

Qualifying Life Change

Marriage, Common-Law, Civil Union and Domestic Partner

The following guide outlines permissible changes to benefit elections and how to make them when an employee gains a spouse/partner through marriage, common-law, civil union or domestic partnership.

Permissible Changes

When entering a marriage or partnership, you can make certain changes to your benefit elections. These changes must be made within **31 days** from the date of the life change and must be consistent with gaining a spouse/partner and correspond with a gain of eligibility. New elections will **be effective the first of the month** following the marriage/partnership.

Plan change eligibility:

- **CU Health Plans medical, dental, vision:** limited changes
- **Optional Life Insurance:** changes permissible
- **Voluntary AD&D:** changes permissible
- **Flexible Spending Accounts (Health Care FSA & Dependent Care FSA):** limited changes

Some benefits are not subject to QLC regulations, now is a good time to consider changes to [other benefits](#).

Plan resources

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

CU Health Plans: medical, dental, vision

Enrollment:

- **Employee:** If the employee currently does not have coverage with CU, they can enroll themselves, provided they enroll the new spouse/partner.
- **Spouse/partner:** If the employee is enrolled/enrolling, they can enroll the new spouse/partner.
- **Children:** If the employee is enrolled/enrolling and enrolling the new spouse/partner, they can also enroll their dependent children and/or spouse/partner's children.

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

Cancellation: The employee may cancel CU coverage for themselves and dependents with proof of [gain of group coverage](#) under another plan or wait 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 \(PDF\)](#).

Optional Life Insurance

Enrollment:

- **Employee:** Guarantee issue (no medical history required) The employee can elect or increase up to \$10,000, in increments of \$1,000. Total policy amount cannot exceed three times employee's annual salary. To [apply](#) for an additional amount (max of \$1 million), employee must submit the Medical History Statement Form, as evidence of insurability, to The Standard Insurance Company for approval. The 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.
- **Spouse/partner:** The employee can elect or increase for a spouse/partner up to \$50,000, in increments of \$1,000, without a Medical History Statement. Total policy amount cannot exceed employee's Optional Life amount or the maximum of \$50,000. 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. The 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.
- **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 required.

Cancellation or decrease: Any Optional Life Insurance policy for employees or their dependents can be decreased or canceled at any time. Effective that month if the Benefits Enrollment/ Change Form is received by the 10th of the month, otherwise it is effective the first of the following month.

You can [update your beneficiary\(ies\)](#) at any time.

Voluntary Accidental Death & Dismemberment (AD&D)

Enrollment:

- **Employee:** The employee can elect or increase, in increments of \$10,000, up to 10 times their annual salary with a maximum of \$250,000. Medical history is not applicable.
- **Spouse/partner:** The employee can elect or increase a spouse/partner in increments of \$10,000, up to the employee's policy amount. Employee must be enrolled. No medical history required.
- **Children:** The employee can elect a flat \$5,000 for dependent child(ren). Employee must be enrolled. Medical history is not applicable.

Cancellation or decrease: Any Voluntary AD&D policy for employees or their dependents can be decreased or canceled at any time. Effective that month if the Benefits Enrollment/ Change Form is received by the 10th of the month, otherwise it is effective the first of the following month.

You can [update your beneficiary\(ies\)](#) at any time.

Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account HCFSA

- The employee can enroll or increase to accommodate newly eligible tax dependents and any other tax dependents who were not previously covered.
- The employee may 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.
- Effective date is the first of the month following the receipt of Benefits Enrollment/Change Form.

Dependent Care Flexible Spending Account DCFSA

- 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 DCFSA.

How to Make Changes

You have **31 days** from the date of marriage/partnership to make changes by submitting the required documentation to Employee Services. If you have any questions, please contact a **benefits professional at 303-860-4200, option 3**.

How to add a newly eligible spouse/partner and dependent child(ren)

1. **Submit** the Benefits Enrollment/Change Form:
 - [Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#)
 - [Benefits Enrollment/Change Form Classified Staff \(PDF\)](#)
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.

