



## Qualifying Life Change Employee Losing Eligibility

The following guide outlines [permissible changes](#) to benefit elections and [how to make](#) them when an employee loses eligibility for group health insurance.

### Permissible Changes

Employees can make certain changes when they lose eligibility for group health insurance under another plan due to a Qualifying Life Change.

Common examples of an employee losing eligibility:

- Losing eligibility under spouse's plan (e.g., spouse terminated employment or Open Enrollment)
- Losing eligibility under parent's plan (e.g., employee is turning 26 and is no longer an eligible dependent under their parents' plans)
- Losing eligibility under a Medical Assistance Program (e.g., Medicaid, Medicare or other assistance program. SEP allows 60 days from date of loss)
- Loss of coverage under a foreign government group health plan
- Disenrollment during dependent's employer or parent's employer Open Enrollment
- Exhaustion of COBRA coverage period under another plan

These changes must be made within **31 days** from the date event that caused the loss of eligibility and must be [consistent](#) with loss of eligibility. New elections will **be effective the first of the month** following the event that caused the loss of eligibility.

CU Health Plans medical, dental, vision	Optional Life Insurance	Voluntary AD&D	Flexible Spending Accounts Health Care Dependent Care
changes permissible	changes permissible	changes permissible	changes permissible

### Plan resources

[Rates \(PDF\)](#)

[Benefits Website](#)

### CU Health Plans: medical, dental, vision

	Enroll?	Cancel?	Change plans?
<b>Employee Spouse/partner* Children</b>	The employee and their dependents may enroll with proof of <a href="#">loss of coverage</a> .	The employee cannot cancel CU coverage for themselves or dependents. They must wait until Open Enrollment.	The employee cannot switch plans. They must wait until the next Open Enrollment.

\*Employee will be subject to [imputed income](#) (taxable income) for the amount CU contributes toward health premiums for partners and partner's children if they do not qualify as tax dependents. If they are tax dependents, the employee must submit [Tax Certification of Dependency \(PDF\)](#).

## Optional Life Insurance

	Enroll?	Cancel or decrease?
<b>Employee</b>	<p><b>Guarantee issue (no medical history required):</b> The employee can elect or increase up to \$10,000, in increments of \$1,000. Total policy amount cannot exceed three times employee's annual salary or \$1 million.</p> <p><b>Additional amounts:</b> To <a href="#">apply</a> for additional amount (max of \$1 million), the employee must submit the Medical History Statement Form, as evidence of insurability, to The Standard Insurance Company for approval.</p>	Any policy may be decreased or cancelled any time during the plan year. Effective that month if the Benefits Enrollment/ Change Form is received by the 10 <sup>th</sup> of the month, otherwise it is effective the first of the following month.
<b>Spouse/partner</b>	<p><b>Guarantee issue (no medical history required):</b> The employee can elect or increase for a spouse/partner up to \$10,000, in increments of \$1,000, without a Medical History Statement. Total policy amount cannot exceed \$50,000 or employee's Optional Life amount.</p> <p><b>Additional amounts:</b> To <a href="#">apply</a> for additional amounts (max of \$500,000), the employee must submit the Medical History Statement Form, as evidence of insurability, to The Standard Insurance Company for approval.</p>	
<b>Children</b>	For a dependent child(ren), the employee may elect in flat amounts of \$5,000 or \$10,000. Policy cannot exceed employee's Optional Life amount. No medical history required.	

You can [update your beneficiary\(ies\)](#) at any time.

Effective date of policy is the date of approval by The Standard Insurance Company; however, premiums are effective the first of the month following the approval date.

## Voluntary Accidental Death & Dismemberment (AD&D)

	Enroll?	Cancel or decrease?
<b>Employee</b>	The employee can elect or increase, in increments of \$10,000, up to 10 times their annual salary with a maximum of \$250,000. Medical history is not applicable.	Any policy may be decreased or cancelled any time during the plan year. Effective that month if the Benefits Enrollment/ Change Form is received by the 10 <sup>th</sup> of the month, otherwise it is effective the first of the following month.
<b>Spouse/partner</b>	The employee can elect or increase a spouse/partner, in increments of \$10,000, up to the employee's policy amount. Employee must be enrolled. Medical history not applicable.	
<b>Children (all)</b>	The employee can elect a flat \$5,000 for dependent child(ren). Employee must be enrolled. Medical history is not applicable.	

You can [update your beneficiary\(ies\)](#) at any time.

## Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account (HCFSA)	Dependent Care Flexible Spending Account (DCFSA)
<p>The employee can enroll or increase to accommodate a new child and any other tax dependents who were not previously covered.</p> <p>The employee can decrease or cancel if they gain eligibility under another plan. In no event can a new election be reduced to an amount that is less than the expenses incurred prior to the new election date.</p>	<p>The employee can enroll or increase to accommodate newly eligible tax dependents and any other tax dependents who were not previously covered.</p> <p>The employee can decrease or cancel if spouse/partner is not employed or covered under other DCFSA.</p>

## How to Make Changes

The employee has **31 days** from the date of the event that causes the loss of eligibility to make changes and [submit](#) the required documentation. If the appropriate documentation is not submitted within 31 days, they must wait until the next Open Enrollment to make changes.

### How to ADD yourself, spouse/partner and/or dependent children

1. Submit the Benefits Enrollment/Change Form:  
[Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#)  
[Benefits Enrollment/Change Form Classified \(PDF\)](#)
2. Submit [Dependent Eligibility Verification \(DEV\)](#) documentation for newly eligible spouse/partner and child(ren), if dependents are not already verified. If documentation is not received, your dependent will not be enrolled, and you will have to wait until the next Open Enrollment period.

Eligible dependents	Dependent verification required documentation		
<b>Spouse</b>	Most recent Federal Tax return form showing a married filing status. Send first and second page (the signed signature page) <b>or</b> first page and Certificate of Electronic filing.	<b>or</b>	Marriage certificate <b>and</b> one secondary verification document*
<b>Common law spouse</b>	<a href="#">CU Affidavit of Common Law (PDF)</a>	<b>and</b>	One secondary verification document*
<b>Civil union partner</b>	Civil union certificate**	<b>and</b>	One secondary verification document*
<b>Domestic partner</b>	<a href="#">CU Affidavit of Domestic Partnership (PDF)**</a>	<b>and</b>	Two secondary verification documents*
<b>Child under age 27</b>	Birth or adoption certificate	<b>or</b>	Court documents signed by a judge for parental responsibility or qualified medical child support order
<b>Disabled Child over age 27</b>	Birth or adoption certificate	<b>and</b>	A medical certificate of disability or notice of determination from the Social Security Administration
<b>*Secondary verification documents:</b> Documents (must be dated within the last 60 days) <ul style="list-style-type: none"> <li>• Designation of dependent as primary beneficiary of the employee's life insurance or retirement benefits.</li> <li>• Joint ownership of residence or other real estate.</li> <li>• Lease agreement on home or another property listing both names.</li> <li>• Joint ownership of a motor vehicle.</li> <li>• Utility bill listing the employee and dependent on the bill or two separate utility bills, one listing the employee and one listing the dependent at the same address.</li> </ul>			<b>**Employees will be subject to <a href="#">imputed income</a></b> (taxable income) for the amount CU contributes towards health premiums for partner and partner's children if they do not qualify as tax dependents. If they are tax dependents, employee must submit <a href="#">Tax Certification of Dependency (PDF)</a> .

3. Provide proof of loss of coverage. Submit a letter or other document from other employer or insurer stating:
  - The individuals losing coverage (by name).
  - The effective date when coverage ends.
  - The types of plans that are being lost, specifically medical, dental and vision.

### How to CANCEL Life, Voluntary AD&D and/or Disability Insurance coverage

Submit the appropriate Benefits Enrollment/Change Form:  
[Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#)  
[Benefits Enrollment/Change Form Classified Staff \(PDF\)](#)

## How to add, change or remove beneficiary(ies) from a life insurance policy

If you are enrolled in Employee Basic Life, Employee Optional Life and/or Employee Voluntary AD&D, you must name one or more beneficiaries. Beneficiaries are the individual(s) or organization that you name on your life insurance policies that will receive the benefit in the event of your death. Beneficiaries can be legal dependents, but do not have to be. Beneficiaries can be updated anytime by following the steps below.

1. LOGIN into your [employee portal](#)
2. SELECT **CU Resources** (skip this step if CU Resources is your homepage)
3. CLICK on the **Benefits and Wellness** tile
4. CLICK on the **Benefits Summary** tile
5. On the summary CLICK on the **plan(s)** you want to edit: Employee Basic Life, Employee Optional Life and/or Employee Voluntary AD&D
6. CLICK **Edit** to complete one of the following actions:
  - a. Add beneficiaries
  - b. Change percentages of current beneficiaries
    - i. The total percentage between beneficiaries must be a total of 100 percent.
  - c. Remove a beneficiary
    - i. Change the percentage to 0 percent.
    - ii. Note: If you no longer wish to have this individual visible in your employee portal, submit the [Dependent/Beneficiary Removal Form \(PDF\)](#).
7. CLICK **Save** - changes will be effective immediately

## Submission instructions

Submission instructions for all documentation are found on the Benefits Enrollment/Change Form. You can check the Benefits Summary in your [employee portal](#) to verify enrollment accuracy after forms are processed. If you have further questions, contact a benefits professional at **303-860-4200, option 3**.

