

Marriage/Civil Union/Domestic Partner

Follow the instructions to add your spouse/civil union partner/domestic partner 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 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.

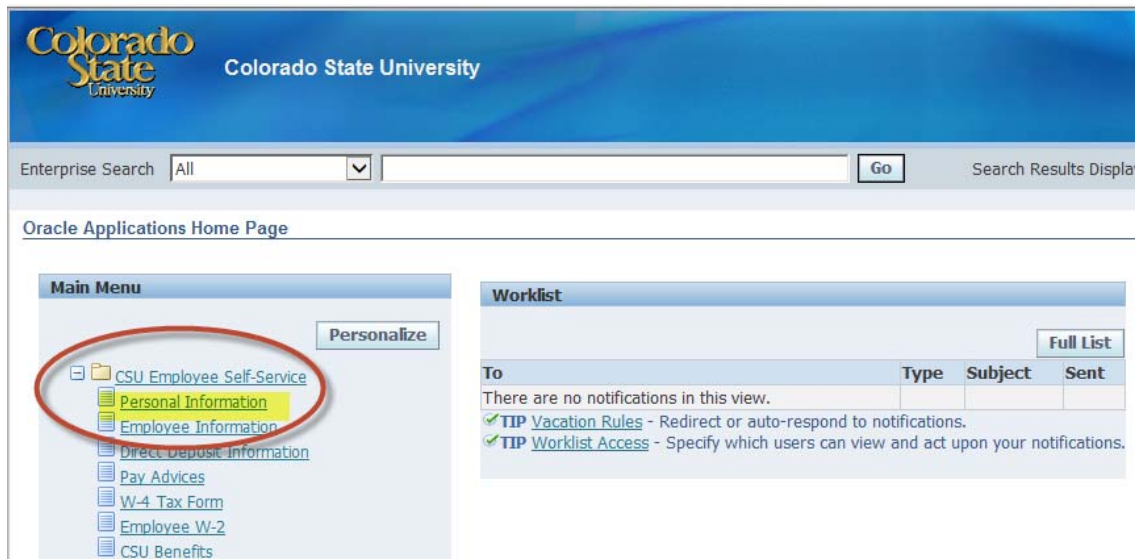
Changes initiated or documentation received after **30 days** will not be accepted and changes cannot be made until the next open enrollment period.

You will complete two steps:

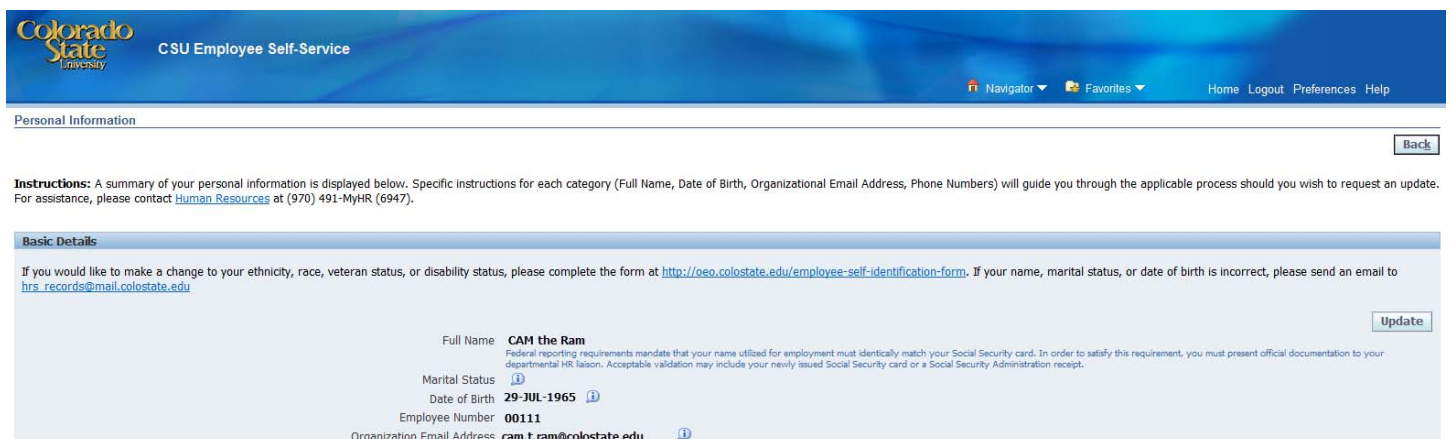
- Add your spouse/civil union partner/domestic partner by entering their information in the **Personal Information** menu option.
- Complete enrollment of your spouse/civil union partner/domestic partner in **CSU Benefits**.

