

## Divorce/Legal Separation/Civil Union or Domestic Partner Dissolution

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 (divorce decree, legal separation document or termination of domestic partnership affidavit) 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.

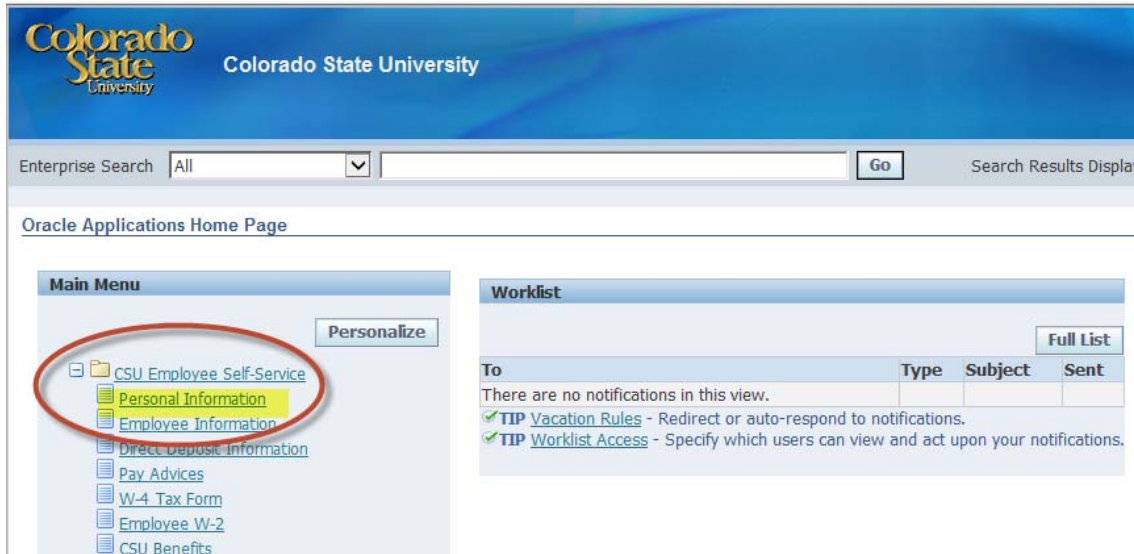
Changes initiated or documentation received after **30 days** will not be accepted and changes cannot be made until the next open enrollment period.

You will complete two steps:

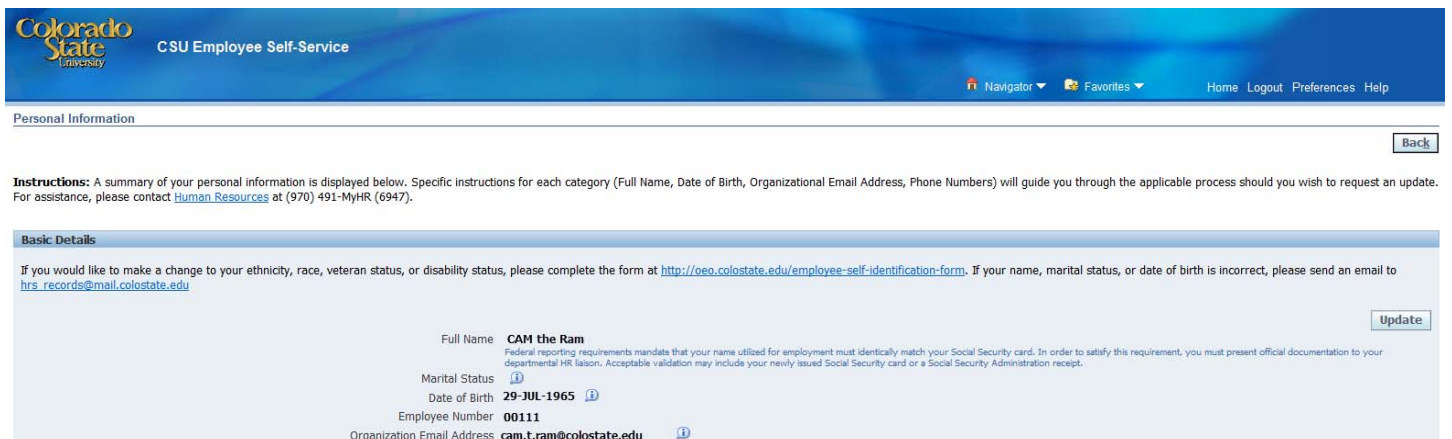
- Remove your Spouse/Civil Union Partner or Domestic Partner by removing their information in the **Personal Information** menu option.
- Complete the changes to your insurance plans in **CSU Benefits**.

### Step 1 Remove your Spouse/Civil Union Partner or Domestic Partner

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



The **Personal Information** page displays.



- Scroll down the page until you reach **Dependents and Beneficiaries**. Click the radio button next to the individual you wish to modify and click the **Remove** button.

