

## Lose Other Coverage

Follow the instructions to change your insurance benefits due to a loss 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 Lose Other Coverage in Employee Self-Service (ESS). This must occur prior to the ESS becoming available to make changes.

Examples of Required Documentation:

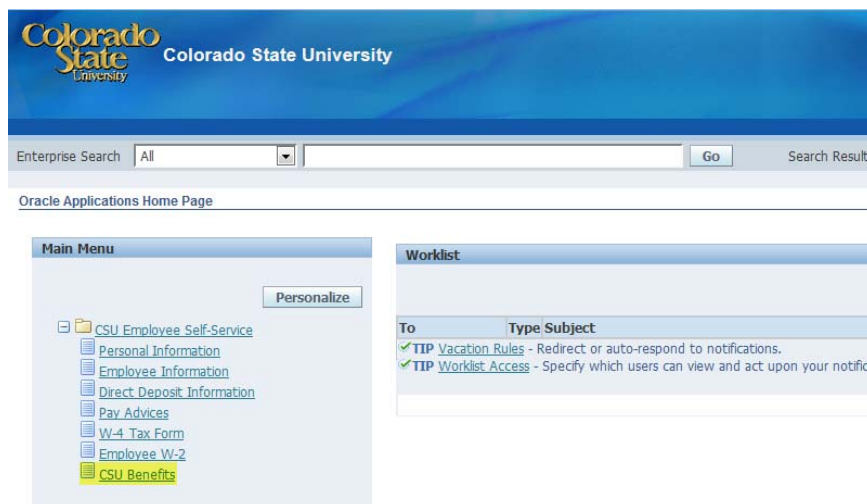
- Documentation on company letterhead and which includes:
  - Defined qualifying event type and date
  - Name of individual(s) affected by a status change
  - Name(s) of individuals who had been covered under other plan
  - Medical, Dental and / or Vision coverage effective date or termination date (or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

**PLUS**, if dependents are being added:

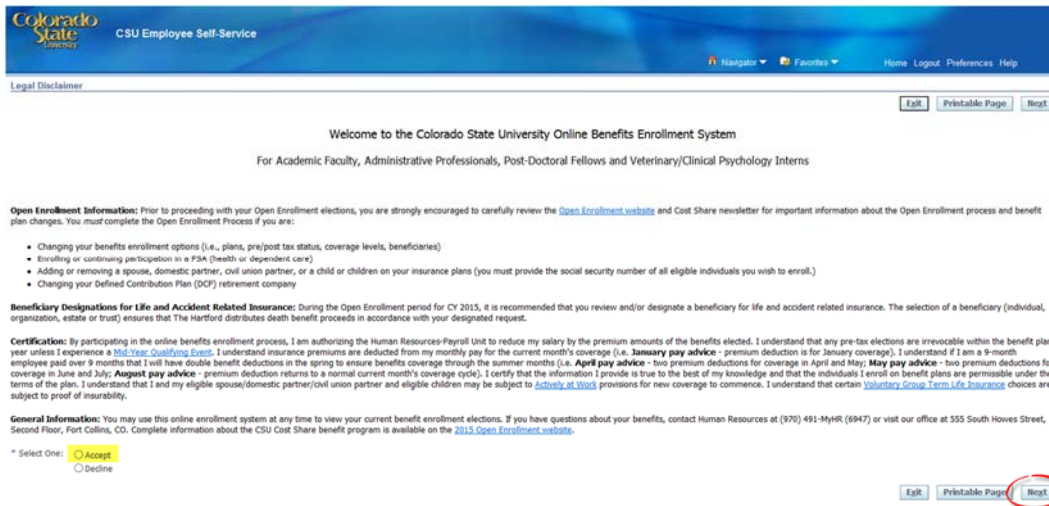
- Legal documents for adoption, divorce, marriage, civil union partner, etc.
- Affidavit of Common Law Marriage
- Affidavit of Domestic Partnership

