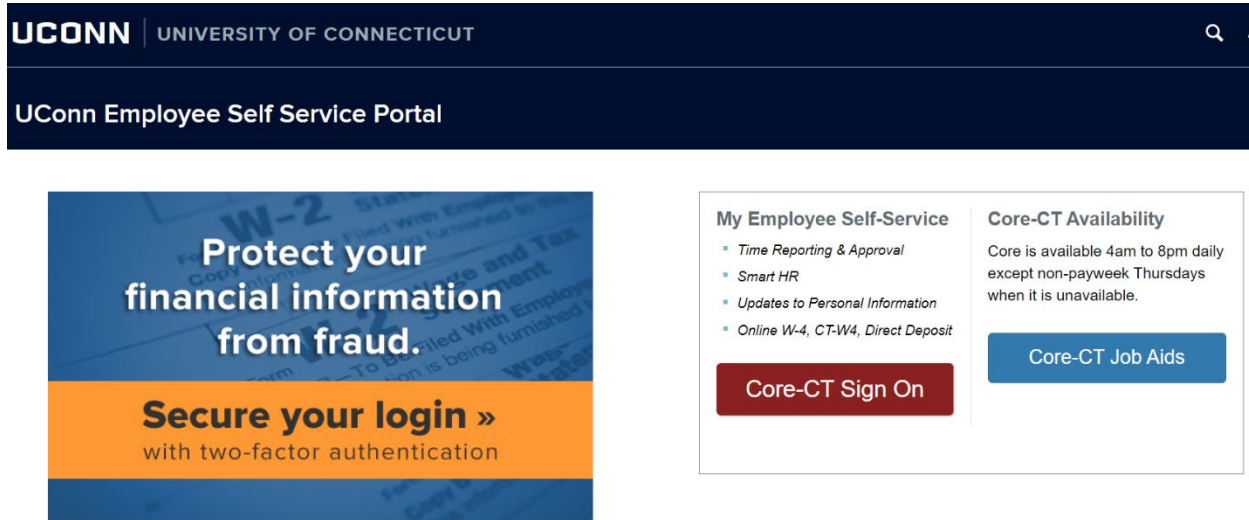
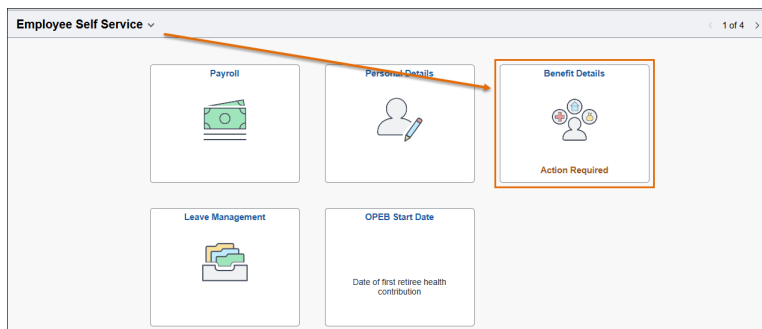


# Submitting an Employee Life Event (as of November 2024)

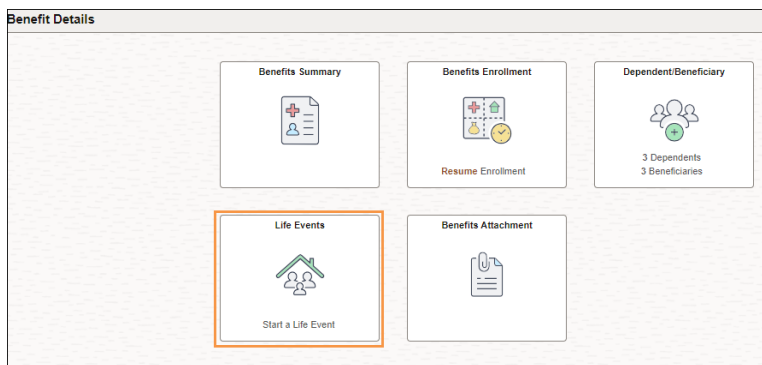
**Step 1:** Open your browser to [www.ess.uconn.edu](http://www.ess.uconn.edu). Click **Core-CT Sign on** and enter your Net ID and Password.



**Step 2:** Click on **Benefits Details**.



**Step 3:** Select **Life Events**.



**Step 4:** Please read the important information on this page before proceeding. Select the applicable Life Event from the list below.

