

# Enrolling in Benefits for Graduate Assistants and Interns:

# **Divorce/Legal Separation Life Event**

#### Overview

This job aid will assist you with removing your ex-spouse and any stepchildren from your health coverages as a result of a recent divorce or legal separation. You have 31 days following the qualifying event to remove ineligible dependents in eBenefits. The health coverage changes will be effective on the first of the month following your divorce or legal separation. Future dated life events are not allowed.

- Before You BeginProof Documentation: For a Divorce/Legal Separation event, you must provide proof. CORE-CT self-service<br/>provides you with the opportunity to upload the proof documentation, or to indicate how the proof<br/>documentation will be provided, such as fax, mail, email or in person. For a divorce or legal separation event,<br/>you will be required to provide one of the following:
  - 1. Screen print from the <u>State of Connecticut Judicial website</u> that reflects the date of your divorce or legal separation. If your divorce or legal separation was filed in a different state, you can include a screen print from that state's judicial website.
  - 2. Divorce Decree

#### Please note the following:

This module contains information that does not apply to Graduate Assistants and Interns. Please disregard information about:

- Health Enhancement Program (HEP)
- Family Less Employed Spouse (FLES)
- Life Insurance and Life Insurance Beneficiaries

#### **Process Steps**

Step	Action	Screenshot
1	Navigation: Main Menu > Core-CT HRMS > Self Servi	ce > Benefits > Life Events
2	On the Life Events page, elect the Divorce/Legal Separation (Drop Spouse/Children) option. It will take you to the Change Status Date page.	Employee Birth/Adoption (Add Children) Marriage (Add Spouse/Children) Divorce/Legal Separation (Drop Spouse/Children) Loss of Spouse/Dependent Coverage (Add Spouse/Dependent) Loss of Coverage (Add Self/Spouse/Children) Request Group Life Beneficiary Change Form
3	On the <b>Change Status Date</b> page, enter the <b>Event</b> <b>Date</b> of your divorce or legal separation. <b>Note:</b> You are required to remove your ex-spouse and any stepchildren from your health coverages within 31 days following your divorce or legal separation. If your divorce or legal separation occurred more than 31 days ago, contact your Agency Benefits Specialist for assistance. <b>Reminder:</b> Future dated life events are not allowed. Once the date is entered, click <b>OK</b> to continue.	Change Status Date         The Life Event must be entered within 31 days of your qualifying         event or you will not be able to change your benefit elections. The         change in your health coverage will become effective the first of the         month following the change in status.         Enter the actual date of your life event (Birth, Marriage or Divorce         Date), then click on the OK button below.         Status Change Date         *Event Date         OK       Cancel
4	You will be brought to the <b>Divorce/Legal</b> <b>Separation</b> life event portal. On the left side, you can see the different steps you will be guided through to remove your ex-spouse and any stepchildren from your health coverages. Click on the <b>Next</b> button in the upper right corner to move to the <b>Life Events – Document Upload</b> page.	eBenefits       • «         Life Events       • • • • • • • • • • • • • • • • • • •
6	<ul> <li>For a divorce or legal separation event, the following are considered proof documentation:</li> <li>Screen print from the <u>State of Connecticut</u> <u>Judicial website</u>, reflecting the date of your divorce or legal separation. If your divorce or legal separation was filed in a different state, you can include a screen</li> </ul>	Proof Document         Instructions         Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enroliment or new hire enrolment. If you will be uploading your proof documentation, click Add Attachment. You can repeat this step for each proof document. If you will not be uploading prequired proof documentation, click Add Note. If no proof documentation is required, click Next in the upper right corner or Done below.         Add Attachment       Add Note         Done

