Change Benefits for Life Event

Purpose
This document explains how to make changes to benefit elections for qualifying life events, such as Birth/Adoption, Marriage/Civil Union Partnership, Gain or Loss of Other Coverage. If you have divorced your spouse or dissolved your domestic or civil union partnership, you must contact benefits@uchicago.edu with a specific request and a copy of your divorce decree/dissolution agreement.

Please visit https://intranet.uchicago.edu/benefits-and-career/benefits for more information about benefit plan(s) in which you would like to enroll.

Supporting Documentation
You will need to provide supporting documentation for your qualifying life event. Accepted documents include:

- Birth/Adoption: birth certificate or adoption documents
- Marriage/Civil Union Partnership: marriage or civil union certificate
- Gain of Other Coverage: letter or documentation from the new insurance company indicating you had gained medical coverage through another plan
  - An insurance card is NOT acceptable documentation
- Loss of Other Coverage: certificate of credible coverage

If you are adding new beneficiaries or dependents, you must provide social security numbers, dates of birth, and addresses for those individuals. Proof of relationship is required for all dependents.

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Keep in Mind
- You have 31 days from the date of a life event to enroll in or change your benefit elections.
- If you do not enroll within the 31-day window, your next opportunity to enroll in benefits is during Open Enrollment, or if you experience another qualifying life event.
Steps to Enroll in Benefits

1. Log in to Workday using your CNet ID and Password.
2. From the Home page, click View All Apps at the bottom of the Quick Tasks card on the right side of the screen.
3. Click on the Benefits icon.
4. In the **Change** card (top left), click on **Benefits**.

5. From the **Change Reason** dropdown menu, choose the appropriate life event.
6. Type or use the calendar icon to select the Date of the life event.
   a. If you are entering a Loss of Other Coverage event, the **Coverage Begin Date** is the day after the last day covered under previous insurance.

7. Click the **Submit** button.
8. You will see a pop-up with the next task to complete. Click **Open**.
9. On the next screen, click the **Let’s Get Started** button.

**Health Care**

10. Enroll in or make updates to your Medical, Dental, and/or Vision elections by clicking **Enroll** or **Manage** on the appropriate card.

   a. If you are already enrolled in an existing healthcare plan, you may **NOT** change to a different plan as part of a qualifying life event. You must wait until the annual Open Enrollment period to change plans.

11. Select the radio button next to **Select** for the Health Care plan you would like to enroll in. Click the **Confirm and Continue** button to proceed to the next screen, where you can add your dependents if necessary.

   a. Note the displayed cost of plans assumes coverage for Employee Only.
12. Indicate the Coverage Level (i.e. Employee Only, Employee + Spouse, etc) in the **Coverage** prompt box.

13. If you are listing a dependent for the first time, click the **Add New Dependent** button.
   a. It is recommended that you select the **Use as Beneficiary** checkbox to avoid duplicate entries of dependents, should you decide later to designate them as a beneficiary under the Life Insurance plans.

14. The following information is required to create a new dependent: First Name, Last Name, Relationship (Spouse, Child, etc), Date of Birth, Gender, National ID, Address, and Phone Number. Click **Save**.
   a. If you do not enter the Social Security Number for your dependent, you must provide a reason the SSN is not available to continue with your elections.
Click the Use Existing Address prompt box to auto-fill the address fields for dependents living at the same address.
15. Once you have added all dependents you wish to cover, make sure to select the checkbox next to each of their names so that they will be covered under the plan.

16. Click **Save**. Repeat for Dental and Vision if desired. You will not need to create a new dependent once you have added your dependent for the first time.

**Health Savings Account**

17. If you selected the Blue Cross Blue Shield HDHP Maroon Savings Choice Plan and would like to enroll in a Health Savings Account (HSA), click **Enroll** or **Manage** on the Health Savings Account card.
For each calendar year, the University will contribute up to $500 ($250 if enrolled after July 1) to the HSA for those enrolled as individuals or up to $1,000 ($500 if enrolled after July 1) for those enrolled with dependents. No employer contribution will be made for employees who become benefits eligible in December.

The IRS limits the amount that can be contributed each year to your HSA, including the University’s contribution and your own contributions. The current contribution limits are displayed on the Health Savings Account page of the UChicago Intranet.

Employees may not elect both an HSA and the traditional Healthcare Flexible Spending Account. Beginning on January 1, 2022, employees enrolled in the Maroon Savings Choice Plan may elect both the HSA and the Limited Purpose Flexible Spending Account, which may be used for Dental and Vision expenses ONLY.

HSA elections will be effective on the first day of the month following the benefits eligibility date.

18. Select the radio button next to Select for the HSA plan you wish to enroll in. Click the Confirm and Continue button to proceed to the next screen.
19. On the next screen, indicate the amount you would like to contribute to your HSA Per Paycheck or Annually. The remaining field will calculate automatically based on your entry. Click Save.

