

## Birth of a Child

Follow the instructions to add your newborn to your CSU insurance.

You are permitted to make mid-year election changes within **30 days** of an IRS approved qualifying event. It is necessary to provide documentation (birth certificate) to Human Resources to substantiate the qualifying event and to establish the eligibility for, and the effective date of, the requested change within **30 days** of the qualifying event.

Changes initiated or documentation received after **30 days** will not be accepted and changes cannot be made until the next open enrollment period.

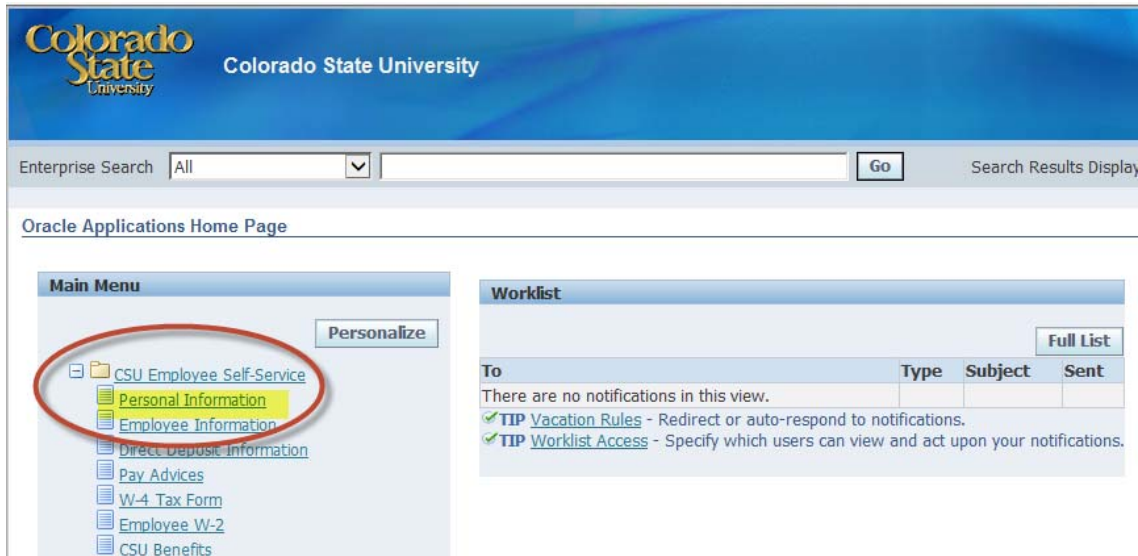
You will complete two steps:

- Add your newborn by entering their information in the **Personal Information** menu option.
- Complete enrollment of your newborn in **CSU Benefits**.

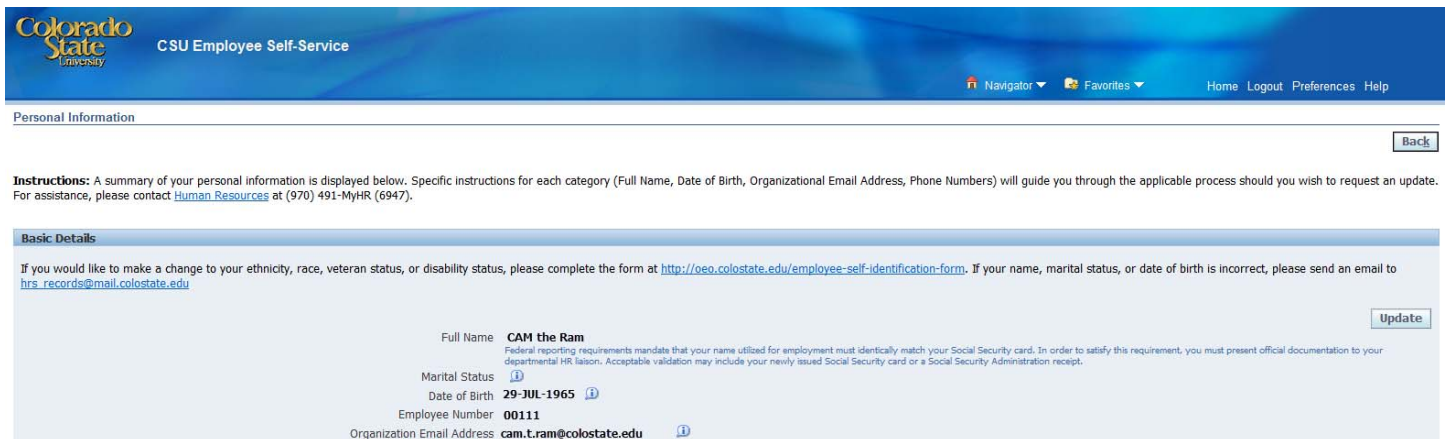
### Step 1

## Add your Newborn Child

1. Click on the **CSU EMPLOYEE SELF-SERVICE** responsibility to expand the menu. Click **Personal Information**.



The **Personal Information** page displays.



