

CU Benefits Enrollment/Change Form Classified Staff

Plan Year 2023-2024

- This form cannot be completed in a web browser.
 - Download** the form to your desktop from the web browser.
 - Open** the form in Adobe or Adobe Reader before completing.
- If you are a new employee/newly eligible, please enroll in your [employee portal](https://my.cu.edu/) (https://my.cu.edu/).
- You have 31 days from your date of benefits eligibility or Qualifying Life Change to complete and send in this enrollment/change form.
- Plan information and current rate information are available on the [CU Benefits website](http://www.cu.edu/benefits) (www.cu.edu/benefits).
- If you are enrolling any dependents in medical, dental, vision, optional life and/or voluntary AD&D plans, who have **not** previously completed dependent eligibility verification (DEV), you must complete the [DEV form](#) in your employee portal in addition to completing and sending this Benefits Enrollment/Change Form. For more information on DEV, visit the [CU DEV website](https://www.cu.edu/node/116040) (https://www.cu.edu/node/116040).
- The words underlined in blue are hyperlinks. To select the link, please press Ctrl + click the link to view the corresponding webpage or document.
- Incomplete, illegible, incorrect or unsigned forms will not be processed. Consequently, your benefits could be delayed, or you could risk losing enrollment eligibility for certain benefits. All sections of this form must be completed.

Type of Enrollment

Check one box only.

New Hire/Newly Eligible
 Date of hire or new eligibility: _____
 mm/dd/yyyy

Qualifying Life Change (QLC)
 Date of QLC: _____
 mm/dd/yyyy

If applicable, select your QLC from the list below:

[Birth or adoption](#)

[Death of a spouse or partner](#)

[Employee losing eligibility](#)

[Change from Classified Staff to Faculty/University Staff](#)

[Death of a child](#)

[Marriage or Partnership](#)

[Change in dependent care needs \(DCFSA change\)](#)

[Dependent gaining eligibility](#)

[Medical child support order](#)

[Change of residence out of health plan's network](#)

[Dependent losing eligibility](#)

Other - Please contact a benefits professional @ 303-860-4200, Option 3

[Divorce or legal separation](#)

[Employee gaining eligibility](#)

Allowable changes to benefit elections are limited based on the Qualifying Life Change. To learn what changes are permissible visit the [CU Qualifying Life Changes website](http://www.cu.edu/employee-services/benefits-wellness/current-employee/life-changes) (www.cu.edu/employee-services/benefits-wellness/current-employee/life-changes).

Employee Information

Completion of all sections is required.

Employee ID Number – **required** Name (Last) (First) (Middle Initial)

Preferred Telephone Preferred Email Address

Section 1: Medical, Dental, and Vision Plan Options

! **Reminder:** Select your health plans according to your tax preference: *before tax or after tax*. For more information, visit the [CU Before or After Tax webpage](https://www.cu.edu/docs/before-or-after-tax) (https://www.cu.edu/docs/before-or-after-tax). This designation may only be changed during Open Enrollment after the initial election has been made for the plan year.

CU Medical Plan Options

Choose your plan - must select one box

- Exclusive* – before tax
- Exclusive* – after tax
- Extended – before tax
- Extended – after tax
- High Deductible – before tax
- High Deductible – after tax
- Kaiser* – before tax
- Kaiser* – after tax
- waive medical coverage
- no change

Choose your coverage level - must select one box

- employee only
- employee + spouse**
- employee + child(ren)
- family (employee+spouse**+child(ren))
- waive
- no change

CU Dental Plan Options

Choose your plan - must select one box

- Essential – before tax
- Essential – after tax
- Choice – before tax
- Choice – after tax
- waive dental coverage
- no change

Choose your coverage level - must select one box

- employee only
- employee + spouse**
- employee + child(ren)
- family (employee+spouse**+child(ren))
- waive
- no change

CU Vision Plan Options

Choose your plan - must select one box

- Vision – before tax
- Vision – after tax
- waive vision coverage
- no change

Choose your coverage level - must select one box

- employee only
- employee + spouse**
- employee + child(ren)
- family (employee+spouse**+child(ren))
- waive
- no change

*CU Health Plan Exclusive is only available to Colorado residents & CU Health Plan - Kaiser is available in specific geographic regions in Colorado.