Employee

- Birth/Adoption (Add Children)
- Marriage (Add Spouse/Children) ...(event in progress)
- Divorce/Legal Separation (Drop Spouse/Children)
- Loss of Dependent Coverage
- Loss of Coverage (Add Self/Spouse/Children)

**Step 5:** Select the Life Event date using the calendar icon (e.g., Birth, Marriage, Loss of coverage) and click the **Start Life Event** button to continue.

Calendar

November 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Start Life Event

**Step 6:** Click the **Next** button on the *Welcome* page to proceed.

**Marriage Event**

Qualifying Period 11/1/2024-12/2/2024

Return to Search Cancel Next >

**Welcome to Marital Event**

Complete

**Benefits Summary**  
 Not Started

**Dependent/Beneficiary Info**  
 Not Started

**Benefit Enrollment**  
 Not Started

**Document Upload**  
 Not Started

**Event Completion and Exit**  
 Not Started

A marital status change is a good time to reconsider your health care coverage, tax withholdings, and other important information. This guide will take you through all the steps necessary to ensure that your personal profile, benefits, and payroll information are updated to reflect this event in your life.

**Step 7:** Current benefit selections display. Click the **Next** button to continue.

**Marriage Event**

Qualifying Period 11/1/2024-12/2/2024

Return to Search Cancel < Previous Next >

**Welcome to Marital Event**  
Complete

**Benefits Summary**  
Visited

My Benefits on 11/01/2024

**Benefit Plans**

Medical	Prescription	Dental
Plan Quality First Select Access Coverage Family 3 Dependents	Plan Caremark Anthem Prescription Coverage Family 3 Dependents	Plan Enhanced Dental Coverage Family 3 Dependents
Review	Review	Review

**HEP/Non-HEP Standard Plan**

Plan Anthem BC Prime HEP  
Coverage Family

**Contact Information**

Phone 833/740-3258

Address Quantum Health Benefits

**Step 8:** You have the option to add eligible dependents based on the Life Event by clicking the **Add Individual** button. [Click the **Next** button to continue if you are not adding a new dependent and skip to *Step 10.*]

**Marriage Event**  
Qualifying Period 11/1/2024-12/2/2024

Return to Search | Cancel | < Previous | Next >

<p>★ Welcome to Marital Event ● Complete</p> <p>● Benefits Summary ● Visited</p> <p>● Dependent/Beneficiary Info ● Complete</p> <p>○ Benefit Enrollment ○ Not Started</p> <p>○ Document Upload ○ Not Started</p> <p>○ Event Completion and Exit ○ Not Started</p>	<p><b>Dependent/Beneficiary Info</b></p> <p style="border: 1px solid black; padding: 2px;">Add Individual</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Beneficiary</th> <th>Dependent</th> <th>Attachment</th> </tr> </thead> <tbody> <tr> <td>Jane Smith</td> <td>Child</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">🔗 View &gt;</td> </tr> <tr> <td>John Smith</td> <td>Child</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">🔗 View &gt;</td> </tr> <tr> <td>Jeremy Smith</td> <td>Child</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">✓</td> <td style="text-align: center;">🔗 View &gt;</td> </tr> </tbody> </table>	Name	Relationship	Beneficiary	Dependent	Attachment	Jane Smith	Child	✓	✓	🔗 View >	John Smith	Child	✓	✓	🔗 View >	Jeremy Smith	Child	✓	✓	🔗 View >
Name	Relationship	Beneficiary	Dependent	Attachment																	
Jane Smith	Child	✓	✓	🔗 View >																	
John Smith	Child	✓	✓	🔗 View >																	
Jeremy Smith	Child	✓	✓	🔗 View >																	

**Step 9:** When adding dependents, complete all required fields that are designated by the arrows for each dependent you are enrolling and click the **Save** button. Note: If the address for the new dependent is different than the employee address, click the arrow next to “same as mine” and remove the checkmark in the Same as mine field.

Cancel | **Add Individual Dependent/Beneficiary Information** | **Save**

\* Indicates required field

Select Save after you have added your Dependent/Beneficiary's information.

**Name**

Add Name

**Personal Information**

Date of Birth MM/DD/YYYY

\*Gender

\*Relationship to Employee

Dependent

Beneficiary

\*Marital Status Single

\*Disabled No

As of MM/DD/YYYY

As of

**Address**

Address	Address Type	Same Address as mine
123 Main Street Storrs, CT 06269	Home	Same as mine >

**Social Security Number**

No Social Security Number exists.

