

Gain Other Coverage

Follow the instructions to change your insurance benefits due to a gain of other group coverage.

You are permitted to make mid-year election changes within **30 days** of an IRS approved qualifying event. It is necessary to provide documentation 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:

- Provide documentation to Human Resources to initiate your mid-year change.
- Complete enrollment of your insurance changes in **CSU Benefits**.

Step 1 Provide Documentation to Human Resources

You must provide documentation to Human Resources to initiate a mid-year insurance change for Gain of Other Coverage in Employee Self-Service (ESS). This must occur prior to the ESS becoming available to make changes.

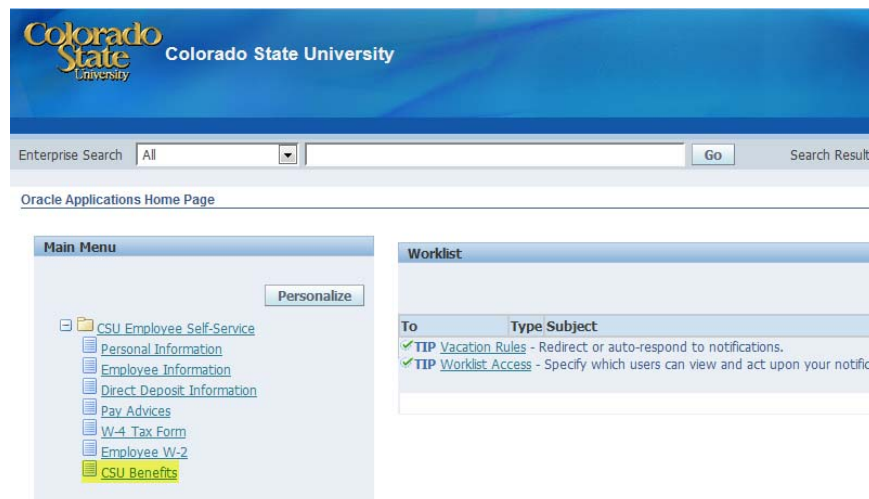
Examples of Required Documentation:

- Documentation on company letterhead and which includes:
 - Defined qualifying event type and date
 - Name of individual(s) affected by a status change
 - Name(s) of individuals who had been covered under other plan
 - Medical, Dental and / or Vision coverage effective date or termination date (or other benefits as applicable)

PLUS, official [documentation](#) for any dependents that are being added.

Step 2 Change your Benefits for Gain Other Coverage

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



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

- 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 5.**

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	995-00-1947	08-Aug-2013	
CAM Ram III	Beneficiary		31-May-1977	

Name and Relationship

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

* Indicates required field

Name and Relationship

* Relationship

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

* First Name

Middle Name

* Last Name

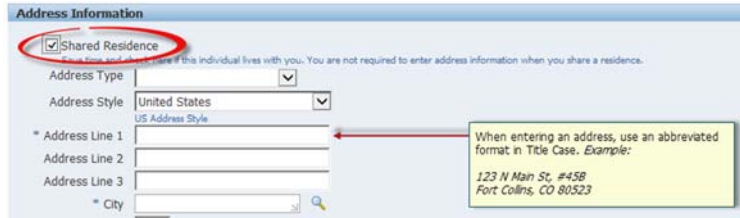
Suffix
(example: Jr.)

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**

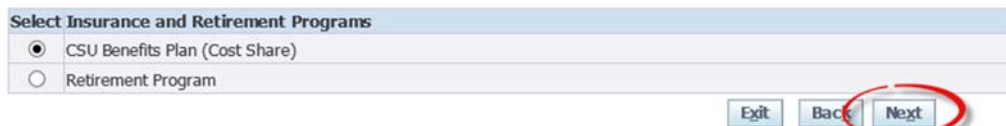


Miscellaneous Information

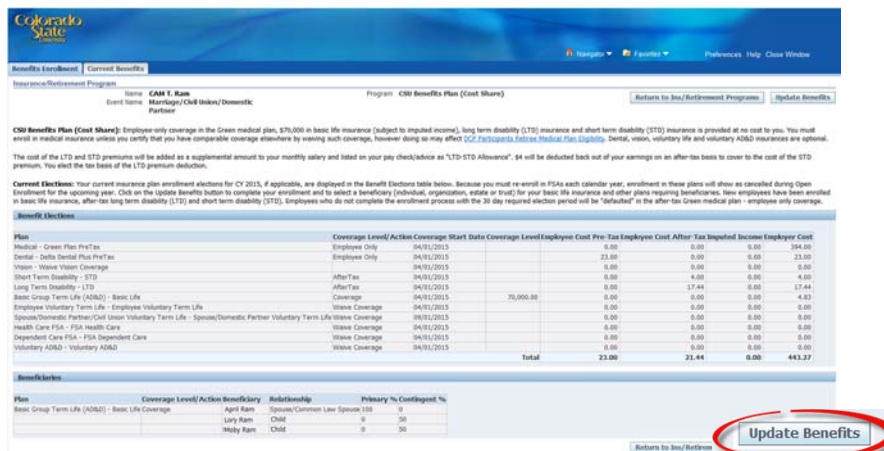
- **Gender** – Select 'Male' or 'Female'.
- **Social Security** – Enter the social security number of the dependent.
- **Date of Birth** – Enter the date of birth of the dependent.



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.



6. 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	Pre-Tax Employee Cost	After-Tax	Tax Imputed Income	Employer Cost
Medical - Green Plan PFTax	Employee Only	04/01/2015		0.00	0.00	0.00	0.00	294.00
Dental - Delta Dental Plus PFTax	Employee Only	04/01/2015		23.00	0.00	0.00	0.00	23.00
Vision - Vision Coverage	Employee Only	04/01/2015		0.00	0.00	0.00	0.00	0.00
Short Term Disability - STD	AfterTax	04/01/2015		0.00	4.00	0.00	0.00	4.00
Long Term Disability - LTD	AfterTax	04/01/2015		0.00	17.44	0.00	0.00	17.44
Basic Group Term Life (AG80) - Basic Life	Coverage	04/01/2015	70,000.00	0.00	0.00	0.00	0.00	4.82
Employee Voluntary Term Life - Employee Voluntary Term Life	Waive Coverage	04/01/2015		0.00	0.00	0.00	0.00	0.00
Spouse/Domestic Partner/Child Union Voluntary Term Life - Spouse/Domestic Partner Voluntary Term Life	Waive Coverage	04/01/2015		0.00	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	0.00
Dependent Care FSA - FSA Dependent Care	Waive Coverage	04/01/2015		0.00	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	0.00
Total				23.00	21.44	0.00	0.00	443.37

- 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

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

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

10. 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 spouses, domestic partner, civil union partner and child policies.

Basic Group Term Life (AD&D) - Bank Life Coverage

Family Members and Others

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

Recalculate

Primary % Contingent %
100 100

TIP: Total Percentages for the plan must equal 100

Add Beneficiaries

Add/Edit Beneficiary

Next

11. 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

Update Enrollments Cover Dependents Update Beneficiaries Confirmation Statement

Warning

Warnings 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 (303) 491-MyHR (6947) for more details. Action items beginning with Number 2 (below):

- Delta Dental 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.
- 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.

12. 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

13. 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 the required [documentation](#) 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.