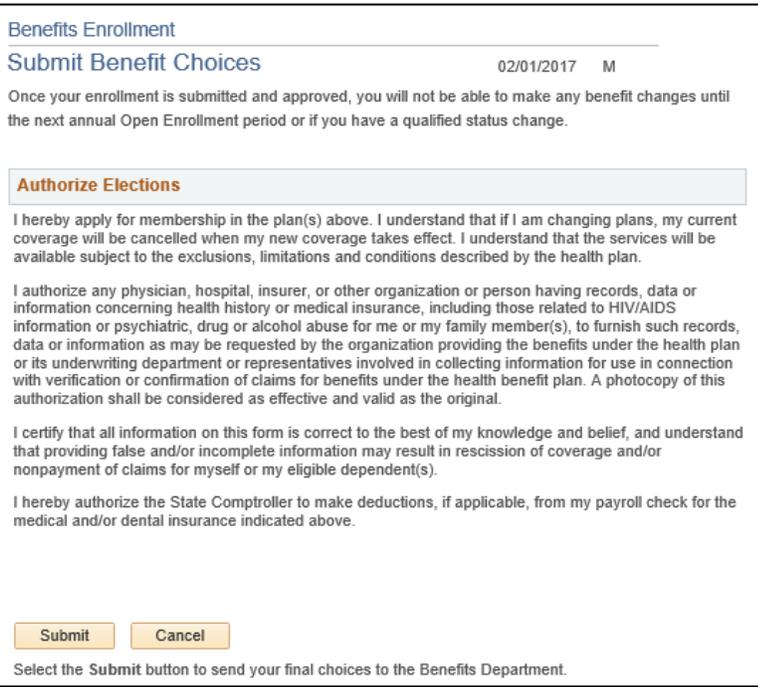
Step	Action	Screenshot												
6	<p>The Benefit Summary page reflects your current coverages as of <u>today's date</u>. Click on each Type of Benefit to view additional information.</p> <p>To see your summary for a different date, update the date and click Go.</p> <p>When you are done reviewing the Benefits Summary, click on the Next button in the upper right corner to move to the Add/Review Dependent/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</td> </tr> <tr> <td>Dental</td> <td>Cigna UOC Grad Dental</td> <td>Employee</td> </tr> </tbody> </table>	Benefits Summary			Type of Benefit	Plan Description	Coverage or Participation	Medical	Oxford UOC Grad Medical	Employee	Dental	Cigna UOC Grad Dental	Employee
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7	<p>The people listed as Dependents on the Add/Review Dependent/Beneficiary page are currently eligible for health coverage.</p> <p>Reminder: If your spouse or 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 stepchildren.</p> <p>If your spouse or any stepchildren are not listed, click Add a dependent or beneficiary.</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="2">Dependent Information</th> </tr> <tr> <th>Relationship to Employee</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </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="2">Beneficiary Information</th> </tr> <tr> <th>Relationship to Employee</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <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			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 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>	 <p>The screenshot shows a web form titled "Marriage" with a sub-header "Dependent/Beneficiary Personal Information". Below this is a section for "Personal Information" with fields for First Name (Jane), Middle Name, Last Name (Doe), Name Prefix, Name Suffix, Date of Birth (10/09/1978), Gender (Female), SSN (12345678), and Relationship to Employee (Spouse). There is also a "Status Information" section with Marital Status (Married) and a "Disabled" checkbox. The "Address and Telephone" section has a checked "Same Address as Employee" box and a "Phone" field. "Edit" and "Save" buttons are at the bottom.</p>
9	<p>Click Start My Enrollment to begin.</p>	 <p>The screenshot shows a page titled "Benefit Enrollment". The main text reads: "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." Below the text is a prominent "Start My Enrollment" button.</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>	 <p>The screenshot shows a page titled "Benefits Enrollment". It contains a note: "The Select button next to an event means it is currently open for enrollment. Use the Select button to begin your enrollment." Below this is another note: "Note: Some events may be temporarily closed until you have completed enrollment for a prior event." A table titled "Open Benefit Events" has columns for Event Description, Event Date, Event Status, and Job Title. The first row is "Family Status Change" with an information icon, date "02/01/2017", status "Open", and job title "UCONN GRADUATE ASST". A "Select" button is located to the right of the job title.</p>

