Submitting an Employee Life Event (as of April 2022)

Step 1: Enter your User Net ID and Password at www.ess.uconn.edu.

Step 2: Use the following path to access the Life Events selection page: Main Menu -> Self Service -> Benefits -> Life Events
Step 3: Please read the important information on this page before proceeding. Select the applicable Life Event from the list below.

Read the following instructions:

1. The Life Events page provides you with online access to review information and make changes consistent with the change in your situation. The Life Event must be entered within 31 days of your qualifying event to use this page. Otherwise, you will need to contact your Agency Benefits Specialist.

2. If you and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling in or changes to the Family Leave Employed Spouse (FLES) health options. FLES elections cannot be processed through Self Service.

3. Before proceeding, please make sure the following documents are available. If you are adding dependents, you need to provide the long term birth certificate for children, adoption decree for adopted children and a marriage certificate for a spouse. If you are enrolling yourself and/or dependents due to a loss of coverage from another source, you need to provide proof of the loss of coverage such as a COBRA notice or employer letter including names and coverage lost. If you are dropping your spouse and step children due to a divorce/legal separation, you need to provide a copy of the divorce decree or documentation from the court. Social Security Numbers are requested for all dependents.

4. Please select the event from the list below. If your event is not listed, contact your Agency Benefits Specialist.
Step 4: Enter the Life Event date (e.g., Birth, Marriage, Loss of coverage) and click on the highlighted OK button to continue or click on the highlighted Cancel button to restart the enrollment process.

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 will become effective the first of the month following the date of your qualifying event. This sentence will need to be changed in all of the life event pages.

Enter the actual date of your life event (Birth, Marriage or Divorce Date), then click on the OK button below.

Please note that clicking the OK button below will create a transaction on your employee record. If you do not wish to proceed with this transaction, please click the Cancel button below before leaving this page.
Step 5: Click on the highlighted Next button on the Welcome page to proceed.

Step 6: If you choose to view benefit elections from a prior period, enter the date and click on the highlighted Go button. Click on the highlighted Next button to continue.
Step 7: You will have the option to add eligible dependents based on the Life Event by clicking on the highlighted Add a dependent or beneficiary button. Click on the highlighted Next button to continue if you are not adding a new dependent.

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' button.

**Dependent Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Employee</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parent</td>
<td>09/19/1956</td>
</tr>
</tbody>
</table>

Add a dependent or beneficiary
Step 8: Please complete all required fields that are designated by the arrows for each dependent you are enrolling in health coverage and click on the highlighted Save button. Click on the highlighted Edit button to update your dependent(s) information or click on the highlighted OK button to continue. Note: If the address for the new dependent is different than the employee address, remove the checkmark in the Same Address as Employee field.
Step 9: Click on the highlighted Next button to continue.

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' button.

Dependent Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Employee</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>Parent</td>
<td>09/10/1956</td>
</tr>
<tr>
<td>Spouse</td>
<td>Spouse</td>
<td>01/01/1960</td>
</tr>
<tr>
<td>Stepchild</td>
<td>Stepchild</td>
<td>01/01/2010</td>
</tr>
</tbody>
</table>

Add a dependent or beneficiary
Step 10: Click on the highlighted Start my Enrollment button to begin your enrollment.

Step 11: Click on the highlighted Select button next to the Event Description to continue.
Step 12: The benefit options available to you will appear. Please read the important information at the top of the page. Click on the highlighted Edit button to add or remove dependents based on your Life Event. If you have a loss of coverage, click on the highlighted Edit button to enroll in coverage and add dependents, if applicable. The Current Costs per Pay Period and Costs Annually are displayed. If any cost changes occur, based on your election chosen, they will be reflected in the ‘New’ line.

Note: The Benefits Summary at the bottom of the page will reflect your ‘Costs Per Pay Check’ and ‘Costs Annually’.
Medical

Current: Anthem State BlueCare POS Empl Only

Dental

Current: Basic Dental: Empl Only

Life

Current: BasicGrpL: Salary x 1

This table summarizes estimated costs for your new benefit changes.

<table>
<thead>
<tr>
<th>Summarized estimates for new Benefit Elections</th>
<th>Costs per Pay Check</th>
<th>Costs Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs</td>
<td>65.50</td>
<td>1,703.00</td>
</tr>
<tr>
<td>Your Costs</td>
<td>65.50</td>
<td>1,703.00</td>
</tr>
</tbody>
</table>

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.

Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist.
Step 13: After clicking on the highlighted Edit button, enroll or disenroll any dependents(s) by clicking or unclicking the box next to the dependent’s name. If you have a loss of coverage, click on the Edit button to begin your enrollment. Click on the highlighted Update and Continue button to proceed or click on the highlighted Discard Changes button to restart your enrollment.
Step 14: Review your changes or new enrollment based on your Life Event. Click on the highlighted Update Elections button to continue or click on the highlighted Discard Changes button to restart your enrollment.

Medical

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877.887.4488. Click on I Have No Changes button if you do not want to make any changes to your coverage. Click on the Save and Continue button to submit changes.

Your Choice
You have chosen Anthem State BlueCare PPO with Family coverage.

Your Cost
$173.13

Your Covered Dependents

Dependent Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>Stepchild</td>
<td></td>
</tr>
</tbody>
</table>

Notes

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.
Step 15: To make Dental changes, follow the same Edit process as the Medical example above.
Step 16: Review your changes or new enrollment based on your Life Event. Click on the highlighted Update Elections button to continue or click on the highlighted Discard Changes button to restart your enrollment.

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-667-1448.

Click on I Have No Changes button if you do not want to make any changes to your coverage. Click on the Save and Continue button to submit changes.

Your Choice
You have chosen Enhanced Dental with Family coverage.

Your Cost

| Your Cost | $10.37 |

Your Covered Dependents

Dependent Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spouse</td>
</tr>
<tr>
<td></td>
<td>Stepchild</td>
</tr>
</tbody>
</table>

Notes
Select the Update Elections button to store your choices.
Select the Discard Changes button to go back and change your choices.
Step 17: Click on the highlighted Save and Continue button to complete your enrollment or discard changes button to cancel your changes. If any cost changes occur, based on your election chosen, they will be reflected in the ‘New’ line. Note: The Benefits Summary at the bottom of the page will reflect your ‘Costs Per Pay Check’ and ‘Costs Annually’.

Benefits Enrollment

Family Status Change

The Enrollment Summary will display which benefit options are open for Edit.

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-887-1448. Click on I Have No Changes button if you do not want to make any changes to your coverage. Click on the Save and Continue button to submit changes.
Supplemental Life

Current: Waive
New: Waive

This table summarizes estimated costs for your new benefit changes

<table>
<thead>
<tr>
<th>Summarized estimates for new Benefit Elections</th>
<th>Costs per Pay Check</th>
<th>Costs Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs</td>
<td>191.10</td>
<td>4,968.00</td>
</tr>
<tr>
<td>Your Costs</td>
<td>191.10</td>
<td>4,968.00</td>
</tr>
</tbody>
</table>

Select the Save and Continue button to send your final changes to your Agency Benefits Specialist

Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist
Step 18: Read the important information on the Authorize Elections page. Click on the highlighted Submit button to authorize and submit your elections.

Click on the highlighted Cancel button to return to the prior Benefits Enrollment page to edit your enrollment.

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 understand that the rates in the Enrollment Statement are based upon my participation in the Health Enhancement Program (HEP). Employees who choose not to participate in HEP will be responsible for higher premium co-pays of an additional $100.00 per month ($46.15 biweekly), a $350.00 per participant per year deductible ($1,400 family maximum) and ineligible for reductions in co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

Select the Submit button to send your final choices to the Benefits Department.
Step 19: The Submit Confirmation page will appear confirming your submission to your Agency Benefits Specialist for approval. Click on the highlighted Next button in the upper right-hand corner to complete your Life Event changes.
Step 20: Enter required documentation in the highlighted Proof Document Upload page (e.g., long form birth certificate, marriage certificate). Click on the highlighted Add Attachment button. If you will not be uploading required proof documentation, click Add Note.

Click on the **Next** button in the upper right corner complete your life event. The OK button allows you to return to the Benefits Enrollment page.

*Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist*
Step 21: Enter a document name on the Subject line and then attach the supporting document (via the Choose File button or Browse button – as either may appear). Click on the highlighted Upload button.
Step 22: Click on the highlighted Save button once your document(s) has been uploaded.

Step 23: Click on the highlighted Next button to complete the document upload process.
Step 24: Click on the highlighted Complete button to finalize your Life Event changes. You will be returned to the Life Events page which confirms that your enrollment has been submitted to your Agency Benefits Specialist.