Add Social Security Number

**Phone**

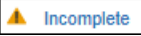
No Phone exists.

Add Phone

**Email**

No Email exists.

Add Email

**Step 10:** Click  **Incomplete** in the Dependent/Beneficiary Information window (below) to attach supporting documents or skip and attach later in *Step 27*.

**Marriage Event**  
Qualifying Period 11/1/2024-12/2/2024

Return to Search | Cancel | < Previous | Next >

\* Welcome to Marital Event  
○ Complete

Benefits Summary  
● Visited

Dependent/Beneficiary Info  
○ Complete


Benefit Enrollment  
○ Not Started

Document Upload  
○ Not Started

Event Completion and Exit  
○ Not Started

**Dependent/Beneficiary Info**

Add Individual

Name	Relationship	Beneficiary	Dependent	Attachment
Jane Smith	Child	✓	✓	<a href="#">View</a> >
John Smith	Child	✓	✓	<a href="#">View</a> >
Jeremy Smith	Child	✓	✓	<a href="#">View</a> >
Jessica Smith	Spouse	✓	✓	 <b>Incomplete</b> >

**Step 11:** Click **Add Attachment**.

Cancel

**Dependent Attachments**

Event Value Jessica Smith

∨ **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 enrollment or new hire enrollment. If you will be uploading your proof documentation, click <b>Add Attachment</b>. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click <b>Add Note</b>.

∨ **Document List**

Document	Upload / Status	Approval / Status
Proof Document	Required Uploaded	Not Required

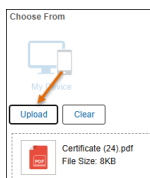
**Add Document**

[Add Attachment](#) [Add Note](#)

**Step 12:** Click **My Device**, locate the file, and click **Open**.



**Step 13:** Click **Upload** and **Done**.



**Step 14:** Enter a document name in the Description field (e.g., birth certificate, marriage certificate), then click **Done**.

**Add Document**

[Add Attachment](#) [Add Note](#)

Document Name <small>†</small>	Description <small>†</small>
Certificate_(24).pdf	Marriage Certificate

**Step 15:** Confirm attachment(s) uploaded and click the **X** to close and continue. Repeat this process for each new dependent you are enrolling.

Return to Search [Cancel](#) [< Previous](#) [Next >](#)

**Dependent/Beneficiary Info**

[Add Individual](#)

Name	Relationship	Beneficiary	Dependent	Attachment
Jane Smith	Child	✓	✓	<a href="#">View</a> <a href="#">X</a>
John Smith	Child	✓	✓	<a href="#">View</a> <a href="#">X</a>
Jeremy Smith	Child	✓	✓	<a href="#">View</a> <a href="#">X</a>
Jessica Smith	Spouse	✓	✓	<a href="#">View</a> <a href="#">X</a>

**Step 16:** Click the **Start My Enrollment** button to begin your enrollment.

**Marriage Event**

Qualifying Period 11/1/2024-12/2/2024

<b>Welcome to Marital Event</b> ● Complete	<b>Benefit Enrollment</b> The health benefit options available to you are based on the Life Event information you entered. Click on the 'Start My Enrollment' push button to begin. <a href="#">Start My Enrollment</a>
<b>Benefits Summary</b> ● Visited	
<b>Dependent/Beneficiary Info</b> ● Complete	
<b>Benefit Enrollment</b> ● Visited	

**Step 17:** The benefit options available to you will appear. Please read the important information at the top of the page. Click the **Review** button to add or remove dependents based on your Life Event. If you have a loss of coverage, click on the **Review** button to enroll in coverage and add dependents, if applicable. The Current Costs per Pay Period and Costs Annually are displayed. If any cost changes occur, based on your election chosen, they will be reflected in the 'New' line.

**Note:** The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.

Marriage Event  
Qualifying Period 11/12/2024-12/13/2024

Return to Search Cancel < Previous Next >

\* Indicates required field

**Welcome to Marital Event**  
Complete

The Enrollment Summary will display which benefit options are open for edit. Click Review button to begin your enrollment.

**Benefits Summary**  
Visited

Important: Your Enrollment is not complete until you click on the "Done" button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Quantum Health at 833.740.3258. 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.

