

# CU Benefits Open Enrollment Form

## Faculty, University Staff and Officers

# Plan Year 2026-2027

Open Enrollment elections can be made in your [employee portal](http://www.cu.edu/oe/) (www.cu.edu/oe/) during the dates:

8:00 a.m. MDT, April 20, 2026 – 5:00 p.m. MDT, May 8, 2026

Open Enrollment (OE) Elections – **Effective July 1, 2026**

**Complete this form ONLY if you are unable to access your [employee portal](https://my.cu.edu/) (https://my.cu.edu/) event during annual Open Enrollment.**

### Instructions

- This form cannot be completed in a web browser.
  1. **Download** form to your desktop from the web browser.
  2. **Open** it in Adobe or Adobe Reader before completing.
  3. **Submit** the form.
- You have until 5 p.m. MDT on May 8, 2026, to complete your Open Enrollment via this form or via your [employee portal](https://my.cu.edu/) (https://my.cu.edu/).
- Plan information and current rate information are available on the [CU Open Enrollment website](http://www.cu.edu/oe/) (www.cu.edu/oe).
- 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](http://www.cu.edu/node/116040) (www.cu.edu/node/116040). And complete additional required designation documentation for domestic partner/child(ren) - [Tax Certification of Dependency for Tax Treatment of Medical Benefits for a Domestic Partner/Child\(ren\) \(PDF\)](#) (www.cu.edu/node/164116).
- 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.

### 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:** The selected health plan and tax designation may only be changed during Open Enrollment each year. For more information on the *before tax or after tax* designation, visit the [CU Before or After Tax webpage](http://www.cu.edu/docs/before-or-after-tax) (www.cu.edu/docs/before-or-after-tax).

### CU Medical Plan Options

**Choose your plan - must select one box**

- Exclusive\* – before tax
- Exclusive\* – after tax
- High Deductible – before tax
- High Deductible – after tax
- Kaiser\* – before tax
- Kaiser\* – after tax
- Pathway – before tax
- Pathway – 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

\* The medical CU Health Plan - Exclusive and the CU Health Plan - Kaiser are only available to Colorado residents.

\*\*Spouse includes common-law spouse, domestic partner, and civil union partner. If your domestic/civil union partner are not a Tax Qualified Dependent, they will be subject to Imputed Income. For more information, go to the [CU Imputed Income website](http://www.cu.edu/node/56944) (www.cu.edu/node/56944).

## 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](http://www.cu.edu/node/116040) (www.cu.edu/node/116040).

### 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)

**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  
U/X (unspecified or another gender identity)

### Child 1

Child's Name (Last) (First) (Middle Initial)

Date of Birth Social Security Number

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

**Action**

add  
remove  
no change

**Gender** (please check one – required for insurance enrollment)

male  
female  
U/X (unspecified or another gender identity)

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

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### Child 2

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Child's Name (Last) (First) (Middle Initial)

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Date of Birth Social Security Number

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

**Action**

add  
remove  
no change

**Gender** (please check one – required for insurance enrollment)

male  
female  
U/X (unspecified or another gender identity)

### Child 3

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Child's Name (Last) (First) (Middle Initial)

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Date of Birth Social Security Number

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

**Action**

add  
remove  
no change

**Gender** (please check one – required for insurance enrollment)

male  
female  
U/X (unspecified or another gender identity)

### Child 4

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Child's Name (Last) (First) (Middle Initial)

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Date of Birth Social Security Number

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

**Action**

add  
remove  
no change

**Gender** (please check one – required for insurance enrollment)

male  
female  
U/X (unspecified or another gender identity)

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

## Section 2: Pretax Savings

**Flexible Spending Accounts (FSA)** - Reelection of an FSA option is **required** during Open Enrollment for the new plan year. You do not need to be enrolled in a medical plan to elect the HCFSA. Flexible Spending Account elections are irrevocable for the Plan Year. FSA elections can only be made as a new hire/newly eligible, during Open Enrollment or due to a Qualifying Life Change. For more information visit:

- [Heath Care Flexible Spending Account](http://www.cu.edu/node/153399) (www.cu.edu/node/153399).
- [Dependent Care Flexible Spending Account](http://www.cu.edu/node/153400) (www.cu.edu/node/153400).