2. Scroll down the page until you reach **Dependents and Beneficiaries**. Click the **Add** button.



**Dependents And Beneficiaries**

Add or update information about your beneficiaries or dependents.  
 Note: People you enter here become dependents or beneficiaries only after you complete Benefits Enrollment.

Select Dependent And Beneficiary:

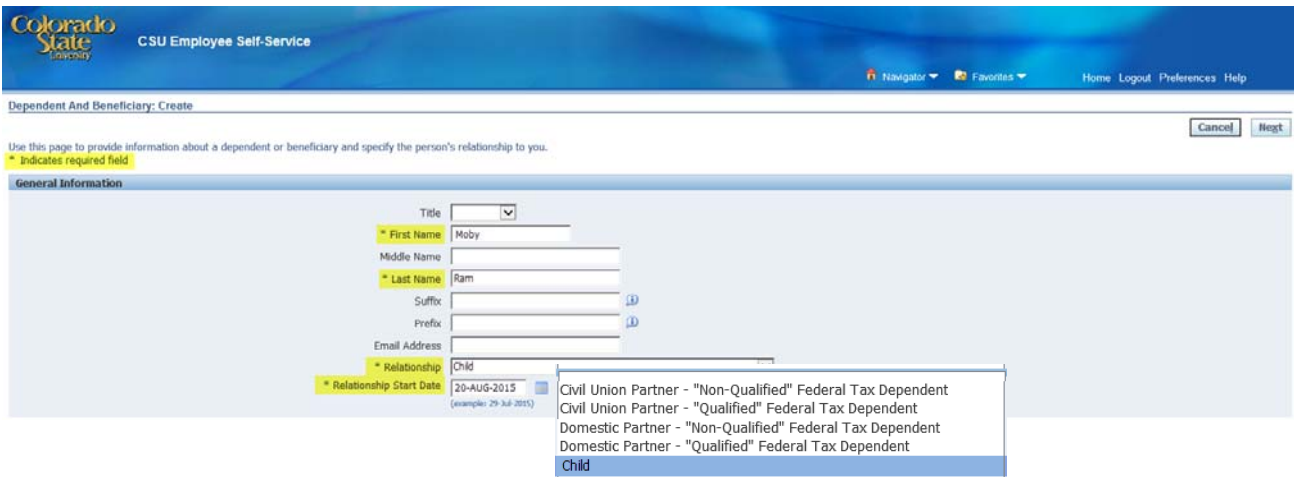
Select Name	Relationship
<input checked="" type="radio"/> Ram, Lory	Child
<input type="radio"/> Ram, Moby	Child
<input type="radio"/> Ram, CAM III	Beneficiary

Enter names in proper Title Case format.  
 Do not use all UPPERCASE or lower case.

3. **Dependent And Beneficiary: Create** page appears. Enter the details for your newborn child.

**General Information**

- Enter the **First Name** and **Last Name**. **Middle Name** and **Suffix** are optional.
- Select the applicable **Relationship** (Child) from the list of values.
- Enter the **Relationship Start Date** (newborn's date of birth).



Colorado State University CSU Employee Self-Service

Dependent And Beneficiary: Create

Use this page to provide information about a dependent or beneficiary and specify the person's relationship to you.

\* Indicates required field

**General Information**

Title: [Dropdown]

\* First Name: Moby

Middle Name: [Text]

\* Last Name: Ram

Suffix: [Text]

Prefix: [Text]

Email Address: [Text]

\* Relationship: Child

\* Relationship Start Date: 20-AUG-2015 (example: 29-Jul-2015)

Civil Union Partner - "Non-Qualified" Federal Tax Dependent  
 Civil Union Partner - "Qualified" Federal Tax Dependent  
 Domestic Partner - "Non-Qualified" Federal Tax Dependent  
 Domestic Partner - "Qualified" Federal Tax Dependent  
 Child

**Additional Dependent and Beneficiary Information**

- **Gender** – Select 'Male' or 'Female'.
- **Social Security** – Enter the social security number for your newborn. If you do not have a social security number, please contact Human Resources at 970-491-MyHR (6947). The social security number is due within 90 days of the date of birth to maintain coverage.
- **Start Relationship Reason** – Select 'Birth'.
- **Date of Birth** – Enter the date of birth of your newborn.



**Additional Dependent and Beneficiary Information**

Gender: Female

\* Social Security: 999-99-0001

Start Relationship Reason: Birth

\* Date of Birth: 30-AUG-2015

Adoption Date: [Text]

5. Click **Next**. This brings you to the **Personal Information: Review** page where you can review your changes before they are submitted.

- Click **Submit** if you are satisfied with your entry. (Click **Back** if you need to return to previous pages to make changes.)

