

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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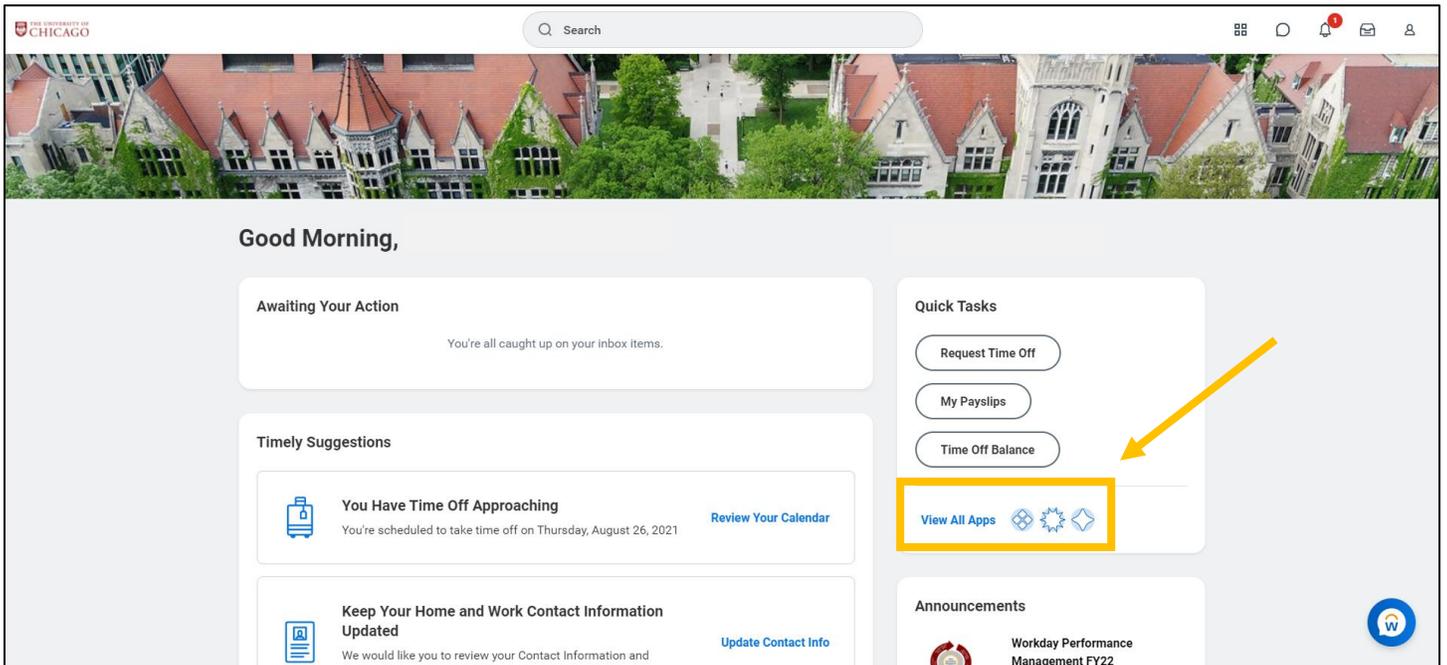
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Keep in Mind

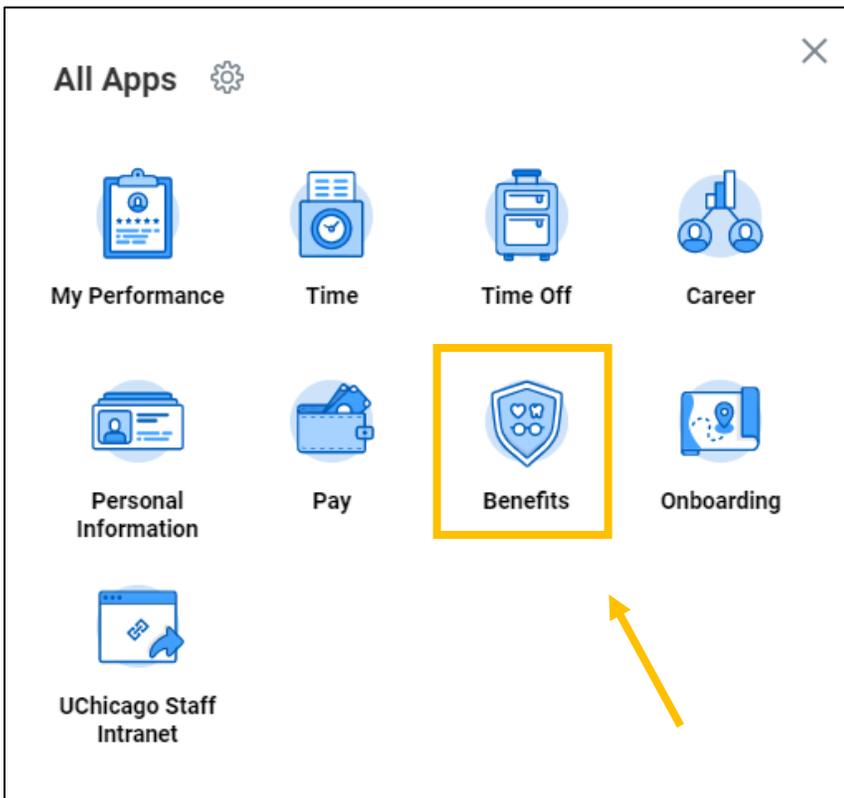
- You have **31 days** from the date of a life event to enroll in or change your benefit elections.
- If you do not enroll within the 31-day window, your next opportunity to enroll in benefits is during Open Enrollment, or if you experience another qualifying life event.

