

## LOSING ELIGIBILITY

Spouse, Partner or Dependent Loses Eligibility for Group Health Coverage



## **Employee Guide: Qualifying Life Change**

## Losing Eligibility: Spouse/Partner or Dependent

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

## Permissible changes

Employees can make certain changes when their spouse/partner and/or child(ren) lose eligibility for group health insurance due to a Qualifying Life Change.

Common examples:

- Dependent terminates employment
- Dependent changes employment status (e.g., from full-time to part-time)
- Dependent loses eligibility under a Medical Assistance Program (e.g., CHIP, Medicaid, Medicare)
- Dependent loses coverage under a foreign government socialized group health plan
- Dependent loses coverage during their employer's Open Enrollment
- Dependent losing coverage under other parents' coverage (e.g., turning 26 years of age)
- Loss of legal custody or placement for adoption
- Dependent exhausts COBRA coverage period (not voluntary termination of COBRA coverage)

These changes must be made within **31 days** from the date event that caused the loss of eligibility and must be <u>consistent</u> with loss of eligibility. New elections will **be effective the first of the month** following the event that caused the loss of eligibility.

| CU Health Plans<br>medical, dental, vision | Optional Life Insurance | Voluntary AD&D      | Flexible Spending<br>Accounts<br>Health Care<br>Dependent Care |
|--|-------------------------|---------------------|--|
| limited Changes                            | changes permissible     | changes permissible | changes permissible  |

#### **Plan resources**

Rates Benefits Website

## CU Health Plans: medical, dental, vision

|                             | Enroll?   | Cancel?   | Change plans?   |
|-----------------------------|---|---|---|
| Employee<br>Spouse/partner* | If the employee currently does not<br>have coverage with CU, they can<br>enroll themselves with proof of<br>dependent's <u>loss of coverage</u><br>provided the dependent who is<br>losing coverage is also enrolling.<br>The employee may enroll the<br>spouse/partner* with proof <u>of loss of</u><br><u>coverage</u> of any of employee's<br>dependents, provided the employee<br>is enrolled or enrolling. | The employee cannot<br>cancel CU coverage for<br>themselves or<br>dependents. They must<br>wait until Open<br>Enrollment. | The employee cannot<br>switch plans. They<br>must wait until the<br>next Open Enrollment. |
| Children                    | The employee may enroll child(ren)<br>with proof of loss of coverage of any<br>of employee's dependents, provided<br>the employee is enrolled or<br>enrolling.  |   |   |

\*Employee will be subject to imputed income (taxable income) for the amount CU contributes toward health premiums for partners and partner's children if they do not qualify as tax dependents. If they are tax dependents, the employee must submit <u>Tax Certification of Dependency</u>.

#### **Optional Life Insurance**

|                | Enroll?   | Cancel or decrease?           |
|----------------|---|-------------------------------|
| Employee       | Guarantee issue (no medical history required): The          | Any policy may be             |
|                | employee can elect or increase up to \$10,000, in           | decreased or cancelled any    |
|                | increments of \$1,000. Total policy amount cannot exceed    | time during the plan year.    |
|                | three times employee's annual salary or the \$1 million     | Effective that month if the   |
|                | dollar limit.   | Benefits Enrollment/ Change   |
|                | Additional amounts: To apply for additional amount          | form is received by the tenth |
|                | (max of \$1 million) the employee must submit the Medical   | of the month, otherwise it is |
|                | History Statement form, as evidence of insurability, to The | effective the first of the    |
|                | Standard Insurance Company for approval.                    | following month.              |
| Spouse/partner | Guarantee issue (no medical history required): The          |                               |
|                | employee can elect or increase for a spouse/partner up to   |                               |
|                | \$10,000, in increments of \$1,000, without a Medical       |                               |
|                | History Statement. Total policy amount cannot exceed        |                               |
|                | \$50,000 or the employee's Optional Life amount.            |                               |
|                | Additional amounts: To apply for additional amounts         |                               |
|                | (max of \$500,000) the employee must submit the Medical     |                               |
|                | History Statement form, as evidence of insurability, to The |                               |
|                | Standard Insurance Company for approval.                    | -                             |
| Children       | For a dependent child(ren), the employee may elect, in flat |                               |
|                | amounts of \$5,000 or \$10,000. Policy cannot exceed        |                               |
|                | employee's Optional Life amount. No medical history is      |                               |
|                | required.   |                               |

You can <u>update your beneficiary(ies)</u> at any time. Effective date of policy is the date of approval by The Standard however, premiums are effective the first of the month following the approval date.

