

GME Qualifying Life Change

Gain Eligibility: Spouse/Partner or Dependent Children

The following guide outlines permissible changes to benefit elections and how to make them when an employee's spouse/partner and/or child(ren) gains eligibility for group health insurance.

Permissible Changes

Employees can make certain changes to their benefit elections when their dependents (spouse/partner and/or children) gain eligibility for group health insurance due to a Qualifying Life Change.

Common examples:

- Dependent gains employment
- Dependent change in employment status (e.g., from part time to full time)
- Dependent gains eligibility under a Medical Assistance Program (e.g., CHIP, Medicaid, Medicare)
- Dependent gains coverage under a foreign government socialized group health plan (e.g., going on sabbatical/visiting scholar)
- Dependent enrolls during their employer's Open Enrollment

These changes must be made within **31 days (60 days if gains eligibility is under a medical assistance program such as CHIP or Medicaid)** from the date of the event that caused the gain of eligibility and must be consistent with gain of eligibility. New elections will **be effective the first of the month** following the date of the event that caused the gain of eligibility.

Plan Change Eligibility:

- **CU Health Plans medical, dental, vision:** limited changes
- **Flexible Spending Accounts (Health Care FSA & Dependent Care FSA):** changes permissible

Plan resources

- [GME Rates \(PDF\)](#)
- [GME Benefits Website](#)

CU Health Plans: medical, dental, vision

Enrollment

- **Employee Spouse/partner and Children:** The employee and their dependents cannot enroll until Open Enrollment.

Cancellation

- **Employee Spouse/partner and Children:** The employee and/or their dependent(s) can cancel their CU coverage with proof of gain of group coverage under another plan.

Imputed Income

Tax Dependency Reminder: Employee will be subject to [imputed income](#) (taxable income) for the amount CU contributes towards health premiums for partners and partner's children if they do not qualify as tax dependents. If the domestic partner is a tax dependent, the employee must submit a [Tax Certification of Dependency for Tax Treatment of Medical Benefits \(PDF\)](#).

Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account HCFA: The employee can decrease the election to reflect gain of eligibility for medical, dental, vision or FSA coverage under spouse's 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.

Dependent Care Flexible Spending Account DCFA: The employee can enroll, increase, decrease or cancel election to reflect new eligibility. (e.g., if spouse/partner previously did not work or dependent is added under spouse's plan).

How to Make Changes

The employee has **31 days** from the date of the event that causes the gain 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 cancel coverage

1. **Submit** the [Benefits Enrollment/Change Form GME \(PDF\)](#).
2. **Submit** a letter or other document from dependent's employer or insurer stating:
 - The individuals that gained group coverage (by name).
 - The effective date of group coverage.
 - The types of plans that were gained, specifically medical, dental and/or vision.

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 you are canceling or removing dependent coverage and expect a reduction in your cost of monthly premiums, you must submit all documentation by the 10th 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 or call during business hours at **303-860-4200 option 3**.

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.

Gain of group coverage: When canceling CU coverage, CU requires proof that you and/or dependents have or will have coverage. We require a letter or other document from dependent's employer or insurer stating:

- The individuals that gained group coverage (by name).
- The effective date of group coverage.
- The types of plans that were gained, specifically medical, and dental and/or vision.