### Step 2 Change your Benefits for Lose Other Coverage

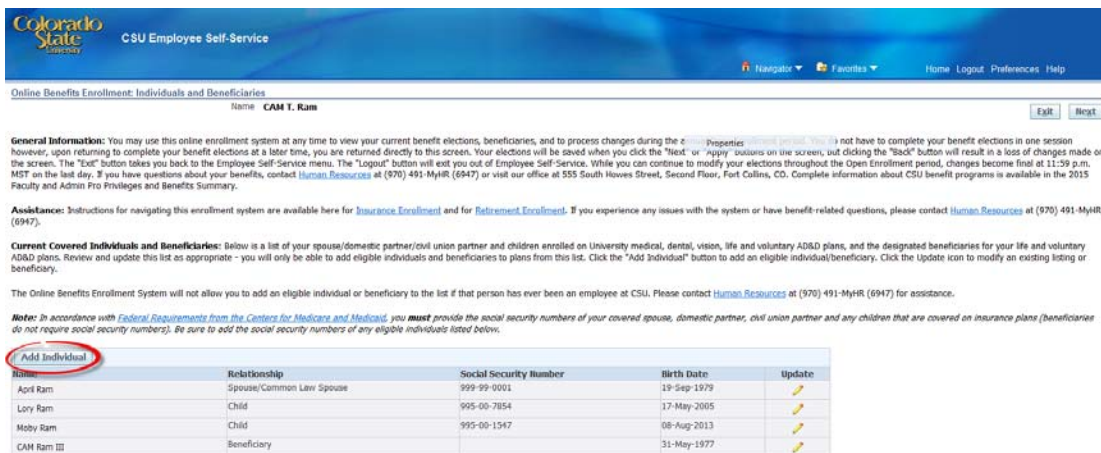
1. Click on the **CSU EMPLOYEE SELF-SERVICE** responsibility to expand the menu. Click on **CSU Benefits**.



- 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	995-00-1547	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**

\* 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**

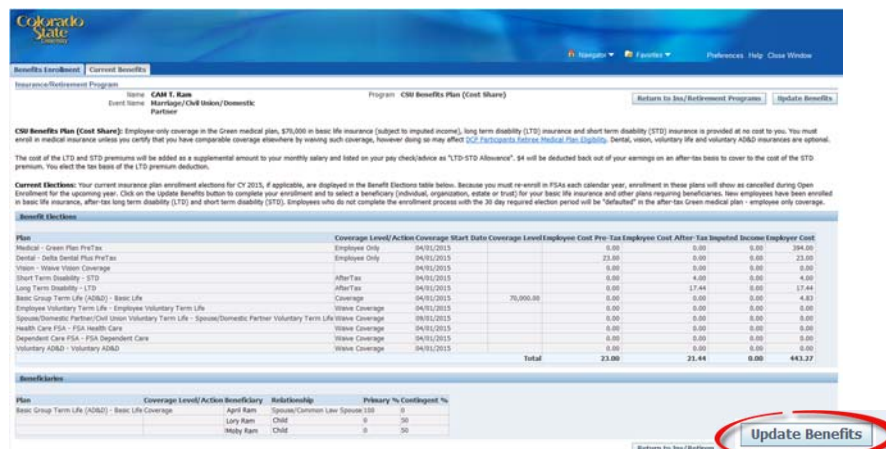
- **Gender** – Select 'Male' or 'Female'.
- **Social Security** – Enter the social security number of the dependent.
- **Date of Birth** – Enter the date of birth of the dependent.



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	Employer Cost
Medical - Green Plan PreTax	Employee Only	04/01/2015		0.00	0.00	0.00	394.00
Dental - Delta Dental Plus PreTax	Employee Only	04/01/2015		23.00	0.00	0.00	23.00
Vision - Vision Coverage	Employee Only	04/01/2015		0.00	0.00	0.00	0.00
Short Term Disability - STD	AfterTax	04/01/2015		0.00	4.00	0.00	4.00
Long Term Disability - LTD	AfterTax	04/01/2015		0.00	17.44	0.00	17.44
Basic Group Term Life (AG62) - Basic Life	Coverage	04/01/2015	70,000.00	0.00	0.00	0.00	4.83
Employee Voluntary Term Life - Employee Voluntary Term Life	Waive Coverage	04/01/2015		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
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 AG62 - Voluntary AG62	Waive Coverage	04/01/2015		0.00	0.00	0.00	0.00
<b>Total</b>				<b>23.00</b>	<b>21.44</b>	<b>0.00</b>	<b>443.27</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

**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 (PERA) (refer to [Retirement Plans \(DCP and PERA\)](#)). Enrollment in PERA 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 in-active 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" if 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-interest 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 list 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 (a) 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.

Plan	Coverage Level/Action	Select	Employee Pre-Tax Cost	Employee After-Tax Cost	CSO 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"/>		0.00	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"/>	149.00		394.00
	Employee + 1	<input type="checkbox"/>	465.00		530.00
POS Plan AfterTax	Employee Only	<input type="checkbox"/>		149.00	394.00
	Employee + 1	<input type="checkbox"/>		465.00	530.00
Waive Medical Coverage		<input type="checkbox"/>			

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

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

**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

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

Recalculate

Primary %: 100  
Contingent %: 100

TIP Total Percentages for the plan must equal 100

Add Beneficiaries

Add/Edit Beneficiary

**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**

Update Enrollments | Cover Dependents | Update Beneficiaries | Confirmation Statement

**Warning**

- Your 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 (6347) 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.



- 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.