Steps to Enroll in Benefits

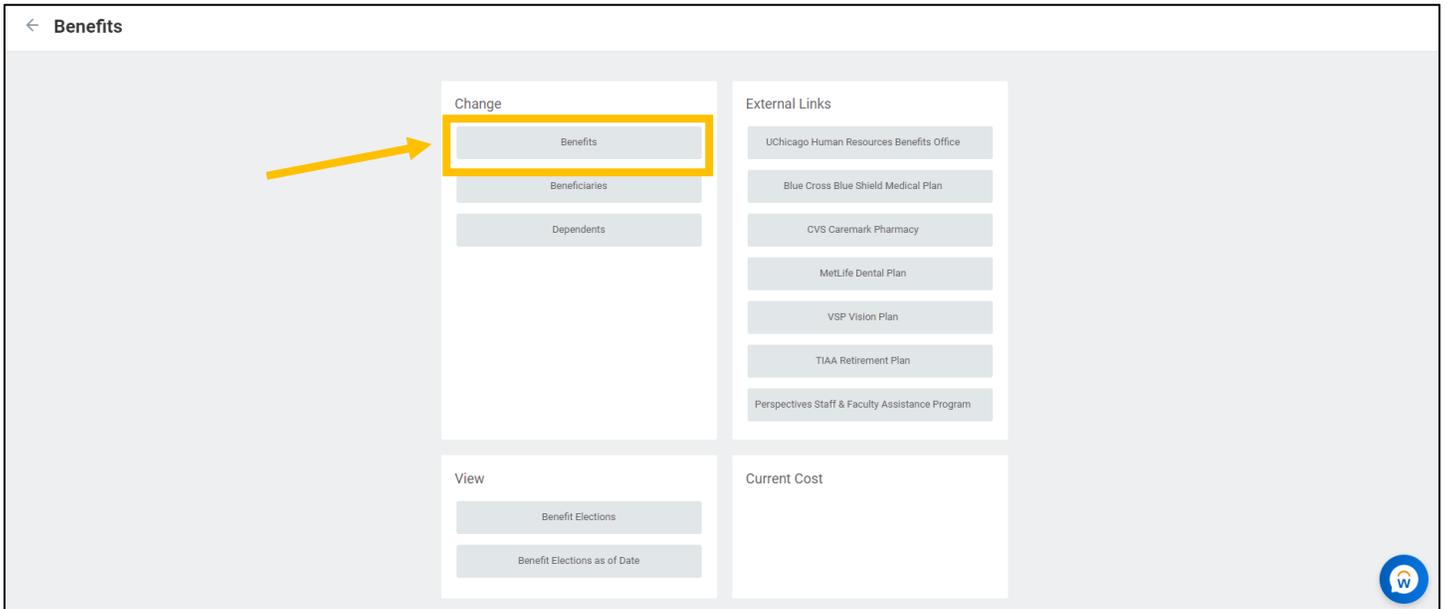
1. Log in to [Workday](#) using your CNet ID and Password.
2. From the Home page, click **View All Apps** at the bottom of the **Quick Tasks** card on the right side of the screen.



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.