### Health Care Flexible Spending Account (HCFSA)

*You may not exceed \$3,400 in a calendar plan year.*

*Must select one box.*

I elect \$\_\_\_\_\_ to enroll for plan year (July 1 - June 30). I understand my election will be divided by 12 months. The plan election minimum is \$120/year, and the maximum is \$3,400 per employee in a calendar and/or plan year.

I waive enrollment.

### Dependent Care Flexible Spending Account (DCFSA)

*You may not exceed \$7,500 per household in a calendar year.*

*Must select one box.*

I elect \$\_\_\_\_\_ to enroll for plan year (July 1 - June 30). I understand my election will be divided by 12 months. The plan election minimum is \$120/year, and the maximum is \$7,500 per Household in a calendar and/or plan year. \*

I waive enrollment.

\*If you have already contributed \$7,500 in the current calendar year, your new deductions will not begin until the next calendar year.

### Health Savings Account (HSA)

HSA contributions can be updated at any time during the Plan Year. For more information see the [Health Savings Account Fact Sheet \(PDF\)](http://www.cu.edu/node/153374) (www.cu.edu/node/153374).

- You must be enrolled in the CU Health Plan – High Deductible to enroll in the HSA.
- Your contributions may not exceed \$4,400 for single coverage or \$8,750 for family coverage in the calendar year (January - December 2026).
- If you are age 55 or older, you can make an additional contribution of \$1,000.
- 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](http://www.cu.edu/node/115949) (www.cu.edu/node/115949).
- If you are enrolling in the CU Health Plan-High Deductible for the first time and want to enroll in the Health Savings Account, please continue and complete Attachment A. Attachment A is not required if you are already enrolled.
- If you are enrolled in ANY PART of Medicare and you continue to contribute to your HSA, you will be subject to tax penalties. Please see our [Active Employment and Medicare Eligibility guide](http://www.cu.edu/node/298582) (www.cu.edu/node/298582).

## Section 3: Basic Term Life with AD&D, Optional Life and Voluntary AD&D

### Beneficiary Information

- If you do **not** designate a beneficiary for your life insurance plans, benefits will be paid according to the provisions of the group policy.
- Beneficiary designations on your most current form revoke all prior designations.
- The employee is automatically the sole beneficiary for all dependent life insurance plans.
- Primary beneficiary – receives the benefit in the event of your death.
- Contingent beneficiary – receives the benefit only if your primary beneficiary(ies) are deceased.
- If you name more than one primary or contingent beneficiary, indicate the percentage assigned to each and make sure the total in each category equals 100 percent. Use whole numbers only, no decimals.

To learn more about **beneficiary designation**, visit the [CU How to Manage Life Insurance Beneficiaries website](http://www.cu.edu/employee-services/how-manage-life-insurance-beneficiaries) (www.cu.edu/employee-services/how-manage-life-insurance-beneficiaries).

### Life Insurance Resources

- The **Medical History Statement** can be found in the [CU Document Library online](http://www.cu.edu/node/115428) (www.cu.edu/node/115428).
- **Dependent eligibility verification** documents are required unless your dependent has previously completed dependent eligibility verification. Information can be found on the [CU DEV website](http://www.cu.edu/node/116040) (www.cu.edu/node/116040). DEV documentation is not required for individuals listed as only a beneficiary on a profile.

### Basic Term Life with AD&D

Enrollment for the **\$75,000** policy is automatic and premiums are paid by CU.

*Change or designate your primary and contingent beneficiaries:*

|         |            |             |         |      |              |               |   |
|---------|------------|-------------|---------|------|--------------|---------------|---|
| primary | contingent | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |

## Section 3 (cont.): Basic Term Life with AD&D, Optional Life and Voluntary AD&D

### \*\*\*Special Enrollment Period\*\*\*

During the 2026-27 Open Enrollment Period, a Special Enrollment Period is being offered to employees to enroll in and or increase their Optional or Spousal Term Life benefit without having to submit a Medical History Statement up to the newly designated Guaranteed Issue (GI) amounts. To increase an election already in place that exceeds the GI amounts, you must complete and send the [Medical History Statement](http://www.cu.edu/node/115428) (www.cu.edu/node/115428) to The Standard Insurance Company. After submitting the *Medical History Statement*, The Standard Insurance Company will notify the applicant and CU if the enrollment or increase is approved or denied.