**Contribute**

<table>
<thead>
<tr>
<th>Per Paycheck</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.00</td>
<td>270.00</td>
</tr>
</tbody>
</table>

**Summary**

- Contribution (Monthly): $65.00
- Total Annual HSA Contribution: $270.00

**Flexible Spending Account**

20. If you would like to enroll in a Flexible Spending Account, click Enroll or Manage on the appropriate FSA card.
A Flexible Spending Account is a “use it or lose it” benefit. The Healthcare FSA and Limited Purpose FSA plans allow you to rollover up to $500 of unused FSA funds remaining on December 31 to the following year. Any balance in the HCFSA or LPFSA remaining above $500 will be forfeited. The Dependent Care FSA plan does not allow carryover. Unused funds in the DCFSA at the end of the plan year grace period (March 15 of the following year) will be forfeited.

The Limited Purpose Spending Account is only available for employees enrolled in the Blue Cross Blue Shield Maroon Savings Choice Plan and may only be used to pay for Dental and Vision expenses not covered by insurance.

The Dependent Care Flexible Spending Account allows you to save pre-tax funds to reimburse yourself for eligible dependent care or elder care expenses, such as daycare or after-school programs for your children under the age of 13.

- DCFSA is NOT for payment of your dependents' eligible health care expenses.

21. Select the radio button next to Select for the FSA plan you wish to enroll in. Click the Confirm and Continue button to proceed to the next screen.

22. On the next screen, indicate the amount you would like to contribute to your FSA Per Paycheck or Annually. The remaining field will calculate automatically based on your entry. Click Save.

<table>
<thead>
<tr>
<th>Contribute</th>
</tr>
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<tbody>
<tr>
<td>Per Paycheck 50.00</td>
</tr>
<tr>
<td>Remaining Paychecks 10</td>
</tr>
<tr>
<td>Minimum Annual Amount: $259.00</td>
</tr>
<tr>
<td>Maximum Annual Amount: $2,750.00</td>
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</table>

<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution (Monthly) $108.33</td>
</tr>
<tr>
<td>Total Annual Contribution $500.00</td>
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</table>

Basic Life Insurance

23. All benefits-eligible employees are automatically enrolled in the Basic Life Insurance plan. There is no option to waive this benefit.

Supplemental, Spouse, and Child Life Insurance

24. If you would like to elect or make changes to any additional insurance plans, such as Supplemental Life Insurance, Spouse Life Insurance, Child Life Insurance, or Personal Accident Insurance, click Enroll or Manage on the appropriate card.
25. Select the radio button next to Select for the insurance plan you would like to enroll in. Click the Confirm and Continue button to proceed to the next screen.

26. On the next screen, indicate the coverage level in the Coverage prompt box.
   a. For Supplemental Life Insurance, select 1X Salary, 2X Salary, etc.
   b. For Spouse Life, Child Life, or Personal Accident Insurance, select $10,000, $20,000, etc.

27. Use the Plus (+) radio button under Beneficiaries to add one or more beneficiary persons or trusts.
   a. If you checked the Use as Beneficiary box when creating your dependent(s), they will be available to select. Otherwise, use Add New Beneficiary or Trust to create a new beneficiary person or trust.
b. You may add as many beneficiary persons or trusts as you wish, but the sum of Percentages must be equal to 100% for both Primary and Secondary Beneficiaries.

28. Click **Save**. If Evidence of Insurability is required, the insurance provider will contact you via US Mail.
Long Term Disability Insurance

29. If you wish to enroll in or change your Long-Term Disability Insurance election, click **Enroll** or **Manage** on the appropriate card.

   ![Image of insurance options]

   a. If you are currently waiving coverage, elect either the Basic OR Optional Long-Term Disability Insurance plan. **Elect only ONE (1) plan.** Evidence of insurability will be required; your election will be effective upon approval of EOI.

   b. If you are currently enrolled in the Basic LTD plan and want to **increase coverage** to the Optional plan, remain enrolled in the Basic plan **AND** enroll the Optional plan. **Elect BOTH plans.** Evidence of Insurability will be required. You will continue with coverage under the Basic plan until approval of EOI, when your coverage will change to the Optional plan.

   c. If you are currently enrolled in the Optional LTD plan and want to **decrease coverage** to the Basic plan, waive the Optional plan and enroll in the Basic plan. Evidence of Insurability is not required when decreasing coverage. Your election will be effective on the event date.

Review Elections

30. Click **Review and Sign** once you have made all desired benefit elections.

31. Review Selected Benefits, Dependents, Beneficiaries, Waived Benefits, and Messages regarding Evidence of Insurability.

   a. If EOI is required, the insurance provider will contact you via US Mail.

32. Scroll down to the bottom of the page. You will need to provide supporting documentation for your qualifying life event. Accepted documents include:

   - Birth/Adoption: birth certificate or adoption documents
   - Marriage/Civil Union Partnership: marriage or civil union certificate
   - Gain of Other Coverage: letter or documentation from the new insurance company indicating you had gained medical coverage through another plan
     - An insurance card is NOT acceptable documentation
   - Loss of Other Coverage: certificate of credible coverage
   - Proof of relationship is required for any newly enrolled dependents
33. Read the Electronic Signature and click the I Accept checkbox. Click Submit.

34. Click the View Benefits Statement button to print your benefit elections for your records.
   a. Once you click Submit, the event will be routed to a Benefits Specialist for approval. You will be able to view your updated benefit elections on your Workday profile once they are approved, as long as the effective date has passed. If Evidence of Insurability is required, you will be able to view your updated insurance elections once EOI has been approved.