Step 1 Add your Spouse/Civil Union Partner/Domestic Partner

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. **Add** page displays.

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. Enter the details for your spouse/civil union partner/domestic partner.

General Information

- Enter the **First Name** and **Last Name**. **Middle Name**. **Suffix** is optional.
- Enter the **Email Address**, if applicable.
- Select the applicable **Relationship** (spouse, civil union partner, domestic partner) from the list of values.
- Enter the **Relationship Start Date** (date of marriage).

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: April

Middle Name: [Text]

* Last Name: Ram

Suffix: [Text]

Prefix: [Text]

Email Address: [Text]

* Relationship: Spouse/Common Law Spouse

* Relationship Start Date: 22-Jul-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
 Spouse/Common Law Spouse

Additional Dependent and Beneficiary Information

- **Gender** – Select 'Male' or 'Female'.
- **Social Security** – Enter the SSN of your spouse.
- **Start Relationship Reason** – Select 'Marriage/Civil Union/Domestic Partner'.
- **Date of Birth** – Enter the date of birth of spouse.

Additional Dependent and Beneficiary Information

Gender: Female

* Social Security: 999-99-0001

Start Relationship Reason: Marriage/Civil Union/Domestic Partner

* Date of Birth: 19-Sep-1979

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.)

Personal Information: Review

Employee Name: **Ram, CAM T.**
 Organization Email Address: csh.employees@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	Spouse/Common Law Spouse
First Name	April
Last Name	Ram
Relationship Start Reason	Marriage/Civil Union/Domestic Partner
Relationship Began On	22-Jul-2015
Resides With Me	Yes

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

You have **completed** the first step of the life event procedure. Click **Return to Overview** to enroll your spouse/civil union partner/domestic partner in benefits.

Confirmation

Your changes have been applied.

Return to Overview (circled in red)

Step 2 Enroll your Spouse/Civil Union Partner/Domestic Partner 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. After your official documentation is received in HR, the system will open an enrollment window for you to change your insurance elections. You can make your insurance elections by logging into **CSU Benefits** in **CSU EMPLOYEE SELF-SERVICE**.

