

DEATH OF A SPOUSE OR PARTNER



GME Qualifying Life Change

Death of a Spouse or Partner

The following guide outlines [permissible changes](#) to benefit elections and [how to make](#) them if a spouse or partner has passed away.

The University of Colorado expresses our deepest condolences during this time. If you would prefer to speak directly to a benefit professional, please call 303-860-4200, option 3.

Permissible Changes

If an employee's spouse or partner has passed away, they may make certain changes to their benefit elections. The employee has **31 days** from the date of the event to make these qualifying changes. These changes must be [consistent](#) with a loss of eligibility. New elections will **be effective the first of the month** following the date of death. The employee must [cancel](#) coverage for their spouse/partner and stepchildren (children who are not employee's [legal dependents](#)). Spouse/partner benefits will end on date of death.

CU Health Plans medical, dental, vision	Flexible Spending Accounts Health Care Dependent Care
cancellation of spouse/partner/stepchildren's coverage and limited changes	changes permissible

Plan resources

[GME Rates \(PDF\)](#)

[GME Benefits Website](#)

CU Health Plans: medical, dental, vision

	Enroll?	Cancel?
Employee	If the employee currently does not have coverage with CU, they may enroll, with proof of loss of coverage.	The employee cannot cancel CU coverage for themselves. They must wait until Open Enrollment.
Deceased spouse or partner	The employee must cancel their spouse/partner's health plans. Coverage ends on the date of death. Premium adjustments are effective the first of the month following the date of death.	
Stepchildren	The employee can enroll or continue coverage if employee has legal responsibility. Dependent Eligibility Verification required when enrolling new dependents.	The employee will need to cancel if stepchildren are not legal dependents. Coverage will end the last day of the month of the event. They will be eligible for COBRA.
Children	If children were under the plan of employee's spouse/partner, employee can add them to CU's plans with proof of loss of coverage , provided the employee is enrolled or enrolling.	The employee cannot cancel CU coverage for their dependent children. They must wait until Open Enrollment.

Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account HCFSA	Dependent Care Flexible Spending Account DCFSA
The employee can enroll, increase or decrease election to reflect loss of eligibility for medical, dental, vision or FSA coverage under spouse's/partner'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.	The employee can enroll or increase their contributions to accommodate newly eligible dependents and any other dependents who were not previously covered.

How to Make Changes

The employee has **31 days** from the date of the event to make changes by submitting the required documentation to Employee Services. The employee must cancel coverage for their deceased spouse/partner and their stepchildren unless they have legal responsibility with required court documentation. If the spouse/partner had a CU Life Insurance Policy, begin the Life Claim Process by contacting a **benefits professional at 303-860-4200, option 3**. Time limits apply, so please start this process as soon as possible.

How to add yourself and/or your dependent children who lost coverage due to death of spouse/partner

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	Dependent verification required documentation		
Child under age 27	Birth or adoption certificate	or	Court documents signed by a judge for parental responsibility or qualified medical child support court 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

3. Provide proof of [loss of coverage](#). Submit a letter or other document from spouse/partner's 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 are found on the Benefit Enrollment/Change Form.

How to cancel coverage for deceased spouse/partner and stepchildren

1. **Submit** the [Benefits Enrollment/Change Form GME \(PDF\)](#).
2. **Submit** a copy of death certificate.

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 via email at benefits@cu.edu or call during business hours at 303-860-4200 option 3.

Payroll deductions

If canceling or removing dependent coverage and expecting 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.

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 are being lost, specifically medical, dental and vision.