Keep in mind

- You have **31 days** from the date of a life event or from the date that you become benefits eligible to enroll/change your benefits.

Information Needed

- Supporting documentation (if necessary), includes the following.
  - Birth/Adoption - birth certificate or adoption documents
  - Marriage - marriage certificate
  - Civil Union or Domestic Partnership - civil union or domestic partnership documents.
  - Gain of Other Coverage - letter or documentation from the new insurance company indicating you have gained medical coverage through another plan. An insurance card is **not** acceptable documentation.
  - Loss of Other Coverage - certificate of credible coverage
  - Beneficiary Change, Life Insurance/LTD/PAI Change and Retirement Plan Changes do not need supporting documentation.

- Please note that if you are modifying your beneficiaries or dependents you must provide social security numbers, dates of birth and addresses for those individuals.

- Benefit plan(s) in which you would like to enroll. Please visit [humanresources.uchicago.edu/benefits](http://humanresources.uchicago.edu/benefits) for more information.

Change Benefits Steps:

1. From the Home page, click the **Benefits** worklet.

2. Under the Change header, select **Benefits**.
3. On the Change Benefits screen, select **Benefit Event Type** and **Benefit Event Date**.

If you are entering a Loss of Other Coverage event, the Benefit Event Date is the day after the last day covered under the previous insurance.

Values in the **Submit Elections By** and **Enrollment Offering Types** will populate based on your selections above.

4. Please do not add documentation at this point. Documentation will be uploaded later, in this process.
5. Click on the **Submit Icon** to submit this task.

6. You will see the next task to complete.

   ![Image](https://example.com/image.png)

   The remaining steps will vary based on your selections in Step #3.

   For example, if the selection was beneficiary change, your current life insurance elections will display, however you will not be able to edit them, only add/remove beneficiaries.

7. If applicable, make updates to your Health Care Elections by selecting **Elect** or **Waive** for the various offerings. Also indicate the coverage level (i.e. Employee Only, Employee + Spouse, etc.) by selecting the prompt icon in the **Coverage** column.

   If you are covering dependents, use the prompt icon under the **Enroll Dependents** column to create and add your dependents to your election.

   ![Health Care Elections Table](https://example.com/table.png)
8. Click **Continue** to proceed to the next step.

9. If applicable, make updates to your Health Savings Account (HSA) elections by selecting **Elect** or **Waive** for the various offerings.

Health Savings Account (HSA) elections are only available if the Maroon Savings Choice plan has been selected. Employees may not elect both an HSA and a Healthcare Flexible Spending Account (HFSA).

10. Click **Continue** to proceed to the next step.

11. If applicable, make updates to your Spending Account elections by selecting **Elect** or **Waive** for the various offerings.
Quick Reference Guide: Change Benefits

12. Click **Continue** to proceed to the next step.

13. If applicable, make updates to your Insurance Elections by selecting **Elect** or **Waive** for the various offerings.

14. Click **Continue** to proceed to the next step.

15. Update your **Beneficiary Designations** (if applicable).
16. Click Continue to proceed to the next step.

17. Review your **Elected Coverages, Waived Coverages, Attach Dependent Documentation** (if applicable) and click the I Agree checkbox to confirm your selections.

18. Click on the Submit Icon to submit this task.

19. Scroll to the bottom of the screen and click the Print icon to print a paper copy of your benefits for your personal records or click Done to exit.

The process will route to a Benefits Partner for approval. Once approved, you will be able to view your updated benefits elections the day they become effective.