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 stepchildren to Medical coverage, click Edit next to Medical.</p>	 <p>The screenshot shows the 'Benefits Enrollment - Family Status Change' page. It includes an important notice: 'Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist'. Below this is an 'Enrollment Summary' table with columns for 'Medical' and 'Dental', and sub-columns for 'Current', 'New', 'Before Tax', and 'After Tax'. For Medical, the current cost is 0.00 and the new cost is 26.95. For Dental, the current cost is 0.00 and the new cost is 120.00. There are 'Edit' buttons next to the 'After Tax' values. Below the enrollment summary is an 'Election Summary' table with columns for 'Total', 'Before Tax', and 'After Tax'. The total cost is 146.95, before tax is 146.95, and after tax is 0.00. At the bottom, there are buttons for 'Save and Continue' and 'I Have No Changes', and a final important notice: 'Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist'.</p>
12	<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>The screenshot shows the 'Select an Option' page. It has a heading 'Select an Option' and a link for 'Overview of all Plans'. Below that, it says 'Select one of the following plans:' and has a radio button selected for 'Oxford UOC Grad Medical'. At the bottom, there is a table with columns 'Coverage Level', 'Your Costs', and 'Tax Class'. The table lists three options: 'Employee Only' with a cost of \$13.48 and 'Before-Tax' tax class; 'Employee + One Dependent' with a cost of \$26.95 and 'Before-Tax' tax class; and 'Family' with a cost of \$53.91 and 'Before-Tax' tax class.</p>
13	<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</p>	 <p>The screenshot shows the 'Enroll Your Dependents' page. It has a heading 'Enroll Your Dependents' and a paragraph explaining eligibility: '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.' Below this is another paragraph: 'You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.' At the bottom, there is a table with columns 'Enroll', 'Name', and 'Relationship'. The table has one row with 'Jane Doe' as the name and 'Spouse' as the relationship, and the 'Enroll' checkbox is checked. Below the table are buttons for 'Add/Review Dependents', 'Update and Continue', and 'Discard Changes'.</p>

Core CT Job Aid: Enrolling in Benefits for Graduates:
Marriage Life Event

Step	Action	Screenshot																																												
	<p>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>																																													
14	<p>On the Benefits Enrollment page, click Edit next to Dental if you will be adding your spouse or any stepchildren.</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</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Oxford UOC Grad Medical:Empl</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</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Cigna UOC Grad Dental:Empl</td> <td>120.00</td> <td></td> <td></td> </tr> </tbody> </table> <p>This table summarizes estimated costs for your new benefit changes</p> <table border="1"> <thead> <tr> <th></th> <th>Total</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Summarized estimates for new Benefit Elections</td> <td></td> <td></td> <td></td> </tr> <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				New: Oxford UOC Grad Medical:Empl	26.95			Dental				Current: Cigna UOC Grad Dental:Empl				New: Cigna UOC Grad Dental:Empl	120.00				Total	Before Tax	After Tax	Summarized estimates for new Benefit Elections				Costs	146.95	146.95	0.00	Your Costs	146.95	146.95	0.00
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15	<p>At the bottom of the Benefits Enrollment - Dental page, check the Enroll checkbox for your spouse and any stepchildren you wish to enroll.</p> <p>Reminder: 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>Select an Option</p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> Cigna UOC Grad Dental</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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16	<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 choices to your Agency Benefits Specialist.</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>	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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Costs	146.95	146.95	0.00											
Your Costs	146.95	146.95	0.00											
17	<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:
 Marriage Life Event

Step	Action	Screenshot
18	<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>	