



GME Qualifying Life Change Employee Gaining Eligibility

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

Permissible Changes

Employees can make certain changes to their benefit elections when they gain eligibility for group health insurance due to a Qualifying Life Change.

Common examples of employee gaining eligibility:

- Gaining eligibility through spouse/partner (e.g., spouse started a new job or Open Enrollment)
- Gaining eligibility through parents
- Gaining eligibility under a Medical Assistance Program (e.g., Medicaid, Medicare, SEP allows 60 days from date of loss)
- Gaining coverage under a foreign government socialized group health plan (e.g., going on sabbatical/visiting scholar)

These changes must be made within **31 days** 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 event that caused the gain of eligibility.

CU Health Plans medical, dental, vision	Flexible Spending Accounts Health Care Dependent Care
limited changes	changes permissible

Plan resources

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

[GME Benefits Website](#)

CU Health Plans: medical, dental, vision

	Enroll?	Cancel?
Employee Spouse/partner Children	The employee and their dependents cannot enroll. They must wait until Open Enrollment.	The employee and their dependent(s) can cancel their CU coverage with proof of gain of group coverage under another plan.

Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account (HCFSA)	Dependent Care Flexible Spending Account (DCFSA)
The employee can decrease the election, within plan guidelines, 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.	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 via email at 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 tenth of the month in which the change would take effect. If documentation is received after the tenth 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 for 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, specifically medical, and dental and/or vision.