**spouse, common-law spouse, domestic partner or civil union partner

Section 1 (cont.): Medical, Dental and Vision Plan Participants

! **Complete** all information. If not applicable, write N/A.

Enrolling dependents in medical, dental, vision, who have not previously completed dependent eligibility verification requires the completion of the [DEV form](#) in the employee portal in addition to this form. For more information on DEV, or for alternate submission instructions, visit the [CU DEV website](https://www.cu.edu/node/116040) (https://www.cu.edu/node/116040).

CU Health Plan – Exclusive enrollments require the selection of a Primary Care Physician (PCP), or one will be assigned. To find a PCP and their ID# go to [Anthem's website](#). If known, please include your PCP number below.

Employee

Employee Name (Last)	(First)	(Middle Initial)	Date of Birth
----------------------	---------	------------------	---------------

PCP# (if applicable)

Action

add
remove
no change

Gender (please check one – required for insurance enrollment)

male
female

Spouse, Common Law, Domestic or Civil Union Partner

Spouse/Partner Name (Last)	(First)	(Middle Initial)	Date of Birth
----------------------------	---------	------------------	---------------

Social Security Number - required	Employee ID of CU Spouse/Partner (if applicable)	PCP# (if applicable)
--	--	----------------------

Relationship to Employee: spouse common law spouse domestic partner civil union partner

Action

add
remove
no change

Gender (please check one – required for insurance enrollment)

male
female

Is your domestic/civil union partner your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](https://www.cu.edu/node/164116) (https://www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Tax website](http://www.cu.edu/node/56944) (http://www.cu.edu/node/56944).

Section 1 (cont.): Medical, Dental, and Vision Plan Participants

Child 1

Child's Name (Last) (First) (Middle Initial) Date of Birth

Social Security Number PCP# (if applicable)

Relationship to Employee: biological/adopted stepchild child for whom you have legal responsibility relationship: _____

<p>Action add remove no change</p>	<p>Gender (please check one – required for insurance enrollment) male female</p>
---	---

Is your domestic/civil union partner your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](https://www.cu.edu/node/164116) (https://www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Tax website](http://www.cu.edu/node/56944) (http://www.cu.edu/node/56944).

Child 2

Child's Name (Last) (First) (Middle Initial) Date of Birth

Social Security Number PCP# (if applicable)

Relationship to Employee: biological/adopted stepchild child for whom you have legal responsibility relationship: _____

<p>Action add remove no change</p>	<p>Gender (please check one – required for insurance enrollment) male female</p>
---	---

Is your domestic/civil union partner your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](https://www.cu.edu/node/164116) (https://www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Tax website](http://www.cu.edu/node/56944) (http://www.cu.edu/node/56944).

Section 1 (cont.): Medical, Dental, and Vision Plan Participants

Child 3

Child's Name (Last) (First) (Middle Initial) Date of Birth

Social Security Number PCP# (if applicable)

Relationship to Employee: biological/adopted stepchild child for whom you have legal responsibility relationship: _____

<p>Action add remove no change</p>	<p>Gender (please check one – required for insurance enrollment) male female</p>
---	---

Is your domestic/civil union partner your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](https://www.cu.edu/node/164116) (https://www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Tax website](http://www.cu.edu/node/56944) (http://www.cu.edu/node/56944).

Child 4

Child's Name (Last) (First) (Middle Initial) Date of Birth

Social Security Number PCP# (if applicable)

Relationship to Employee: biological/adopted stepchild child for whom you have legal responsibility relationship: _____

<p>Action add remove no change</p>	<p>Gender (please check one – required for insurance enrollment) male female</p>
---	---

Is your domestic/civil union partner your qualified tax dependent for health coverage?

Yes, complete the [Tax Certification of Dependency Form](https://www.cu.edu/node/164116) (https://www.cu.edu/node/164116) with your enrollment.

No, you will be subject to imputed income (taxable income). For more information, go to the [CU Imputed Tax website](http://www.cu.edu/node/56944) (http://www.cu.edu/node/56944).

Additional Children? If you need to add more children, please make copies of this page.

Attachment A: Health Savings Account (HSA) Authorization

Only complete if enrolling in the CU Health Plan-High Deductible for the **first time**.

If you are a current CU Health Plan-High Deductible plan participant and want to enroll in the HSA or are a current HSA participant and want to update your HSA, please call Employee Services at 303-860-4200, option 3 or complete the [HSA Authorization Form](https://www.cu.edu/node/115949) (<https://www.cu.edu/node/115949>).