CSU Employee Self-Service

Personal Information: Review

Employee Name: **Ram, CAM T.**  
 Organization Email Address: [CAM.T.Ram@colostate.edu](mailto:CAM.T.Ram@colostate.edu)

Employee Number: **01111**  
 Business Group: **Colorado State University**

If you wish to further modify the information displayed below, click the "Back" button or if you wish to remove your entry, click the "Cancel" button.  
 If you have modified your record, please click "Submit" to authorize your employer, Colorado State University, to update your Personal Information.

Indicates Changed Items.

Maintain Contact

Contact

New	
Relationship Type	Child
First Name	Moby
Last Name	Ram
Relationship Start Reason	Birth
Relationship Began On	30-AUG-2015
Resides With Me	Yes

Buttons: Cancel, Printable Page, Back, **Submit** (circled in red)

Congratulations! You have **completed** the first step of the life event procedure. Click **Return to Overview** to enroll your newborn in benefits.

CSU Employee Self-Service

Confirmation

Your changes have been applied.

**Return to Overview** (circled in red)

## Step 2 Enroll your Newborn in Benefits

All mid-year qualifying events must be entered and approved in the online enrollment system within 30 days from the date of event or changes cannot be made until the next open enrollment period.

After adding your dependent's **Personal Information**, be sure to submit official documentation (marriage certificate, affidavit of domestic partnership, certificate of civil union partnership, or birth certificate for each child you wish to add) to the Human Resources (HR) - Benefits Unit. To elect benefits, access this option by logging into **CSU Benefits** in **CSU EMPLOYEE SELF-SERVICE**.

Colorado State University

Enterprise Search: All [Go] Search Results Display

Oracle Applications Home Page

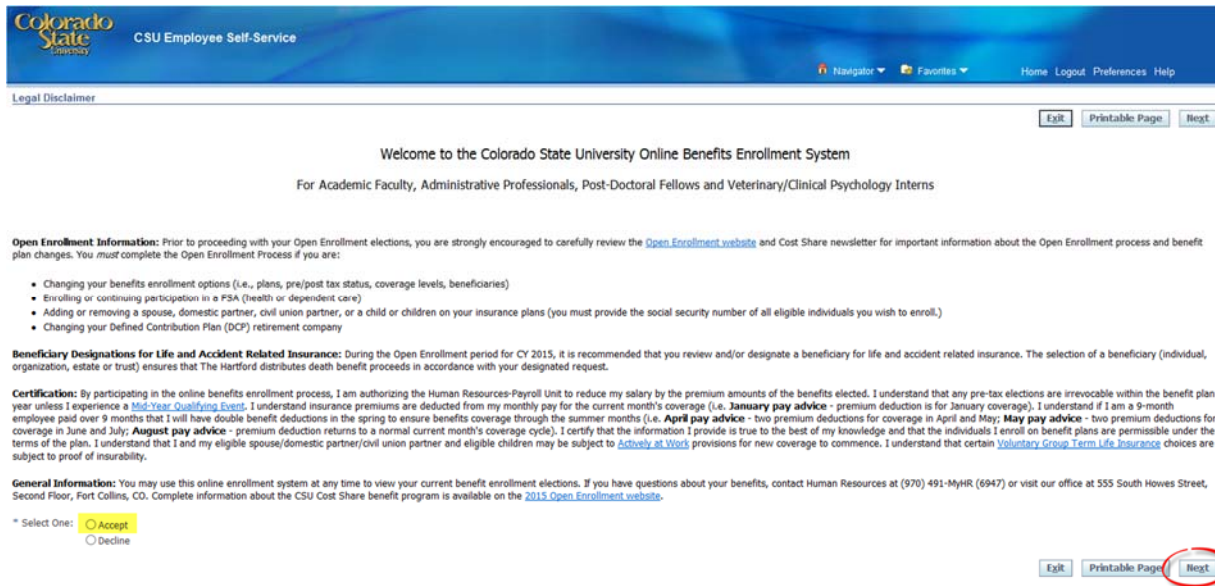
Main Menu

- CSU Employee Self-Service
  - Personal Information
  - Employee Information
  - Direct Deposit Information
  - Pay Advices
  - W-4 Tax Form
  - Employee Self-Service
  - CSU Benefits** (circled in red)
  - Leave Management

Worklist

To	Type	Subject	Sent
There are no notifications in this view.			
✓ TIP Vacation Rules - Redirect or auto-respond to notifications.			
✓ TIP Worklist Access - Specify which users can view and act upon your notifications.			

- On the **Legal Disclaimer** page, review the information and select **Accept**, then **Next** to enter the **Online Benefits Enrollment System**.