Step	Action	Screenshot
	<ul><li>print from that state's judicial website.</li><li>Divorce Decree</li></ul>	Document Definition - New Attachment
	If you are not providing your proof documentation in self-service, click <b>Add Note</b> and indicate how you will be providing the proof documentation to your Agency Benefits Specialist, such as by fax, mail, email or in person. If you are uploading your proof documentation in self-service, click on <b>Add Attachment</b> .	Selection Criteria Description Proof of Coverage 'Subject Attachment Add Attachment Save Go To Life Events - Document Upload
	On the <b>Document Definition – New Attachment</b> page, type the name of the document you will be uploading, such as Divorce Decree. Then click <b>Add</b> <b>Attachment</b> . A <b>File Attachment</b> pop-up box will appear. Click on <b>Browse</b> to locate the document you will be uploading. Once the document location appears in the box to the left of <b>Browse</b> , click on <b>Upload</b> . The name of your document will now appear to the right of <b>Attachment</b> under the <b>Subject</b> . Click on <b>Save</b> to save your attachment. If you have added a document in error and wish to delete it, check the <b>Select</b> box on the row of the document you wish to delete and the <b>Delete</b> button will be available to click. Once your proof documentation is uploaded or your note is added, click on the <b>Next</b> button in the upper right corner to move to the <b>Benefit</b> <b>Summary</b> step.	Life Events - Document Upload  I instructions  You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.  Life Event Documents  Add Attachment Add Note  Attachment Add Attachment Add Note  Attachments Select Sequence Created Author Entry ID Subject Status Select AI Deselect AI Deselect AI Deselect AI Deselect AI
7	The <b>Benefit Summary</b> page reflects your current coverages as of <u>today's date</u> . Click on each Type of Benefit to view additional information. To see your summary for a different date, update the date and click <b>Go</b> .	Benefits Summary         The information below reflects your current benefits as of today.         To view your benefits as of another date, enter the date and select Go.         02/01/2017         Go         Benefits Summary         Type of Benefit         Plan Description         Coverage or Participation
	When you are done reviewing the <b>Benefits</b> <b>Summary</b> , click on the <b>Next</b> button in the upper right corner to move to <b>Add/Review</b> <b>Dependent/Beneficiary</b> page.	Medical       Oxford UOC Grad Medical       Employee + One Depen         Dental       Cigna UOC Grad Dental       Employee + One Depen

Step	Action	Screenshot
8	The people listed as Dependents on the Add/Review Dependent/Beneficiary page are currently eligible for health coverage. Note: The Agency Benefits Specialist will automatically update your record to reflect the relationship of ex-spouse. It's important to verify and update, if necessary, the addresses of your ex-spouse and any stepchildren, since COBRA notices are sent to the address on file. Click on the names of your dependents to view and update the addresses on file. Move to the Benefit Enrollment step.	Add/Review Dependent/Beneficiary         The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' pushbutton.         Dependent Information       Relationship to Employee       Date of Birth         PATRICK DOE       Spouse       07/07/1962         In addition to the persons listed above, the following can also be allocated to as beneficiaries.         Beneficiary Information         Relationship to Employee       Date of Birth         Add a dependent or beneficiary
9	Click Start My Enrollment to begin.	Divorce Event Benefit Enrollment The health benefit options available to you are based on the Life Event information you entered. Click on the Start My Enrollment button to begin. Start My Enrollment
10	The <b>Select</b> button next to an event means that the event is currently open for enrollment. Click on <b>Select</b> on the <b>Family Status Change</b> row. <b>Note:</b> After you click <b>Select</b> , it will take a few seconds for <b>Family Status Change</b> page to load.	Benefits Enrollment         The Select button next to an event means it is currently open for enrollment. Use the Select button to begin your enrollment.         Note: Some events may be temporarily closed until you have completed enrollment for a prior event.         Open Benefit Events         Event Dase       Event Status       Job Title         Family Status Change       ①       02/01/2017       Open       UCONN GRADUATE       Select