### Optional Term Life with AD&D – Employee Enrollment

You can enroll or increase your current election in \$1,000 increments up to the Guaranteed Issue amount of \$350,000 without having to submit the Medical History Statement.

*Must select one box.*

I elect to enroll in Optional Term Life in the amount of \$\_\_\_\_\_.

No change in current coverage level.

I waive enrollment.

*Change or designate your primary and contingent beneficiaries:*

|         |            |             |         |      |              |               |   |
|---------|------------|-------------|---------|------|--------------|---------------|---|
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |

### Section 3 (cont.): Basic Term Life with AD&D, Optional Life and Voluntary AD&D

#### Optional Term Life with AD&D – Dependent Enrollment

**Dependent Enrollment in Optional Life:** Dependent eligibility verification documents are required when enrolling a dependent unless your dependent has previously completed dependent eligibility verification. Information can be found on the [CU DEV website](http://www.cu.edu/node/116040) (www.cu.edu/node/116040). To increase a current election that is greater than \$50,000, you will need to follow the Medical History Statement process with the Standard Insurance Company as noted above.

**Spouse or Partner** – Can enroll or increase your current election in \$1,000 increments up to \$50,000 without having to submit the Medical History Statement. The elected amount cannot exceed the employee's elected Option Term Life amount.

*Must select one box.*

I elect to enroll my spouse/partner in Optional Term Life in the amount of \$\_\_\_\_\_.

No change in current coverage level.

I waive enrollment.

**Children** – You can elect flat amounts of \$5,000 or \$10,000. **No medical history statement needed.** Coverage cannot exceed employee's Optional Life coverage amount.

*Must select one box.*

I elect to enroll my child(ren) for \$5,000 per child.

I elect to enroll my child(ren) for \$10,000 per child.

No change in current coverage level.

I waive enrollment.

#### Voluntary Accidental Death and Dismemberment – Employee Enrollment

No Medical History Statement is required for Voluntary AD&D.

You can elect in \$10,000 increments up to 10x your annual salary or \$250,000, whichever is less.

*Must select one box.*

I elect to enroll in Voluntary AD&D in the amount of \$\_\_\_\_\_ (\$10,000 increments).

No change in current coverage level.

I waive enrollment.

*Change or designate your primary and contingent beneficiaries:*

|         |            |             |         |      |              |               |   |
|---------|------------|-------------|---------|------|--------------|---------------|---|
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |
| primary | contingent | _____       |         |      |              |               |   |
|         |            | Name (Last) | (First) | (MI) | Relationship | Date of Birth | % |

## Voluntary Accidental Death and Dismemberment – Dependent Enrollment

**Dependent Enrollment in AD&D:** *Dependent eligibility verification* documents are required when enrolling a dependent unless your dependent has previously completed dependent eligibility verification. Information can be found at the [DEV website](http://www.cu.edu/node/116040) (www.cu.edu/node/116040).

**Spouse/Partner** – You can elect in \$10,000 increments. Spouse/Partner cannot enroll unless the employee is enrolled. Coverage cannot exceed employee’s Voluntary AD&D coverage amount.

*Must select one box.*

I elect to enroll my spouse/partner in Voluntary AD&D in the amount of \$\_\_\_\_\_ (\$10,000 increments).

No change in current coverage level.

I waive enrollment.

**Child(ren)** – cannot enroll unless the employee is enrolled.

*Must select one box.*

I elect to enroll my child in Voluntary AD&D in the flat amount of \$5,000.

No change in current coverage level.

I waive enrollment.

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## Section 4: Short and Long Term Disability

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**Short Term Disability:** You may enroll only as a new hire/newly eligible and during the Open Enrollment period. A late enrollment penalty applies if enrolling outside of your new hire/newly eligible enrollment period. To learn more about this valuable benefit visit the [CU Disability website](http://www.cu.edu/node/153405) (www.cu.edu/node/153405).