Colorado State University

Enterprise Search: All [Go] Search Results Display

Oracle Applications Home Page

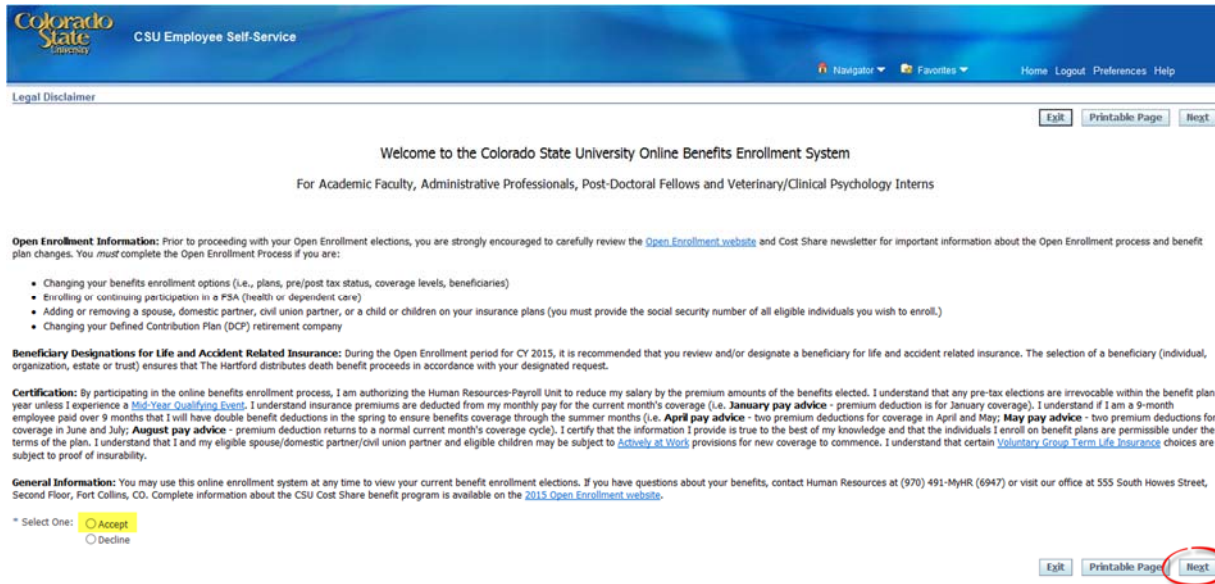
Main Menu

- CSU Employee Self-Service
 - Personal Information
 - Employee Information
 - Direct Deposit Information
 - Pay Advices
 - W-4 Tax Form
 - Employees
 - 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.			

1. 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 PSA (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.

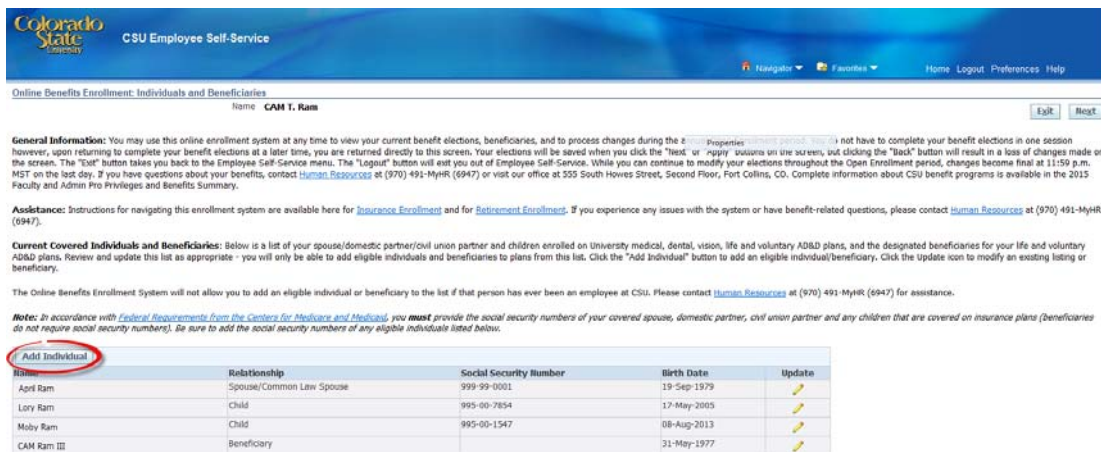
Certification: By participating in the online benefits enrollment process, I am authorizing the Human Resources-Payroll Unit to reduce my salary by the premium amounts of the benefits elected. I understand that any pre-tax elections are irrevocable within the benefit plan year unless I experience a [Mid-Year 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 Howes 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





2. If you have a dependent child(ren) who will be covered due to the marriage, 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

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.

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:

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.

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 Levels/Action	Coverage	Start Date	Coverage Amount	Employee Cost	Employer Cost
Medical - Green Plus Flex	Employee Only	0.00	04/01/2015		0.00	0.00
Medical - Blue Select Plus Flex	Employee Only	23.00	04/01/2015		4.00	0.00
Medical - Blue Select Coverage	Employee Only	0.00	04/01/2015		0.00	0.00
Short Term Disability - STD	After Tax	4.00	04/01/2015		4.00	0.00
Long Term Disability - LTD	After Tax	0.00	04/01/2015		0.00	0.00
Basic Group Term Life (2000) - Basic Life	Coverage	0.00	04/01/2015	10,000.00	0.00	0.00
Supplemental Voluntary Term Life - Employee Voluntary Term Life	Voluntary Coverage	0.00	04/01/2015		0.00	0.00
Supplemental Voluntary Term Life - Spouse/Domestic Partner Voluntary Term Life	Voluntary Coverage	0.00	04/01/2015		0.00	0.00
Health Care (HSA) - HSA Health Care	Health Coverage	0.00	04/01/2015		0.00	0.00
Dependent Care (DC) - FSA Dependent Care	Health Coverage	0.00	04/01/2015		0.00	0.00
Voluntary AD&D - Voluntary AD&D	Voluntary Coverage	0.00	04/01/2015		0.00	0.00
Total		23.00			28.00	0.00

- 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**.

- 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**.

- 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.

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