

GME 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)
- Losing eligibility under a Medical Assistance Program (e.g., Medicaid, Medicare or other assistance programs. SEP allows 60 days from the 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 of the 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.

Plan change eligibility:

- **CU Health Plans medical, dental, vision:** changes permissible
- **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: The employee and their dependents may enroll with proof of loss of coverage.

Change plans: The employee and their dependents can switch plans.

Cancellation: The employee cannot cancel CU coverage for themselves or dependents until the next Open Enrollment.

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 HCFSAs

- The employee can enroll or increase to accommodate new child and any other tax dependents who were not previously covered.
- 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.

Dependent Care Flexible Spending Account DCFSAs

- The employee can enroll or increase to accommodate newly eligible tax dependents and any other tax dependents who were not previously covered.
- The employee can decrease or cancel if spouse/partner is not employed or covered under other DCFSAs.

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 GME \(PDF\)](#).
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, the dependent(s) will not be enrolled, and the employee will have to wait until the next Open Enrollment.

Eligible dependents and the required documentation:

- **Spouse:** Most recent Federal Tax return form showing a married filing status. Send the first and second page (the signed signature page) **OR** the first page and Certificate of Electronic filing **OR** marriage certificate **and** one secondary verification document (see next section)
- **Common law spouse:** [CU Affidavit of Common Law \(PDF\)](#) **AND** one secondary verification document (see next section)
- **Civil union partner:** Civil union certificate **AND** one secondary verification document (see next section)
- **Domestic partner:** [CU Affidavit of Domestic Partnership \(PDF\)](#) **AND** two secondary verification documents (see next section)
- **Child under age 27:** Birth or adoption certificate **OR** court documents signed by a judge for parental responsibility or qualified medical support order
- **Child with a disability over age 27:** Birth or adoption certificate **AND** a medical certificate of disability or notice of determination from the Social Security Administration

Secondary verification documents:

Documents (must be dated within the last 60 days)

- Designation of dependent as primary beneficiary of the employee's life insurance or retirement benefits.
 - Joint ownership of residence or other real estate.
 - Lease agreement on home or another property listing both names.
 - Joint ownership of a motor vehicle.
 - 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.
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.

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.

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.