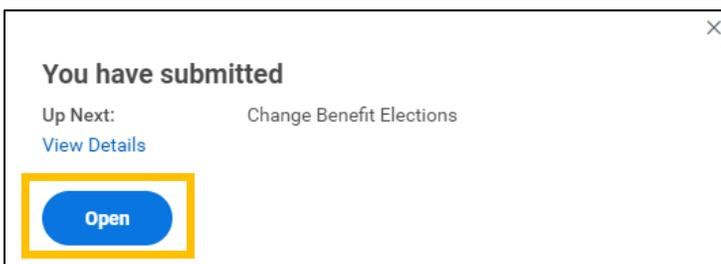
6. Type or use the calendar icon to select the Date of the life event.

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.

The screenshot shows the "Change Benefits" form. At the top, there is a title "Change Benefits" and a three-dot menu icon. Below the title, there is a "Change Reason" dropdown menu with "Loss of Other Coverage" selected. Below that, there is a "Coverage Begin Date" field with "10/01/2021" entered and a calendar icon. A calendar pop-up is visible, showing the month of "October 2021" with the date "1" (October 1st) selected. Below the calendar, there is a "Submit Elections By" field with "10/31/2021" entered. Below that, there is a "Benefits Offered" section with a list of benefits: "Basic Life Insurance", "Basic Long Term Disa", "Child Life Insurance", "Dental", "Dependent Care FSA", and a "+ More (8)" link.

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.

The screenshot shows the 'Hire' page with a 'Health Care and Accounts' section. It contains six cards: Medical (Waived), Dental (Waived), Vision (Waived), Health Savings Account (Waived), Healthcare FSA (Waived), and Dependent Care FSA (Waived). Each card has an 'Enroll' button. A yellow arrow points to the 'Enroll' button on the Medical card, which is also highlighted with a yellow box.

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.

The screenshot shows the 'Medical' plan selection screen. It displays the 'Projected Total Cost (Monthly)' as \$7.92. Below this, there is a section titled 'Plans Available' with a note: 'Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.' There are 4 items listed in a table:

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield HDHP Maroon Savings Choice	\$82.00	\$659.14
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield HMO Illinois	\$77.00	\$431.27
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield PPO Maroon Plan	\$183.00	\$668.29
<input type="radio"/> Select <input checked="" type="radio"/> Waive	University of Chicago Health Plan HMO UCHP	\$90.00	\$589.15

At the bottom of the screen, there are two buttons: 'Confirm and Continue' (highlighted in orange) and 'Cancel'.

12. Indicate the Coverage Level (i.e. Employee Only, Employee + Spouse, etc) in the **Coverage** prompt box.

The screenshot shows the 'Medical - University of Chicago Health Plan HMO UCHP' page. Under the 'Dependents' section, there is a prompt: 'Add a new dependent or select an existing dependent from the list below.' A dropdown menu is open, showing various coverage options with radio buttons. A yellow box highlights the 'Coverage' label, and a yellow arrow points to the dropdown menu.

Medical - University of Chicago Health Plan HMO UCHP

Projected Total Cost (Monthly)
\$7.92

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Search

Plan cost (Monthly)

Add New Dependent

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family
- Employee + Domestic Partner
- Employee + Domestic Partner + Child(ren)
- Employee + Civil Union Partner
- Employee + Civil Union Partner + Child(ren)

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.

The screenshot shows the 'Add My Dependent From Enrollment' dialog box. It has two radio buttons: 'Use an Existing Beneficiary or Emergency Contact' and 'Create Dependent'. The 'Create Dependent' option is selected. Below these, there is a checkbox labeled 'Use as Beneficiary' which is checked. A yellow box highlights this checkbox. At the bottom, there are 'OK' and 'Cancel' buttons.

Add My Dependent From Enrollment

Use an Existing Beneficiary or Emergency Contact

Create Dependent

Use as Beneficiary

Click OK to add dependents.

OK Cancel

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.

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Use Existing Phone

Country Phone Code

Phone Number *

Phone Extension

Email Address

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.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * X Employee + Family

Plan cost (Monthly) \$246.00

[Add New Dependent](#)

4 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>		Child	
<input checked="" type="checkbox"/>		Child	
<input checked="" type="checkbox"/>		Spouse	
<input checked="" type="checkbox"/>		Child	

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.

Hire

Projected Total Cost (Monthly)
\$7.92

Health Care and Accounts

Medical Waived Enroll	Dental Waived Enroll	Vision Waived Enroll
Health Savings Account Waived Enroll	Healthcare FSA Waived Enroll	Dependent Care FSA Waived Enroll

- 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

Per Paycheck Annual

Remaining Paychecks 9

Minimum Annual Amount: \$1.00

Maximum Annual Amount: \$6,200.00

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.