**Legal Disclaimer**

Welcome to the Colorado State University Online Benefits Enrollment System  
For Academic Faculty, Administrative Professionals, Post-Doctoral Fellows and Veterinary/Clinical Psychology Interns

**Open Enrollment Information:** Prior to proceeding with your Open Enrollment elections, you are strongly encouraged to carefully review the [Open Enrollment website](#) and Cost Share newsletter for important information about the Open Enrollment process and benefit plan changes. You must complete the Open Enrollment Process if you are:

- Changing your benefits enrollment options (i.e., plans, pre/post tax status, coverage levels, beneficiaries)
- Enrolling or continuing participation in a FSA (health or dependent care)
- Adding or removing a spouse, domestic partner, civil union partner, or a child or children on your insurance plans (you must provide the social security number of all eligible individuals you wish to enroll.)
- Changing your Defined Contribution Plan (DCP) retirement company

**Beneficiary Designations for Life and Accident Related Insurance:** During the Open Enrollment period for CY 2015, it is recommended that you review and/or designate a beneficiary for life and accident related insurance. The selection of a beneficiary (individual, organization, estate or trust) ensures that The Hartford distributes death benefit proceeds in accordance with your designated request.

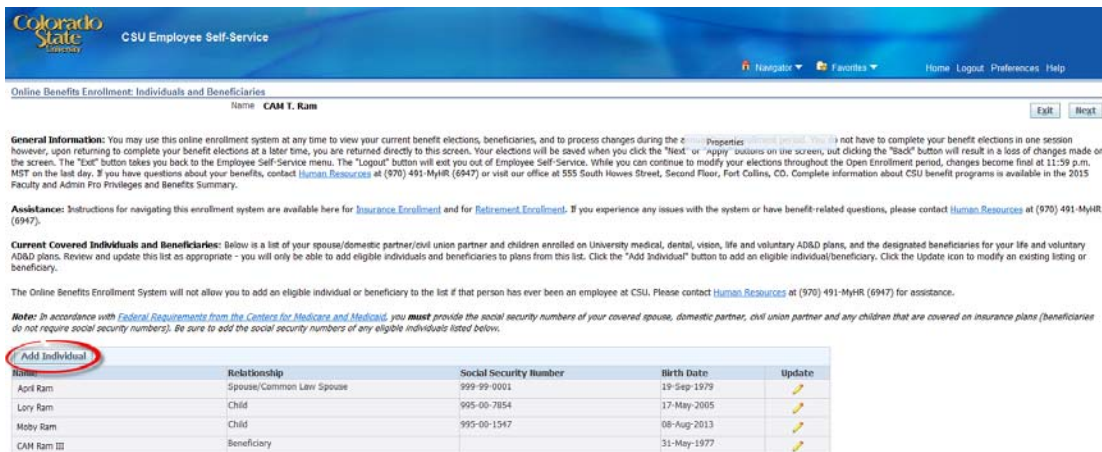
**Certification:** By participating in the online benefits enrollment process, I am authorizing the Human Resources-Payroll Unit to reduce my salary by the premium amounts of the benefits elected. I understand that any pre-tax elections are irrevocable within the benefit plan year unless I experience a [Mid-Year Qualifying Event](#). I understand insurance premiums are deducted from my monthly pay for the current month's coverage (i.e. **January pay advice** - premium deduction is for January coverage). I understand if I am a 9-month employee paid over 9 months that I will have double benefit deductions in the spring to ensure benefits coverage through the summer months (i.e. **April pay advice** - two premium deductions for coverage in April and May; **May pay advice** - two premium deductions for coverage in June and July; **August pay advice** - premium deduction returns to a normal current month's coverage cycle). I certify that the information I provide is true to the best of my knowledge and that the individuals I enroll on benefit plans are permissible under the terms of the plan. I understand that I and my eligible spouse/domestic partner/civil union partner and eligible children may be subject to [Actively at Work](#) provisions for new coverage to commence. I understand that certain [Voluntary Group Term Life Insurance](#) choices are subject to proof of insurability.

**General Information:** You may use this online enrollment system at any time to view your current benefit enrollment elections. If you have questions about your benefits, contact Human Resources at (970) 491-MyHR (6947) or visit our office at 555 South Hovess Street, Second Floor, Fort Collins, CO. Complete information about the CSU Cost Share benefit program is available on the [2015 Open Enrollment website](#).

\* Select One:  Accept  Decline

**Next**

- If you have a spouse/domestic partner/civil union partner or additional dependent children who you wish to add due to the birth, you may add them on the **Online Benefits Enrollment: Individuals and Beneficiaries** screen, by clicking Add Individual.  
**Otherwise, Skip to Step 4.**



**Online Benefits Enrollment: Individuals and Beneficiaries**

Name: CAM T. Ram

**General Information:** You may use this online enrollment system at any time to view your current benefit elections, beneficiaries, and to process changes during the e-Properties [enrollment period](#). You do not have to complete your benefit elections in one session however, upon returning to complete your benefit elections at a later time, you are returned directly to this screen. Your elections will be saved when you click the "Next" or "Apply" buttons on the screen, but clicking the "Back" button will result in a loss of changes made on the screen. The "Exit" button takes you back to the Employee Self-Service menu. The "Logout" button will exit you out of Employee Self-Service. While you can continue to modify your elections throughout the Open Enrollment period, changes become final at 11:59 p.m. MST on the last day. If you have questions about your benefits, contact [Human Resources](#) at (970) 491-MyHR (6947) or visit our office at 555 South Hovess Street, Second Floor, Fort Collins, CO. Complete information about CSU benefit programs is available in the 2015 Faculty and Admin Pro Privileges and Benefits Summary.