- You must be enrolled in the CU Health Plan-High Deductible as a primary member to enroll in the HSA.
- Visit the [CU HSA website](http://www.cu.edu/node/153425) (www.cu.edu/node/153425) for current calendar year (Jan.- Dec. 2024) **contribution limits**.
- Once your account is opened, you will receive a welcome packet from Optum Bank in the mail with information about using your HSA, creating an online account and the agreements governing your account.
- Send this form to Employee Services (ES) by the 10th of the month in which the change is to be effective to ensure that your election is entered for that monthly pay cycle.

Employee Information

Employee ID#: _____ First Name: _____ Last Name: _____

Middle Initial: _____ Phone Number: _____ Email: _____

Enrollment Type – New Enrollment

Deduction - For current calendar year limits, refer to our [HSA webpage](http://www.cu.edu/node/153425) (www.cu.edu/node/153425).

I elect to enroll in an annual pledge of \$ _____.

I understand that my annual pledge amount entered above includes any deductions already taken in the current calendar year plus any pending deductions.

Acknowledgment - I understand and agree to the following:

1. I would like to open an Optum Bank HSA, and I am eligible to contribute to an HSA.
2. I authorize the University of Colorado to act as my agent to open an Optum Bank HSA for me and to send my name, residential address, date of birth, Social Security Number/Individual Taxpayer Identification Number, phone number, email address, country of citizenship and residency status to Optum Bank. As an agent on my behalf, the University of Colorado will receive a notice from Optum Bank, which explains that Optum Bank will obtain, verify and record information to identify me before it opens my HSA. Optum Bank does this to help the United States government fight money laundering activities and terrorism funding.
3. I agree that the University of Colorado will be my agent until the first of three events occurs:
 - I receive my HSA welcome packet from Optum Bank.
 - I give the University of Colorado my written notice that I do not want the University of Colorado to act as my agent, and the University of Colorado has enough time to act on my notice.
 - I receive a notice from Optum Bank that my application for an HSA has been declined.
4. I also authorize Optum Bank to make any inquiries it considers appropriate to determine if it should open and maintain my HSA. This may include obtaining information from a credit reporting agency for identity verification and fraud protection.

Once your account is opened, you'll receive a welcome packet in the mail with information about using your HSA, creating an online account and the agreements governing your account. If you no longer want an HSA, you'll have seven business days after receiving your welcome packet to cancel the account. If you have other questions or would like to review the agreements, visit <https://www.optumbank.com/> or call 1-844-326-7967.

Authorization and Signature

By my signature below, I agree that for amounts paid after the date this agreement is effective, my salary will be reduced by the dollar amount elected herein. I am eligible to enroll in an HSA, and I have reviewed, understand and agree to the provisions listed under the Acknowledgement section of this agreement.

Employee Signature: _____ Date: _____

Complete Your Enrollment Through Secure Upload

Upload your Benefits Enrollment/Change Form electronically for a fast and secure method to complete your enrollment:

1. **Complete** and **sign** (page 11).
2. **Save** this form to your device.
3. **Upload** your saved form and supporting documents if applicable. You will be prompted to sign into your employee portal if you are not already signed in.

If you **do not** have access to the employee portal, securely [upload your form](#).

Dependent eligibility verification (DEV)

If you are enrolling a **new** dependent that has not previously completed dependent eligibility verification with Employee Services, you may upload your supporting documents with this Benefits Enrollment/Change Form or you will need to complete the [DEV form](#) in your employee portal within 31 days of your hire date or Qualifying Life Change.

Alternate Ways to Complete Enrollment

In the event you are unable to complete your enrollment electronically, you may do so in the ways described below. Note that these methods do take longer to process.

Make a copy and mail the original to:

Employee Services
University of Colorado
1800 Grant Street, Suite 400
Denver, CO 80203

By fax

Fax to 303-860-4299 (retain a copy of the fax transmission)

By email

Documents with personal information should never be emailed for security reasons.

Alternate DEV submission

If you are unable to access your portal and need to submit DEV documentation, go to the [DEV website](#) (<https://www.cu.edu/node/116040>). This is only recommended in the rare case you do not have access to your employee portal. DEV submitted this way will take longer to process.