



# GME Qualifying Life Change

## Change in Child/Dependent Care Needs

The following guide outlines [permissible changes](#) to benefit elections and [how to](#) make them when employees experience changes in their dependent care needs.

### Permissible Changes

Employees can enroll or make a corresponding change to their Dependent Care Flexible Spending Account (DCFSA) based on an increase/decrease in cost and/or hours, change of provider or child reaching 13 years of age. The employee has **31 days** from the day of the event to make these qualifying changes. These changes must be [consistent](#) with the event change, and new elections will **be effective the first of the month** following receipt of the Benefits/Enrollment Change Form.

CU Health Plans medical, dental, vision	Flexible Spending Accounts Health Care FSA Dependent Care FSA
no changes	DCFSA - changes permissible HCFSAs - no changes

### Plan resources

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

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

	Enroll?	Cancel?
<b>Employee</b> <b>Spouse/partner</b> <b>Children</b>	The employee and their dependents may not enroll. They must wait until Open Enrollment.	The employee cannot cancel plans. They must wait until the next Open Enrollment period.

### Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account (HCFSAs)	Dependent Care Flexible Spending Account (DCFSA)
The employee cannot enroll or make any changes.	The employee can enroll, increase, decrease or cancel to reflect the changes in their child/dependent care needs.

## How to Make Changes

The employee has **31 days** from the date of the event that causes the change in their child/dependent care needs 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 enroll/change/cancel DCFSA

1. Submit the [Benefits Enrollment/Change Form GME \(PDF\)](#).
2. Employee must submit a short letter describing the change in their child/dependent care needs and the outcome they wish to have.

### 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](mailto:benefits@cu.edu) or call during business hours at 303-860-4200 option 3.

### Payroll deductions

If you cancel or remove dependent coverage and expect 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.

## 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 eligibility of group coverage:** When canceling CU coverage, CU requires proof that employee 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 (medical, dental and/or vision).