**Acknowledgements:** Instructions for navigating this enrollment system are available here for [Insurance Enrollment](#) and for [Retirement Enrollment](#). If you experience any issues with the system or have benefit-related questions, please contact [Human Resources](#) at (970) 491-MyHR (6947).

**Current Covered Individuals and Beneficiaries:** Below is a list of your spouse/domestic partner/civil union partner and children enrolled on University medical, dental, vision, life and voluntary AD&D plans, and the designated beneficiaries for your life and voluntary AD&D plans. Review and update this list as appropriate - you will only be able to add eligible individuals and beneficiaries to plans from this list. Click the "Add Individual" button to add an eligible individual/beneficiary. Click the Update icon to modify an existing listing or beneficiary.

The Online Benefits Enrollment System will not allow you to add an eligible individual or beneficiary to the list if that person has ever been an employee at CSU. Please contact [Human Resources](#) at (970) 491-MyHR (6947) for assistance.

**Note:** In accordance with [Federal Requirements from the Centers for Medicare and Medicaid](#), you **must** provide the social security numbers of your covered spouse, domestic partner, civil union partner and any children that are covered on insurance plans (beneficiaries do not require social security numbers). Be sure to add the social security numbers of any eligible individuals listed below.

Name	Relationship	Social Security Number	Birth Date	Update
April Ram	Spouse/Common Law Spouse	999-99-0001	19-Sep-1979	
Lory Ram	Child	995-00-7854	17-May-2005	
Moby Ram	Child	995-00-1547	08-Aug-2013	
CAM Ram III	Beneficiary		31-May-1977	

**Add Individual**

**Name and Relationship**

- Relationship** – Select Relationship type.
- Relationship Start Date** – Enter the date of birth.
- First Name** and **Last Name**
- Middle Name** and **Suffix** – optional

\* Indicates required field

**Name and Relationship**

\* Relationship: Child

Relationship Start Date: 08/31/2015  
(example: Marriage date or child's birthdate; format: 22-JAN-1983)

\* First Name: Aggie

Middle Name:

\* Last Name: Ram

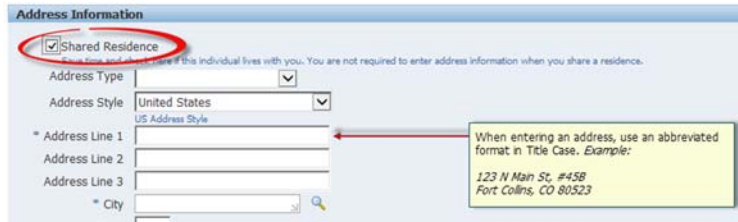
Suffix:   
(example: Jr.)

**Address Information**

If the dependent lives in your household, select **Shared Residence**

Otherwise, enter:

- **Address Type**
- **Address Style**
- **Address Line 1 – 3**
- **City, State and Zip Code**
- **County**
- **Country**
- **Telephone or Telephone2**



**Miscellaneous Information**

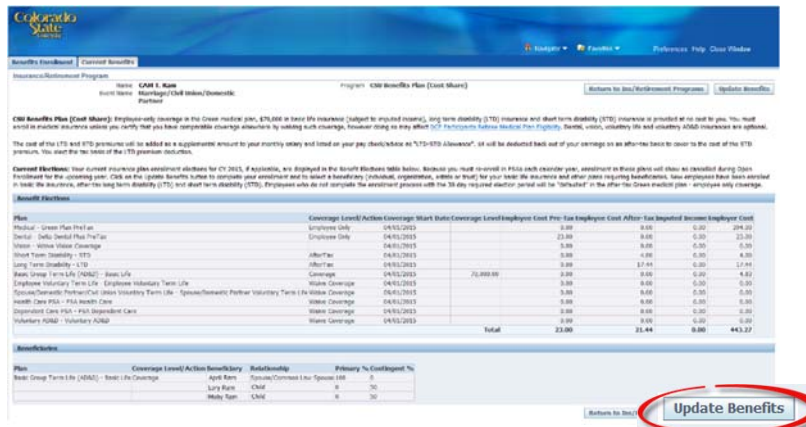
- **Gender** – Select 'Male' or 'Female'.
- **Social Security** – Enter the social security number of the dependent.
- **Date of Birth** – Enter the date of birth of the dependent.



