

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:

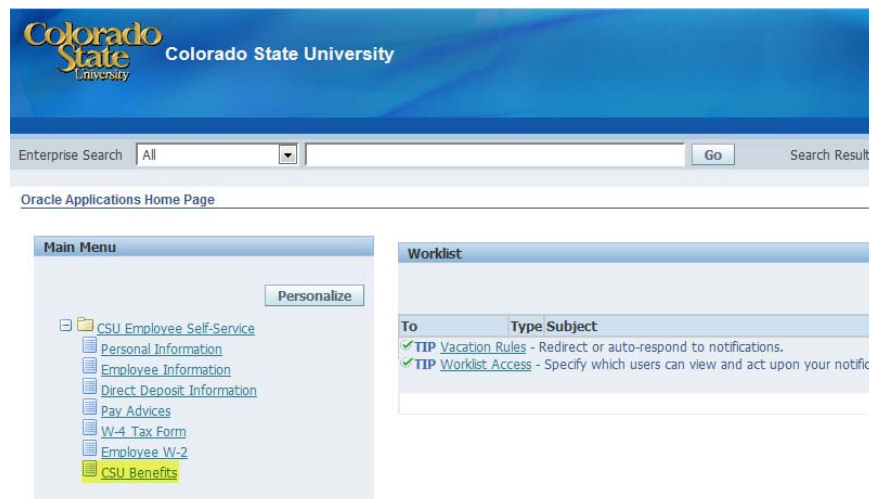
- Documentation on company letterhead and which includes:
 - Defined qualifying event type and date
 - Name of individual(s) affected by a status change
 - Name(s) of individuals who had been covered under other plan
 - Medical, Dental and / or Vision coverage effective date or termination date (or other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

PLUS, if dependents are being added:

- Legal documents for adoption, divorce, marriage, civil union partner, etc.
- Affidavit of Common Law Marriage
- Affidavit of Domestic Partnership

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 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 Employee Cost	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	4.00	4.00	
Long Term Disability - LTD	AfterTax	04/01/2015	0.00	17.44	0.00	17.44	17.44	
Basic Group Term Life (AG80) - Basic Life	Coverage	04/01/2015	70,000.00	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	443.27	

- 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**.

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.

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.



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 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.
2. **Suspended:** The coverage which has been requested. This elections will remain '**Suspended**' until proper documentation is received and approved by Human Resources.