**Dependents And Beneficiaries**

Click the **"Remove"** button to initiate ending insurance coverage due to a divorce, legal separation, civil union or domestic partner dissolution.

Click the **"Update"** to correct individual information.

No later than 30 days from a mid-year qualifying event, it is necessary to provide official documentation to Human Resources with the election of, the requested change. Examples of official documentation include the following: birth certificate, marriage certificate, certificate of civil union [Summary](#) to determine eligibility.

Entry instructions are available for your use:

- Marriage
- Birth or Adoption
- Divorce
- Dissolution of Domestic Partner or Civil Union Partner relationship

Select Eligible Individual

Select Name	Relationship
<input checked="" type="radio"/> Ram, April	Spouse/Common Law Spouse
<input type="radio"/> Ram, Lory	Child
<input type="radio"/> Ram, Moby	Child

- The **Remove Contact** page appears. Enter the details requested to remove the individual.

**Remove Contact**

- **End Date** – date the divorce/legal separation/civil union or domestic partner dissolution is finalized.
- **End Relationship Reason** – select **Divorce/Legal Separation/Civil Union or Domestic Partner Dissolution**.

**Remove Contact**

Use this page to remove this contact. Enter an End Date to specify when to remove the contact.

\* Indicates required field

Name **Ram, April**

Relationship **Spouse/Common Law Spouse**

\* End Date

End Relationship Reason

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

**Personal Information: Review**

Employee Name **Ram, CAM T.**

Organization Email Address **CAM\_T.Ram@colostate.edu**

\* Indicates Changed Items.

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.

**Delete Contact**

Removed
Contact Name: Ram, April
Contact Type: Spouse/Common Law Spouse
Relationship: Spouse/Common Law Spouse
End Date: 08/27/2015
End Relationship Reason: Divorce/Legal Separation/Civil Union or Domestic Partner Dissolution

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

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

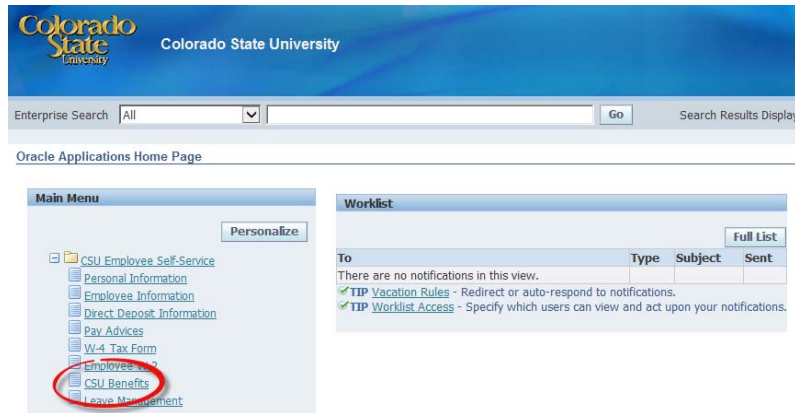
**Confirmation**

Your changes have been applied.

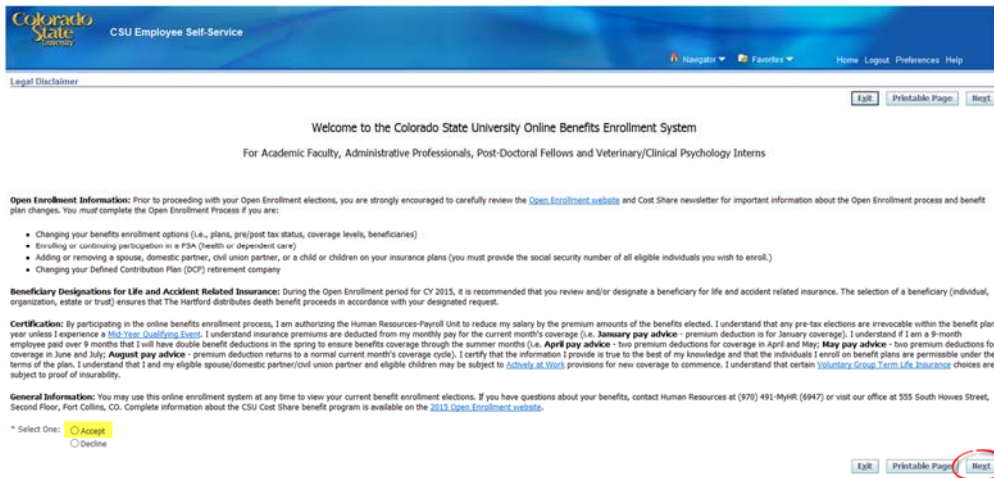
**Step 2 Change your Insurance Elections**

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.