3. Click **Apply** if you are satisfied with your entry.
4. On the **Select Program** page, under **Select Insurance and Retirement Programs**, click **CSU Benefits Plan (Cost Share)** to and **Next** to proceed to your benefit elections.



5. Under the **Insurance/Retirement Program**, you will see your current **Benefit Elections**. To begin making your elections, click **Update Benefits**.



Plan	Coverage Level	Action	Coverage Start Date	Coverage Level	Employee Cost	Employer Cost
Medical - Green Plan (Full on)	Employee Only	04/01/2015	0.00	0.00	0.00	294.00
Dental - Delta Dental Plan (Full on)	Employee Only	04/01/2015	23.00	0.00	0.00	23.00
Vision - Vision Vision Coverage		04/01/2015	5.00	0.00	0.00	0.00
Short Term Disability - STD	Job/Ret	04/01/2015	0.00	0.00	0.00	4.00
Long Term Disability - LTD	Job/Ret	04/01/2015	0.00	0.00	0.00	12.00
Basic Group Term Life (NSU) - Basic Life	Coverage	04/01/2015	75,000.00	0.00	0.00	4.00
Employee Voluntary Term Life - Employee Voluntary Term Life	Waive Coverage	04/01/2015	0.00	0.00	0.00	0.00
Spouse/Partner/Child (Basic Voluntary Term Life) - Spouse/Partner/Child Voluntary Term Life	Waive Coverage	04/01/2015	0.00	0.00	0.00	0.00
Health Care FSA - FSA Health Care	Waive Coverage	04/01/2015	0.00	0.00	0.00	0.00
Dependent Care FSA - FSA Dependent Care	Waive Coverage	04/01/2015	0.00	0.00	0.00	0.00
Voluntary AD&D - Voluntary AD&D	Waive Coverage	04/01/2015	0.00	0.00	0.00	0.00
<b>Total</b>					<b>0.00</b>	<b>343.00</b>

- On the **Update Benefits: Update Enrollments** page, elect the plans you wish to enroll in or make changes to your current plan elections.
  - Medical, Dental and Vision
  - Short Term and Long Term Disability
  - Basic Term Life, Employee Voluntary Term Life, Dependent Term Life and Child Voluntary Life
  - Health Care and Dependent Care FSA (enter the annual election) Voluntary AD&D

**Benefits Enrollment** | Current Benefits

Update Benefits: Update Enrollments | Cover Dependents | Update Beneficiaries | Confirmation Statement

Name: CAM T. RAN | Event Name: Marriage/Civil Union/Domestic Partner | Program: CSU Benefits Plan (Cost Share)

**Enrollment for All New Employees:** Generally, all new employees are enrolled in the University's Defined Contribution Plan (DCP) for retirement. Upon initial appointment however, some employees may also have the option to enroll in the defined benefit plan of the Colorado Public Employee Retirement Association (CPERA) (refer to [Enrollment Plan \(DCP and PERA\)](#)). Enrollment in CPERA is restricted to those meeting PERA's eligibility criteria which includes, but is not limited to being an active PERA participant with at least 12 months of service credit, an inactive member with that amount of service credit or a current PERA retiree however, unless you are a PERA retiree, you may not elect PERA as your retirement plan if you have previously been employed by a public college or university in Colorado offering an "ORP" during that employment you made an election to participate in that institution's ORP. In addition, if your election at that time was to participate in PERA, you may not now elect the ORP. Such elections are by law irrevocable. Effective January 1, 2011, present PERA retirees may elect either PERA or the ORP as their retirement plan each time they are reappointed. Any election to participate in PERA will require you to make the required employee or working retiree contribution to that Plan. **Failure to complete the Retirement Plan Enrollment Form, within 30 days of your date of eligibility will eliminate any option you might otherwise have had to select PERA in lieu of the DCP** but will also, after 90 days, result in election of a DCP investment company for you in accordance with the default procedure established by the University. All initial DCP contributions are placed in a non-retirement bearing account until an investment company election or default election has been made.

**Note:** PERA is responsible for determining eligibility for membership, not the University. If PERA determines that you are not eligible for membership at any time after you make this election, the University must enroll you in the DCP.

**Open Enrollment Options:** If you are a DCP participant, you may change the investment company receiving your contributions for the upcoming calendar year. Click the Next button above when you are done.

**Mid-Year Qualifying Events:** You cannot make any changes to your retirement program when you experience a mid-year qualifying event. You should click the Back button above to return to the previous screen.

**Instructions:** Elect the plans you wish to enroll in or make changes to your current plan elections below. Review your [Insurance Premium Deduction Options](#) for plans that allow premiums to be paid on either a pre- or after-tax basis. You will be asked to add/update dependents and beneficiaries on subsequent screens. If no dependents are listed on the Dependents/Beneficiaries list, you will only see Employee Only coverage choices below. If you want to cover dependents, scroll to the bottom and click the "Add/Edit Individuals and Beneficiaries" button. If you have not entered the social security numbers of your dependents in the table, dependent coverage choices will be listed, but you will not be able to proceed. To add SSNs now, scroll to the bottom and click the "Add/Edit Individuals and Beneficiaries" button.