### Voluntary Accidental Death & Dismemberment (AD&D)

|   | Enroll?   | Cancel or decrease?   |
|---|---|---|
| Employee  | The employee can elect or increase, in increments of \$10,000,<br>up to 10 times their annual salary with a maximum of \$250,000.<br>Medical history is not applicable.               | Any policy may be<br>decreased or canceled<br>any time during the plan  |
| Spouse/partner                                    | The employee can elect or increase a spouse/partner, in increments of \$10,000, up to the employee's policy amount.<br>The employee must be enrolled. Medical history not applicable. | year. Effective that<br>month if the Benefits<br>Enrollment/ Change   |
| Children (all)                                    | The employee can elect a flat \$5,000 for dependent child(ren).<br>Employee must be enrolled. Medical history is not applicable.  | form is received by the<br>tenth of the month,<br>otherwise it is effective<br>the first of the following<br>month. |
| You can update your beneficiary(ies) at any time. |   |   |

#### Flexible Spending Accounts (FSA)

| Healthcare Flexible Spending Account   | Dependent Care Flexible Spending Account  |
|--|---|
| HCFSA  | DCFSA   |
| The employee can enroll or increase to reflect loss of eligibility for medical, dental, vision or FSA coverage under dependent's plan. | The employee can enroll or increase to reflect<br>loss of eligibility for DCFSA under spouse's plan.<br>The employee can decrease or cancel to reflect<br>loss of eligibility (e.g., spouse stops working). |

### 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 <u>submit</u> 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 employee, spouse/partner and/or dependent child(ren) who lost coverage

- 1. Submit the Benefits Enrollment/Change form: Benefits Enrollment/Change form Faculty, Officers, University Staff Benefits Enrollment/Change form Classified Staff
- 2. Submit <u>Dependent Eligibility Verification (DEV)</u> documentation for newly eligible spouse/partner and child(ren), if dependents are not already verified. If documentation is not received, the dependent will not be enrolled and you will have to wait until the next Open Enrollment period.

| Eligible<br>dependents   | Dependent verification required documentation  |   |  |
|--|--|---|--|
| Spouse   | Most recent Federal Tax return form showing a married filing status. Send first and second page (the signed signature page) <b>or</b> first page and Certificate of Electronic filing. | or  | Marriage certificate <b>and</b> one secondary verification document*   |
| Common law<br>spouse   | CU Affidavit of Common Law   | and   | One secondary verification document*   |
| Civil union partner  | Civil union certificate**  | and   | One secondary verification document*   |
| Domestic partner   | CU Affidavit of Domestic Partnership**   | and   | Two secondary verification documents*  |
| Child under age 27   | Birth or adoption certificate  | or  | Court documents signed by a judge for parental responsibility or qualified medical child support order       |
| Disabled Child<br>over age 27  | Birth or adoption certificate  | and   | A medical certificate of disability or notice of<br>determination from the Social Security<br>Administration |
| <ul> <li>*Secondary verification documents:<br/>Documents (must be dated within the last 60 days)</li> <li>Designation of dependent as primary beneficiary of the employee's life insurance or retirement benefits.</li> <li>Joint ownership of residence or other real estate.</li> <li>Lease agreement on home or another property listing both names.</li> <li>Joint ownership of a motor vehicle.</li> <li>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.</li> </ul> |  | **Employees will be subject to <u>imputed income</u><br>(taxable income) for the amount CU contributes<br>towards health premiums for partner and partner's<br>children if they do not qualify as tax dependents.<br>If they are tax dependents, employee must submit<br><u>Tax Certification of Dependency</u> . |  |

- 3. Provide proof of loss of coverage. Submit a letter or other document from spouse/partner's employer or insurer stating:
  - Who are the individuals losing coverage (by name)
  - When is the effect date when coverage ends
  - What types of plans are being lost, specifically medical, dental and vision

# How to cancel Life, Voluntary AD&D, DCFSA and/or Disability insurance coverage

- 1. Submit the appropriate Benefits Enrollment/Change form: <u>Benefits Enrollment/Change form Faculty, Officers, University Staff</u> <u>Benefits Enrollment/Change form Classified Staff</u>
- 2. To decrease or cancel the Dependent Care Flexible Spending Account, employee must provide a short letter to Employee Services indicating that their child care needs have changed (e.g., spouse is no longer working)

#### How to add, change or remove beneficiary(ies) from a life insurance policy

If you are enrolled in Employee Basic Life, Employee Optional Life and/or Employee Voluntary AD&D you must name one or more beneficiaries. Beneficiaries are the individual(s) or organization that you name on your life insurance policies that will receive the benefit in the event of your death. Beneficiaries can be legal dependents, but do not have to be. Beneficiaries can be updated anytime by following the steps below.

- 1. LOGIN into your employee portal
- 2. SELECT CU Resources (Skip this step if CU Resources is your homepage.)
- 3. CLICK on the Benefits and Wellness tile
- 4. CLICK on the **Benefits Summary** tile
- 5. On the summary CLICK on the **plan(s)** you want to edit beneficiaries for (Employee Basic Life, Employee Optional Life and/or Employee Voluntary AD&D)
- 6. CLICK Edit
  - a. Add beneficiaries
  - b. Change percentages of current beneficiaries (the total percentage between beneficiaries must be a total of 100 percent)
  - c. Remove a beneficiary (change the percentage to 0 percent) Note: If you no longer wish to have this individual visible in your employee portal, submit the <u>Dependent/Beneficiary Removal form</u>
- 7. CLICK **Save -** changes will be effective immediately

#### **Payroll deductions**

If canceling or removing dependent coverage and expecting 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.