*Must select one box.*

I elect to enroll in Short Term Disability.

No change in current coverage level.

I waive enrollment.

### Long Term Disability

Faculty and University Staff employees are automatically enrolled (opt out is unavailable) the first of the month following their anniversary date, and CU pays the premium.

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## Section 5: Retirement Plans

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Visit the [CU Mandatory Retirement Plans website](http://www.cu.edu/node/153123) (www.cu.edu/node/153123) for information on eligibility and placement.

Visit the [CU Voluntary Retirement Plans website](http://www.cu.edu/node/153431) (www.cu.edu/node/153431) for information on how to enroll in the plans.

Name: \_\_\_\_\_ ID# \_\_\_\_\_

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## General Fraud Statement

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Any employee, employee's dependent(s), or other individual(s) who knowingly provides false, incomplete, or misleading facts or information on any Benefits Enrollment/Change Form, benefits enrollment website, affidavit, or other document for the purpose of defrauding or attempting to defraud the university's benefits plans hereto commits a fraudulent act. Any such person will be subject to civil and/or criminal penalties, fines, denial of enrollment in any or all the university's benefits plans, or as provided in regulations, statutes, and applicable written directives.

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## Authorization and Signature – Read, Sign and Send in

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I certify that by completing, signing and returning this form, I agree to abide by the eligibility, enrollment and election procedures for my University of Colorado benefits as outlined on the [Employee Services website](http://www.cu.edu/benefits) (www.cu.edu/benefits).

By signing this form, I attest that I have reviewed the dependent eligibility definitions and that the information I am sending is true and accurate. I understand that if I have knowingly provided false or misleading information related to the enrollment of an ineligible dependent in a benefits plan, I may be subject to discipline, and the university may be required to take action to recover funds expended due to fraud or fiscal misconduct.

I certify that I have been given the opportunity to enroll for group benefits insurance as offered by and through the University of Colorado. I understand that I cannot change certain elections until the next Open Enrollment period unless I have a Qualifying Life Change.

I agree to utilize the appeal procedure(s) established by the carrier(s)/administrator for resolving claims disputes. Depending on the conditions set forth by the carrier, this agreement may require binding arbitration instead of a court trial for dispute resolution.

I acknowledge that carriers may release certain information about me and/or my dependent(s) when required under federal or state law, or pursuant to legal process, and may release and obtain medical information to or from other carriers, providers, and public agencies for the purpose of providing health care services, to facilitate payment for these services, and conduct related administrative operations.

I hereby authorize the University of Colorado to deduct the necessary premiums, if any, from my paycheck or bill me directly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Action Required

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If you are enrolling in the CU Health Plan High Deductible for the first time and want to enroll in the Health Savings Account, please continue and complete [Attachment A](#).

OR

If you are ready to complete your enrollment, [go to page 12](#).

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## Attachment A: Health Savings Account (HSA) Authorization

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**Only complete** if enrolling in the Health Savings Account 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](http://www.cu.edu/node/115949) (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. 2026) **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.
- Changes will be **effective July 1, 2026**. The contribution election made will be divided by 6 months (July – December).

### 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 contribution made prior to July 1 in the current calendar year.

**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: \_\_\_\_\_

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## Complete Your Enrollment: How to Upload This Form

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

1. **Complete** and **sign** (page 10).
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 Open Enrollment. And complete additional required designation documentation for domestic partner/child(ren) - [Tax Certification of Dependency for Tax Treatment of Medical Benefits for a Domestic Partner/Child\(ren\) \(PDF\)](#) ([www.cu.edu/node/164116](http://www.cu.edu/node/164116)).

If you are waiting for documentation for a newborn (i.e. birth certificate/SSN), please submit this enrollment form within the 31-day deadline and submit the DEV documentation as soon as it arrives via the [DEV form](#) in your employee portal.

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### Alternate Ways to Complete Enrollment

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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](#) ([www.cu.edu/node/116040](http://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.