Unless your dependents include either a domestic partner, civil union partner or the dependent of either who is (are) not your "qualified" federal tax dependent(s), your coverage choices will be limited to Employee Only, Employee + 1 or Family. If you have "non-qualified" federal tax dependents associated with a domestic partnership or civil union, you will have additional coverage choices for medical, dental, and vision plans and you will identify the number of your "qualified" and "non-qualified" dependents that will be covered in order to correctly assess the [Monthly Imputed Income](#). Keep in mind however, if you will only be covering "qualified" dependents, you should select either the Employee + 1 or Family choice, as appropriate, since you wouldn't be subject to imputed income given the circumstances.

**Medical**

Refer to the [Medical Comparison Guide](#) for summary plan information. *Please note that the Gold plan deductible and out-of-pocket maximum are new for calendar year 2015.*

Plan	Coverage Level/Action	Select	Employee Pre-Tax Cost	Employee After-Tax Cost	CSU Cost
Green Plan PreTax	Employee Only	<input type="checkbox"/>	0.00		394.00
	Employee + 1	<input checked="" type="checkbox"/>	177.00		530.00
Green Plan AfterTax	Employee Only	<input type="checkbox"/>		8.00	394.00
	Employee + 1	<input type="checkbox"/>		177.00	530.00
Gold Plan PreTax	Employee Only	<input type="checkbox"/>	84.00		394.00
	Employee + 1	<input type="checkbox"/>	347.00		530.00
Gold Plan AfterTax	Employee Only	<input type="checkbox"/>		84.00	394.00
	Employee + 1	<input type="checkbox"/>		347.00	530.00
POS Plan PreTax	Employee Only	<input type="checkbox"/>	148.00		394.00
	Employee + 1	<input type="checkbox"/>	465.00		530.00
POS Plan AfterTax	Employee Only	<input type="checkbox"/>		148.00	394.00
	Employee + 1	<input type="checkbox"/>		465.00	530.00
Waive Medical Coverage		<input type="checkbox"/>			

**Dental**

Refer to the [Dental Basic and Dental Plus Comparison Guides](#) for summary plan information.

Plan	Coverage Level/Action	Select	Employee Pre-Tax Cost	Employee After-Tax Cost	CSU Cost
Delta Dental Basic PreTax	Employee Only	<input type="checkbox"/>	8.00		23.00
	Employee + 1	<input type="checkbox"/>	10.00		32.00
Delta Dental Basic AfterTax	Employee Only	<input type="checkbox"/>		8.00	23.00
	Employee + 1	<input type="checkbox"/>		10.00	32.00
Delta Dental Plus PreTax	Employee Only	<input checked="" type="checkbox"/>	23.00		23.00
	Employee + 1	<input type="checkbox"/>	49.00		32.00
Delta Dental Plus AfterTax	Employee Only	<input type="checkbox"/>		23.00	23.00
	Employee + 1	<input type="checkbox"/>		49.00	32.00
Waive Dental Coverage		<input type="checkbox"/>			

- Click **Next** if you are satisfied with your elections.

**Add/Edit Individuals and Beneficiaries**

Recalculate **Next**

- On the **Update Benefits: Cover Individuals** page, make an election to cover dependent(s) by checking the box under **Cover** for each benefit, as applicable. Then select **Next**.

**Update Benefits: Cover Individuals**

Name: CAM T. RAN | Event Name: Marriage/Civil Union/Domestic Partner | Program: CSU Benefits Plan (Cost Share)

**Individual Selection:**

**Instructions:** Before designating an eligible individual (spouse, domestic partner, civil union partner or child) to a plan below, carefully review the Faculty and Admin Pro Privileges and Benefits Summary to determine if the individual is eligible for coverage. Be sure to remove any individual that may be currently covered on a plan who no longer meets the eligibility criteria by deselecting the checkmark in the "Cover" column below.

Only individuals added to the table are listed below. If an individual you want to cover on a plan is not listed below, scroll to the bottom of the screen and click the "Add/Edit Individual" button.