Health Care and Accounts

 Medical <small>Waived</small> <input type="button" value="Enroll"/>	 Dental <small>Waived</small> <input type="button" value="Enroll"/>	 Vision <small>Waived</small> <input type="button" value="Enroll"/>
 Health Savings Account <small>Waived</small> <input type="button" value="Enroll"/>	 Healthcare FSA <small>Waived</small> <input type="button" value="Enroll"/>	 Dependent Care FSA <small>Waived</small> <input type="button" value="Enroll"/>

- 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**.

Contribute

Per Paycheck Annual

Remaining Paychecks 10

Minimum Annual Amount: \$250.00

Maximum Annual Amount: \$2,750.00

Summary

Contribution (Monthly)	\$108.33
Total Annual Contribution	\$500.00

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.

Insurance and Retirement

Basic Life Insurance
Sun Life To a Maximum of \$50,000 (Employee)

Coverage 1 X Salary

[View](#)

Supplemental Life Insurance
Waived

[Enroll](#)

Spouse Life Insurance
Waived

[Enroll](#)

Child Life Insurance
Waived

[Enroll](#)

Personal Accident Insurance
Waived

[Enroll](#)

Basic Long Term Disability Insurance
Sun Life (Only Employee Paid Coverage Displays) (Employee)

Cost (Monthly) \$7.92

Coverage 60% of Salary

[Manage](#)

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.

Plans Available

Select a plan or Waive to opt out of Supplemental Life Insurance.

1 item

*Selection	Benefit Plan	You Pay (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Sun Life (Employee)	

26. On the next screen, indicate the coverage level in the **Coverage** prompt box.

- For Supplemental Life Insurance, select 1X Salary, 2X Salary, etc.
- For Spouse Life, Child Life, or Personal Accident Insurance, select \$10,000, \$20,000, etc.

Supplemental Life Insurance - Sun Life (Employee)

Projected Total Cost (Monthly)
\$300.39

Coverage

Calculated Coverage

Coverage *

Plan cost (Monthly)

Beneficiaries

Select an existing or add a new beneficiary. You can adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 0 items

Beneficiary	Percentage
0 Data	

27. Use the Plus (+) radio button under Beneficiaries to add one or more beneficiary persons or trusts.

- 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.

Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)

Projected Total Cost (Monthly)
\$300.39

Coverage

Calculated Coverage \$50,000.00
Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries

- Existing Beneficiary Persons >
- Existing Trusts >
- Add New Beneficiary or Trust
- Search

Percentage

0

- 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.

Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)

Projected Total Cost (Monthly)
\$305.13

Coverage

Calculated Coverage \$50,000.00
Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
× Beneficiary Person 1 ...	100

Secondary Beneficiaries 3 items

Beneficiary	Percentage
× Beneficiary Person 2 ...	33
× Beneficiary Person 3 ...	33
× Beneficiary Person 4 ...	34

Save Cancel

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.

The screenshot displays a grid of six benefit selection cards. Each card includes an icon, the benefit name, its status (e.g., 'Waived'), and an action button. The 'Basic Long Term Disability Insurance' card is highlighted with a yellow box around its 'Manage' button. The 'Optional Long Term Disability Insurance' card has a yellow box around its 'Enroll' button. The 'Basic Long Term Disability Insurance' card also displays 'Cost (Monthly)' as \$7.92 and 'Coverage' as 60% of Salary.

Benefit Name	Status	Action
Child Life Insurance	Waived	Enroll
Personal Accident Insurance	Waived	Enroll
Basic Long Term Disability Insurance	Sun Life (Only Employee Paid Coverage Displays) (Employee)	Manage
Optional Long Term Disability Insurance	Waived	Enroll
Supplemental Retirement Plan	Waived	Enroll
Supplemental Retirement Plan Catch-Up	Waived	Enroll

- 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.
- 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.
- 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.

- 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

Attachments

Drop files here

or

Select files

33. Read the Electronic Signature and click the **I Accept** checkbox. Click **Submit**.

Electronic Signature

I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment.

By selecting the I AGREE button, you certify that:

- You authorize the University of Chicago to deduct from your earnings the required contributions, if any, toward the cost of the plan(s); and
- You cannot change any of your elections for medical, dental, vision, or health and/or dependent care flexible spending accounts until the next open enrollment period, unless you have a qualified life event. Proof of the life event is required and must be submitted within 31 days of the life event effective date.

I Accept

Submit Save for Later Cancel



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.