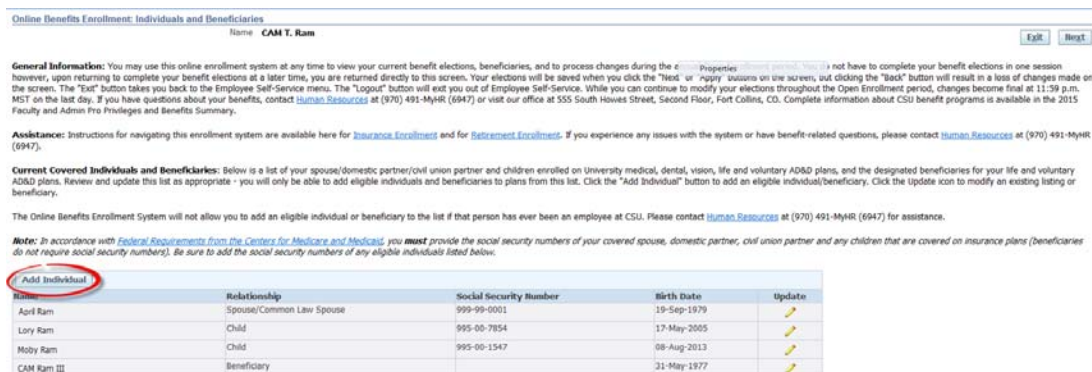
1. You access this option by logging into **CSU Benefits** in **CSU EMPLOYEE SELF-SERVICE**.



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



3. 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.**



**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**

**Address Information**

Shared Residence  
Check this box if this individual lives with you. You are not required to enter address information when you share a residence.

Address Type: \_\_\_\_\_

Address Style: United States  
US Address Style

\* Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\* City: \_\_\_\_\_

When entering an address, use an abbreviated format in Title Case. Example:  
123 N Main St, #45B  
Fort Collins, CO 80523

**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.

**Miscellaneous Information**

\* Gender: Male

Tax ID: \_\_\_\_\_

International Address: \_\_\_\_\_

Social Security: 000-00-0904  
(example: 123-45-6789) Not Required for Beneficiary

\* Date of Birth: 08/21/2015

Back Apply

4. Click **Apply** if you are satisfied with your entry.

5. 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.

**Select Insurance and Retirement Programs**

CSU Benefits Plan (Cost Share)

Retirement Program

Exit Back Next



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

7. 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**

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

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

Update Benefits: Cover Individuals

Name: CAM T. Ram  
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 Ram	Spouse/Common Law Spouse	<input checked="" type="checkbox"/>

Dental - Delta Dental Plus PreTax Employee + 1

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

Vision - Vision Service Plan (VSP) PreTax Employee + 1

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

Add/Edit Individuals

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**.

Update Benefits: Update Beneficiaries

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

**Beneficiary Selection**

Instructions: Any eligible individual (spouse, domestic partner, civil union partner or child) or beneficiary (individual, organization, estate or trust) that has been added to the table is listed below for you to designate as your beneficiary on plans. Enter values in whole percentages (i.e., three beneficiaries might be designated at 33%, 33%, and 34%). If a beneficiary you want to designate on a plan is not listed below, click the "Add/Edit Beneficiary" button at the bottom of the page. The employee is the beneficiary for all spouse, domestic partner, civil union partner and child policies.

Basic Group Term Life (A&D): Basic Life Coverage

Family Members and Others

Beneficiary	Relationship	Primary %	Contingent %	Clear
April Ram	Spouse/Common Law Spouse	100	0	<input type="button" value="Clear"/>
Lory Ram	Child	0	50	<input type="button" value="Clear"/>
Moby Ram	Child	0	50	<input type="button" value="Clear"/>

Recalculate

Primary %	Contingent %
100	100

TIP Total Percentages for the plan must equal 100

Add Beneficiaries

Next

- 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.

Benefits Enrollment

Current Benefits

Update Enrollments | Cover Dependents | Update Beneficiaries | Confirmation Statement

**Warning**

Changes have been saved. However, there are additional action items to complete for the enrollments you selected. Any required action item suspends the election. Optional action items are requests for additional information. Please contact Human Resources at (970) 491-MyHR (5947) for more details. Action items beginning from Number 2 (below):

- Delta Dental Plus PreTax - <Required> - April Ram - Designation of dependents for this benefit requires that you provide proper certification before coverage can begin. Please contact your Human Resources Representative for more details.
- Green Plan PreTax - <Required> - April Ram - Designation of dependents for this benefit requires that you provide proper certification before coverage can begin. Please contact your Human Resources Representative for more details.
- Vision Service Plan (VSP) PreTax - <Required> - April Ram - Designation of dependents for this benefit requires that you provide proper certification before coverage can begin. Please contact your Human Resources Representative for more details.

Confirmation Statement

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

Back | Printable Page | Confirmation Statement | Finish

Congratulations!

You have successfully completed your benefits enrollment process for the CSU Benefits Plan (Cost Share) displayed below.

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.

[Back](#) [Printable Page](#) [Confirmation Statement](#) [Finish](#)

- 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.