**Medical : Green Plan PreTax Employee + 1**

Individual	Relationship	Cover
April Ran	Spouse/Common Law Spouse	<input checked="" type="checkbox"/>

**Dental : Delta Dental Plus PreTax Employee + 1**

Individual	Relationship	Cover
April Ran	Spouse/Common Law Spouse	<input checked="" type="checkbox"/>

**Vision : Vision Service Plan (VSP) PreTax Employee + 1**

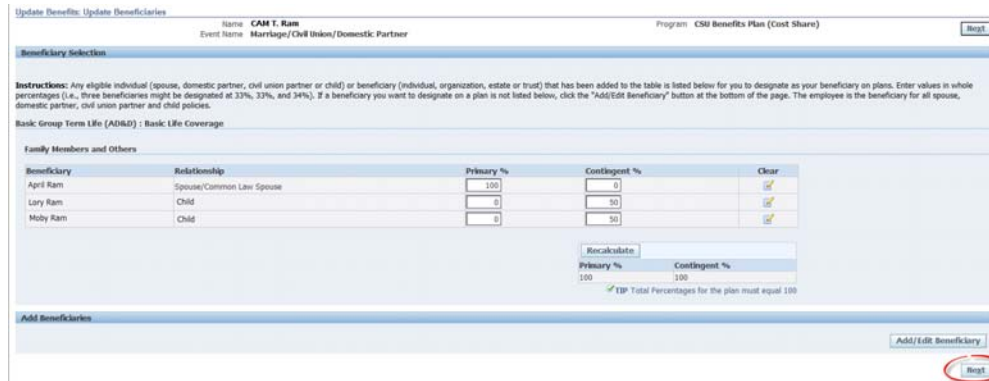
Individual	Relationship	Cover
April Ran	Spouse/Common Law Spouse	<input checked="" type="checkbox"/>

**Add/Edit Individuals**

Add/Edit Individual **Next**

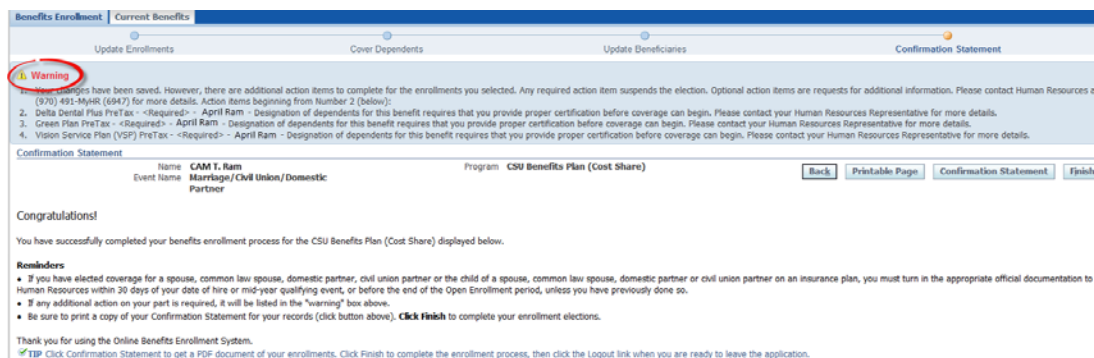
- Beneficiaries may be designated under **Update Benefits: Update Beneficiaries** by entering a value for each person in whole percentages. Complete this action for each life insurance policy (suspended and interim amounts). If a beneficiary is not listed, click **Add/Edit Beneficiary** and follow **Step 2** above to add an individual.

If you are satisfied with your designations, click **Next**.



Beneficiary	Relationship	Primary %	Contingent %	Clear
April Ram	Spouse/Common Law Spouse	100	0	
Lory Ram	Child	0	50	
Moby Ram	Child	0	50	

- Congratulations! You have successfully completed your benefits enrollment. Notice the **Warning** at the top of the page, which shows action items or notifications applicable to your enrollment.



**Warning**

Confirmation Statement

Name: CAM T. Ram  
Event Name: Marriage/Civil Union/Domestic Partner  
Program: CSU Benefits Plan (Cost Share)

**Reminders**

- If you have elected coverage for a spouse, common law spouse, domestic partner, civil union partner or the child of a spouse, common law spouse, domestic partner or civil union partner on an insurance plan, you must turn in the appropriate official documentation to Human Resources within 30 days of your date of hire or mid-year qualifying event, or before the end of the Open Enrollment period, unless you have previously done so.
- If any additional action on your part is required, it will be listed in the "warning" box above.
- Be sure to print a copy of your Confirmation Statement for your records (click button above). **Click Finish** to complete your enrollment elections.

Thank you for using the Online Benefits Enrollment System.  
**TIP** Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

- Be sure to print a copy of your Confirmation Statement or printable page for your records by selecting the **Confirmation Statement** or **Printable Page** button.



- Click **Finish** to finalize your elections.

## Definitions

Designation of dependents for this benefit requires that you provide proper certification

- Proper Certification:** If you have elected coverage for your spouse, common law spouse, domestic partner, civil union partner or eligible child, you must submit a photocopy of a certified marriage or birth certificate or affidavit to Human Resources within **30 days** of your event date.

### Plan

Medical - Green Plan PreTax(Interim)

Medical - Green Plan PreTax(Suspended)

- Interim:** The current election, in place prior to the approval of your requested change.
- Suspended:** The coverage which has been requested. This elections will remain '**Suspended**' until proper documentation is received and approved by Human Resources.