Step	Action	Screenshot
11	<ul> <li>The Family Status Change page is where you will remove your ex-spouse and any stepchildren from your current health coverages by clicking on the Edit button next to each of the following:</li> <li>Medical</li> <li>Dental</li> <li>Your Current coverages are reflected. The New coverages will reflect your Current coverages unless you click Edit and make changes.</li> <li>Click Edit next to Medical.</li> </ul>	Benefits Enrollment         Family Status Change         ummary will display which benefit options are open for edits.         Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist         Enrollment Summary         Medical       Before Tax         Current: Oxford UOC Grad MedicalEmpl+1 Dep         New:       Oxford UOC Grad MedicalEmpl+1 Dep         New:       Cigna UOC Grad DentalEmpl+1 Dep         Summarizes estimated costs for your new benefit changes         Election Summary       Seconta Maters Seconta Seconta Se
12	The <b>Benefits Enrollment – Medical</b> page reflects your current coverage and your costs for each Coverage Level. Your Coverage Level is based on the number of dependents that are enrolled. Scroll to the bottom of the page.	Select an Option         Overview of all Plans         Select one of the following plans: <ul> <li>Oxford UOC Grad Medical</li> </ul> Coverage Level         Your Costs         Tax Class           Employee Only         \$13.48         Before-Tax           Employee + One Dependent         \$26.95         Before-Tax           Family         \$53.91         Before-Tax           Family         \$53.91         Before-Tax
13	At the bottom of the page, you will see the names of your ex-spouse and any stepchildren. A check in the <b>Enroll</b> checkbox indicates those who are currently enrolled in your Medical election. Your ex-spouse and any stepchildren are no longer eligible for coverage. Remove the checkmark next to each name to remove your ex-spouse and any stepchildren from coverage. Then, click <b>Update</b> <b>and Continue.</b> Scroll to the bottom of the page.	Enroll Your Dependents         Only your spouse and dependent children/stepchildren under age 26 for medical/pharmacy, age 19 for dental, are eligible for enrollment in health coverage. Proof of relationship is required for all dependent enrollments. If the eligible dependent is not listed below, click the Add a Dependent or Beneficiary button. If the eligible dependent is listed below, contact your agency benefit specialist.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Dependent Beneficiary         Enroll       Name         Relationship         Patrick Doe       Spouse         Add/Review Dependents         Update and Continue       Discard Changes

Step	Action	Screenshot
	On the <b>Benefits Enrollment</b> page, click <b>Edit</b> next to <b>Dental</b> .	Select an Option
14	Scroll to the bottom of the page.	Overview of all Plans         Select one of the following plans: <ul> <li>Cigna UOC Grad Dental</li> </ul> Coverage Level         Your Costs           Employee Only         \$16.67           Employee + One Dependent         \$120.00           Family         \$151.83           Before-Tax           Family           Select
15	Uncheck the <b>Enroll checkbox</b> for your ex-spouse and any stepchildren. Then, click <b>Update and</b> <b>Continue.</b> You will be brought back to the <b>Benefits</b> <b>Enrollment</b> page.	Enroll Your Dependents         Only your spouse and dependent children/stepchildren under age 26 for medical/pharmacy, age 19 for dental, are eligible for enrollment in health coverage. Proof of relationship is required for all dependent enrollments. If the eligible dependent is not listed below, click the Add a Dependent or Beneficiary button. If the eligible dependent is listed below, contact your agency benefit specialist.         You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.         Dependent Beneficiary         Enroll       Name         Relationship         Add/Review Dependents         Update and Continue       Discard Changes
16	On the bottom of the page, the <b>Election Summary</b> table summarizes the costs for your new health coverages. Click <b>Save and Continue</b> to submit your health coverage changes to your Agency Benefits	This table summarizes estimated costs for your new benefit choices.         Election Summary         Summarized estimates for new Benefit Elections       Total       Before Tax       After Tax         Costs       293.67       286.07       7.60         Your Costs       293.67       286.07       7.60         These costs do not include certain choices that are based on variable earnings.       Total       Sector Secto
	Specialist.	Save and Continue

Step	Action	Screenshot
17	You have almost completed your enrollment. If you have no further changes, read the Authorize Elections section and click Submit.	Benefits Enrollment         Submit Benefit Choices       02/01/2017 M         Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.         Authorize Elections         In breeby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions described by the health plan.         I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).         I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.         Submit       Cancel         Submit       Cancel
18	Click <b>OK</b> on the <b>Submit Confirmation</b> page to complete the divorce/legal separation event. Your coverage changes will be sent to your Agency Benefits Specialist. Once your enrollment is processed and approved by your Agency Benefits Specialist, you will be sent a Confirmation Statement.	Benefits Enrollment         Submit Confirmation         Your benefit choices have been successfully submitted to the Benefits Department.         You will receive a confirmation statement within one week to confirm your family status change enrollment.         To return to the Benefits Enrollment page, use the OK button.         OK