## Payroll deductions

If canceling or removing dependent coverage and expecting a reduction in cost of monthly premiums, employee must submit all documentation by the 10<sup>th</sup> of the month in which the change would take effect. If documentation is received after the 10th of the month, premium adjustments will be reflected in the next payroll cycle.

## Questions?

Contact a benefits professional via email at [benefits@cu.edu](mailto:benefits@cu.edu) or call during business hours at 303-860-4200 option 3.

## Other Benefits to Consider

During the course of a life event, there are other benefit changes to consider that are not subject to Qualifying Life Change rules. The following changes can be made at any time during the plan year:

### HSA – Health Savings Account

You must be enrolled in the CU Health Plan – High Deductible to open and contribute to the HSA offered by CU. You can enroll, increase, decrease or stop your elected contributions at any time during the year without a [Qualifying Life Change](#). Please see the [HSA Fact Sheet \(PDF\)](#) for more detailed information.

- Effective date via Form: Effective that month if form is received by the 10th of the month, otherwise it will be the first of the following month.
- Effective date via Self-Service-Portal: Effective that month, if enrolled online before that month's payroll processing. You must call a [benefits professional](#) to activate online enrollment.

### Optional Life Insurance

You can enroll in the Optional Life benefit or increase your current elected amount at any time during the plan year:

1. **Complete and sign** the Medical History Statement\*  
[Medical History Statement Faculty and University Staff \(PDF\)](#)  
[Medical History Statement Classified Staff \(PDF\)](#)
2. **Submit** form to The Standard Life Insurance  
 The Standard Life Insurance Company  
 900 SW Fifth Avenue  
 Portland, OR 97204
3. **Wait for approval**
  - a. The Standard Life Insurance Company will notify the applicant and the university when application is approved.
    - i. Effective date of the policy is the first day of the month following the approval date from The Standard Life Insurance Company.
    - ii. Premiums are effective the first day of the month following the approval date.
  - b. The university will notify the applicant when approval is received. At that time, the applicant will designate beneficiaries and indicate tobacco usage via the provided form.

**Cancellations:** You can decrease or cancel personal and dependent Optional Life Insurance any time during the plan year by submitting the appropriate Benefits Enrollment/Change Form:

[Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#)  
[Benefits Enrollment/Change Form Classified Staff \(PDF\)](#)

\*By signing the [Medical History Statement](#), the applicant is authorizing The Standard Life Insurance Company to obtain information about the applicant's health, undergo a physical examination, if required, which may include blood testing, and provide any additional information about the applicant's insurability that The Standard Life Insurance Company may reasonably require.

## Voluntary Accidental Death & Dismemberment (AD&D)

Voluntary AD&D can only be added during Open Enrollment and certain Qualifying Life Changes. However, you can decrease or cancel AD&D any time during the plan year by submitting the appropriate Benefits Enrollment/Change Form:

[Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#)

[Benefits Enrollment/Change Form Classified Staff \(PDF\)](#)

## Short Term Disability

**Faculty and University Staff:** You can only enroll during Open Enrollment. However, you can cancel any time during the plan year by submitting the [Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#). Effective date for cancellation is that month if the Benefits Enrollment/Change Form is received by the 10<sup>th</sup> of the month, otherwise it will be the first of the following month.

**Classified Staff:** Enrollment is mandatory as it is paid by CU.

## Long Term Disability

**Faculty and University Staff:** Enrollment is mandatory as it is paid by CU.

### Classified Staff:

- You can enroll at any time during the year with a [Medical History Statement Classified Staff \(PDF\)](#) approved by The Standard Life Insurance Company. Effective date is the first of the month following approval of The Standard Life Insurance Company.
- Premiums are based on employee's age, salary and vesting status with PERA.
- Employee can request a change of premiums at any time during the year or when they become vested with PERA (five years of PERA service). You must submit Benefits Enrollment/Change and proof of vesting status (if status was gained outside CU's employment). Effective that month if form is received by the 10<sup>th</sup> of the month, otherwise it will be the first of the following month.
- You can change to vested status anytime during the plan year.
- You can cancel any time during the plan year. Effective date for cancellation is that month if the [Benefits Enrollment/Change Form Classified Staff \(PDF\)](#) is received by the 10<sup>th</sup> of the month, otherwise it will be the first of the following month.

## Definitions

**Consistency rule:** Under the Consistency Rule, the election change is on account of and corresponds with the Qualifying Life Change that affects eligibility for coverage under an employer's plan. Changes to benefit plans must be consistent with the Qualifying Life Change, and correspond with a gain or loss of eligibility for coverage.

**Loss of group coverage:** When adding CU coverage, CU requires proof that employee and/or dependents will lose or have lost group health coverage by submitting a letter or other document from another employer or insurer stating:

- The individuals losing coverage (by name).
- The effective date when coverage ends.
- The types of plans that are being lost, specifically medical, dental and vision.