#### **Submission instructions**

Send forms and documents via secured fax or unsecured email, regular mail or in person:

Fax: 303.860.4299 (secured)

Email: benefits@cu.edu (unsecured)

Employee Services: 1800 Grant St. Suite 400, Denver, CO 80203

Employees can check their Benefits Summary in their <u>employee portal</u>, to verify enrollment accuracy after forms are processed.

If you have further questions, contact a benefits professional at **303-860-4200**, option 3.

## Other benefits to consider (Not subject to QLC requirements)

During the course of a Life Change, there are other benefit changes to consider that are not subject to Qualifying Life Changes. The following changes can be made at any time during the plan year:

#### HSA – Health Savings Account

The employee can enroll, increase, decrease or cancel at any time during the year without a Qualifying Life Change. The employee must be enrolled on the CU Health Plan – High Deductible in order to open and contribute to the HSA offered by CU. Contributions cannot be made to both the HCFSA and the HSA at the same time. Please see the <u>HSA Fact Sheet</u> for more detailed information.

- Effective date via Form: Effective that month if form is received by the tenth of the month, otherwise it will be the first of the following month.
- Effective date via Self-Service-Portal: Effective that month, if enrolled online before that month's payroll processing. Employee must call a <u>benefits professional</u> to activate online enrollment.

#### **Optional Life Insurance**

The employee can enroll in or increase, at any time, in Optional Life Insurance:

- Complete and sign the evidence of insurability (EOI)\* <u>Medical History Statement Faculty and University Staff</u> Medical History Statement Classified Staff
- Submit Form
   The Standard Insurance Company Medical Underwriting
   900 SW Fifth Avenue
   Portland, OR 97204
- 3. Approval
  - a. The Standard will notify the applicant and the university when application is approved.
    - i. Effective date of the policy is the date of approval by The Standard.
    - ii. Premiums are effective the first day of the month following the approval date.
  - b. The university will notify the applicant when approval is received. At that time, the applicant will designate beneficiaries and indicate tobacco usage via the provided form.

**Cancellations:** The employee can decrease or revoke personal and dependent Optional Life Insurance any time during the plan year by submitting the appropriate Benefits Enrollment/Change form:

Benefits Enrollment/Change form Faculty, Officers, University Staff Benefits Enrollment/Change form Classified Staff

\*EOI: By signing the <u>Medical History Statement</u>, the applicant is authorizing the Standard Insurance Company to obtain information about the applicant's health, undergo a physical examination, if required, which may include blood testing, and provide any additional information about the applicant's insurability that The Standard may reasonably require.

#### Voluntary Accidental Death & Dismemberment (AD&D)

Voluntary AD&D can only be added during Open Enrollment and certain Qualifying Life Changes. However, employees can cancel AD&D any time during the plan year by submitting the appropriate Benefits Enrollment/Change form:

Benefits Enrollment/Change form Faculty, Officers, University Staff Benefits Enrollment/Change form Classified Staff

#### Short Term Disability

#### Faculty and University Staff:

Employees can cancel any time during the plan year by submitting the <u>Benefits Enrollment/Change form</u> <u>Faculty, Officers, University Staff</u>. Effective date for cancellation is that month if the Benefits Enrollment/Change form is received by the tenth of the month, otherwise it will be the first of the following month. The employee can enroll only during Open Enrollment.

Classified Staff: N/A (Must continue enrollment since it is mandatory and paid by CU)

#### Long Term Disability

Faculty and University Staff: N/A (Must continue enrollment since it is mandatory and paid by CU)

#### **Classified Staff:**

- The employee can enroll at any time during the year with a <u>Medical History Statement Classified Staff</u> approved by The Standard Insurance Company. Effective date is the first of the month following approval of The Standard Insurance Company.
- Premiums are based on employee's age, salary and vesting status with PERA.
- Employee can request change of premiums at any time during the year or when they become vested with PERA (five years of PERA service). Employee must submit Benefits Enrollment/Change and proof of vesting status (if status was gained outside CU's employment). Effective that month if form is received by the tenth of the month, otherwise it will be the first of the following month.
- The employee can change to vested status anytime during the plan year.
- The employee can cancel any time during the plan year. Effective date for cancellation is that month if the <u>Benefits Enrollment/Change form Classified Staff</u> is received by the tenth of the month, otherwise it will be the first of the following month.

#### **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.

**Evidence of Insurability (EOI):** This means an applicant must submit the <u>Medical History Statement</u> <u>Faculty/University Staff</u> or <u>Medical History Statement Classified Staff</u> to The Standard Insurance Company, authorizing to obtain information about the applicant's health, undergo a physical examination which may include blood testing or any other information about the applicant's insurability reasonably required. Effective date of policy is the date of approval by The Standard however, premiums are effective the first of the month following the approval date. **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 other employer or insurer stating:

- Who are the individuals losing coverage (by name)
- When is the effect date when coverage ends
- What types of plans are being lost, specifically medical, dental and vision