Tax dependency reminder: Employees will be subject to imputed income (taxable income) for the amount CU contributes towards health premiums for partner and partner's children if they do not qualify as tax dependents. If they are tax dependents, employee must submit [Tax Certification of Dependency \(PDF\)](#). View the [Imputed Income website](#) to learn more.

How to cancel coverage for employee, spouse/partner and dependent child(ren)

- **Submit** the appropriate Benefits Enrollment/Change Form:
 - [Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#)
 - [Benefits Enrollment/Change Form Classified Staff \(PDF\)](#)
- **Submit** a letter or other document from dependent's employer or insurer stating:
 - The individuals who gained group coverage (by name).
 - The effective date of group coverage.
 - The types of plans 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 at **303-860-4200, option 3**.

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** to your [employee portal](#).
2. **select** *CU Resources* (skip this step if CU Resources is your homepage).
3. **select** the *Benefits and Wellness* tile.
4. **select** the *Benefits Summary* tile.
5. On the summary **select** the plan(s) you want to edit: Employee Basic Life, Employee Optional Life and/or Employee Voluntary AD&D.
6. **select** *Edit* to complete one of the following actions:
 - a. add beneficiaries
 - b. change percentages of current beneficiaries
 - i. The total percentage between beneficiaries must be a total of 100 percent
 - c. remove a beneficiary
 - i. Change the percentage to 0 percent
 - ii. Note: If you no longer wish to have this individual visible in your employee portal, submit the [Dependent/Beneficiary Removal Form \(PDF\)](#)
7. **select** *Save* - changes will be effective immediately.

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.

Other Benefits to Consider

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

HSA – Health Savings Account

You must be enrolled in the CU Health Plan – High Deductible to open and contribute to the HSA offered by CU. You can enroll, increase, decrease or stop your elected contributions at any time during the year without a Qualifying Life Change. Please see the [HSA Fact Sheet \(PDF\)](#) for more detailed information.

- Effective date via Form: Effective that month if form is received by the 10th 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. You must call a [benefits professional](#) to activate online enrollment.

Optional Life Insurance

You can enroll in the Optional Life benefit or increase your current elected amount at any time during the plan year:

1. **Complete and sign** the Medical History Statement*
 - [Medical History Statement Faculty and University Staff \(PDF\)](#)
 - [Medical History Statement Classified Staff \(PDF\)](#)
2. **Submit** form to The Standard Life Insurance
The Standard Life Insurance Company
900 SW Fifth Avenue
Portland, OR 97204
3. **Wait for approval**
 - a. The Standard Life Insurance Company will notify the applicant and the university when application is approved.
 - i. Effective date of the policy is the first day of the month following the approval date from The Standard Life Insurance Company.
 - 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: You can decrease or cancel 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 \(PDF\)](#)
- [Benefits Enrollment/Change Form Classified Staff \(PDF\)](#)

*By signing the [Medical History Statement](#), the applicant is authorizing The Standard Life 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 Life Insurance Company 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, you can decrease or 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 \(PDF\)](#)
- [Benefits Enrollment/Change Form Classified Staff \(PDF\) Staff](#)

Short-term Disability

Faculty and University Staff: You can only enroll during Open Enrollment. However, you can cancel any time during the plan year by submitting the [Benefits Enrollment/Change Form Faculty, Officers, University Staff \(PDF\)](#). Effective date for cancellation is that month if the Benefits Enrollment/Change Form is received by the 10th of the month, otherwise it will be the first of the following month.

Classified Staff: Enrollment is mandatory as it is paid by CU.

Long-term Disability

Faculty and University Staff: Enrollment is mandatory as it is paid by CU.

Classified Staff:

- You can enroll at any time during the year with a [Medical History Statement Classified Staff \(PDF\)](#) approved by The Standard Life Insurance Company. Effective date is the first of the month following approval of The Standard Life 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). You 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 10th of the month, otherwise it will be the first of the following month.
- You can change to vested status anytime during the plan year.
- You can cancel any time during the plan year. Effective date for cancellation is that month if the [Benefits Enrollment/Change Form Classified Staff \(PDF\)](#) is received by the 10th 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.

Gain 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 were gained, specifically medical, and dental and/or vision.