**Dependent/Beneficiary Info**  
Complete

Authorize Elections:  
I hereby 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 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 or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or 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 of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.

**Benefit Enrollment**  
Visited

I certify that all information 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).

**Document Upload**  
Not Started

I understand by enrolling in health coverage I will be automatically enrolled in the Health Enhancement Program (HEP) and that the rates on the Enrollment Statement are based on my participation. If I do not want to participate in HEP, I will need to complete the opt out form on the Care Compass website located at <https://carecompass.ct.gov/forms/health-enhancement-program-opt-out/> and submit it to my agency Benefits Specialist for processing. If I choose not to participate in HEP, I understand that I will be responsible to pay an additional \$100 per month (348.10 biweekly), a \$300 per participant per year deductible (\$1,400 family maximum), and will be ineligible for reduced co-pays for certain prescriptions and office visits.

**Event Completion and Exit**  
Not Started

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

I acknowledge my obligation to make Retiree Health Fund contributions for 10 years (if first hired before 7/1/17) or 15 years (if first hired after 7/1/17) or until I retire or terminate employment, whichever comes first. SERS, ARP and Hybrid members contribute 3% of compensation; TRS members 1.75% of compensation. I hereby authorize such deductions from my payroll check.

Select the Submit Enrollment button to send your final choices to the Benefits Department.

Enrollment Summary

Your Pay Period Cost **\$157.93** Full Cost **\$157.93**

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

Medical	Dental	Life
<p>Current: Quality First Select Access New: Quality First Select Access Status: Visited # 3 Dependents</p> <p>Pay Period Cost \$148.14 Annual Cost \$3,851.64</p> <p>Review</p>	<p>Current: Enhanced Dental New: Enhanced Dental Status: Pending Review # 3 Dependents</p> <p>Pay Period Cost \$9.79 Annual Cost \$254.54</p> <p>Review</p>	<p>Current: No Coverage New: Waive Status: Pending Review</p> <p>Pay Period Cost \$0.00 Annual Cost \$0.00</p> <p>Review</p>

**Step 18:** Enroll or disenroll any dependents(s) by clicking or unclicking the box next to the dependent's name. Click **Done** button to proceed or click the **Cancel** button to restart your enrollment.

Cancel Medical Done

Each of the medical plans offered cover the same benefits, the same services and supplies. The amount you pay out of pocket at the time you receive services is very similar, yet your payroll deduction varies. Visit [carecompass.ct.gov/state/medical](https://carecompass.ct.gov/state/medical) for full plan option details.

Important: You will continue with your current coverage election if you do not make a choice.

Your Enrollment is not complete until you click on the "Done" button and submit your changes for approval by your Agency Benefits Specialist.

Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the "Add a Dependent or Beneficiary" button. Otherwise, click on the "Done" button to continue. 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 "Add a Dependent or Beneficiary" button.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Smith	Child
<input checked="" type="checkbox"/> John Smith	Child
<input checked="" type="checkbox"/> Jeremy Smith	Child
<input type="checkbox"/> Jessica Smith	Spouse

Add/Update Dependent

Enroll in Your Plan

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
<input checked="" type="checkbox"/> Quality First Select Access Requires enrollment to Prescription Caremark Anthem Prescription	\$148.14	\$148.14	\$0.00
<input type="checkbox"/> Waive			\$0.00

Overview of All Plans

**Step 19:** To make Dental changes, follow the same Edit process as the Medical example above.

**Step 20:** If any cost changes occur, based on your election chosen, they will be reflected in the 'New' line. Note: The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.


Enrollment Summary

Your Pay Period Cost **\$157.93** Full Cost **\$157.93**

Status **Pending Review**

[Enrollment Preview Statement](#)

**Submit Enrollment**



Benefit Plans

Medical	Dental	Life
Current: No Coverage New: Quality First Select Access Status: Changed 3 Dependents	Current: No Coverage New: Enhanced Dental Status: Changed 3 Dependents	Current: No Coverage New: Waive Status: Visited
Pay Period Cost: \$148.14 Annual Cost: \$3,851.64	Pay Period Cost: \$9.79 Annual Cost: \$254.54	Pay Period Cost: \$0.00 Annual Cost: \$0.00
<a href="#">Review</a>	<a href="#">Review</a>	<a href="#">Review</a>

**Step 21:** Review your changes or new enrollment based on your Life Event.

Your Pay Period Cost **\$157.93**

Status **Pending Review**

[Enrollment Preview Statement](#)

**Submit Enrollment**

**Step 22:** Click the X button (top right corner) to return to the prior *Benefits Enrollment* page.

Statement Type: Enrollment Preview Description: Marriage

Enrollment Effective Date: 11/12/2024 Statement Issue Date: 11/21/2024 8:30AM

This statement records your State of CT Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information at the time your enrollment is submitted. If an error has been made in recording your elections, please correct your elections before the event is closed. For further question, contact your benefits administrator. Please keep the statement for your records until you receive a confirmation statement.

Statement Sections

[Expand All](#)

- > Personal Information
- > Cost Summary
- > Election Summary
- > Dependents and Beneficiaries
- > Dependent Enrollments

**Step 23:** Click the **Submit Enrollment** button to continue or click the **Cancel** button to restart your enrollment.

Your Pay Period Cost **\$157.93**

Status **Pending Review**

[Enrollment Preview Statement](#)

**Submit Enrollment**

**Step 24:** The Submit Confirmation page will appear confirming your submission to your Agency Benefits Specialist for approval. Click the **Done** button to complete your Life Event changes.

[Done](#)

**Benefits Alerts**

**Instructions**

Your benefit choices have been successfully submitted to your Agency Benefits Specialist.

Select Done to return to the Benefits Enrollment Summary

**Step 25:** Enter required documentation (e.g., long form birth certificate, marriage certificate) by clicking the **Add Attachment** button. If you will not be uploading required proof documentation, click Add Note.

**Note:** If required documentation was uploaded in the earlier step, skip to *Step 30*.

Marriage Event  
Qualifying Period 11/12/2024-12/13/2024

Return to Search Cancel < Previous Next >

Welcome to Marital Event Complete

Document Upload

Event Value: Marriage

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 enrollment or new hire enrollment. If you will be uploading your proof documentation, click <b>Add Attachment</b>. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click <b>Add Note</b>.

Document List

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Attachment Missing	Not Required

Add Document  
No Document has been attached.

Add Attachment Add Note

Save

**Step 26:** Enter a document name on the Subject line and click the **Done** button.

Add Document

Add Attachment Add Note

Document Name Description

Certificate\_(24).pdf Marriage Certificate

**Step 27:** Click the **Save** button once your document(s) has been uploaded.

Return to Search Cancel < Previous Next >

Save

**Step 28:** Click the **Next** button to complete the document upload process.

Marriage Event  
Qualifying Period 11/1/2024-12/2/2024

Return to Search Cancel < Previous Next >

Welcome to Marital Event Complete

Document Upload

Event Value: Marriage

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 enrollment or new hire enrollment. If you will be uploading your proof documentation, click <b>Add Attachment</b>. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click <b>Add Note</b>.

Document List

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Attachment Missing	Not Required

Add Document  
No Document has been attached.

Add Attachment Add Note

Save



**Step 29:** Click the **Complete** button to finalize your Life Event changes. You will be returned to the Life Events page which confirms that your enrollment has been submitted to your Agency Benefits Specialist.

**Marriage Event**

Qualifying Period 11/1/2024-12/2/2024

[Return to Search](#)

- \* **Welcome to Marital Event**  
● Complete
- **Benefits Summary**  
● Visited
- **Dependent/Beneficiary Info**  
● Complete
- **Benefit Enrollment**  
● Complete
- **Document Upload**  
● Visited
- **Event Completion and Exit**  
● Visited

### Event Completion and Exit

Congratulations! You have completed your Marriage Event!

You may need to update the following documentation if you are changing your name:  
Drivers License, Social Security, Passport, Bank Accounts, Credit Cards, Voter Registration Card.

If you are moving, you may want to update address with the Post Office.

Select the **Complete** pushbutton to end this event.

**Steps** 5 rows

Step	Status	Date Completed	Required	Go to Step
Welcome to Marital Event	● Complete	11/21/2024	Yes	<input type="button" value="Go to Step"/>
Benefits Summary	● Visited		No	<input type="button" value="Go to Step"/>
Dependent/Beneficiary Info	● Complete	11/21/2024	No	<input type="button" value="Go to Step"/>
Benefit Enrollment	● Complete	11/21/2024	No	<input type="button" value="Go to Step"/>
Document Upload	● Visited		No	<input type="button" value="Go to Step"/>