

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, or Gain/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 or COBRA notice

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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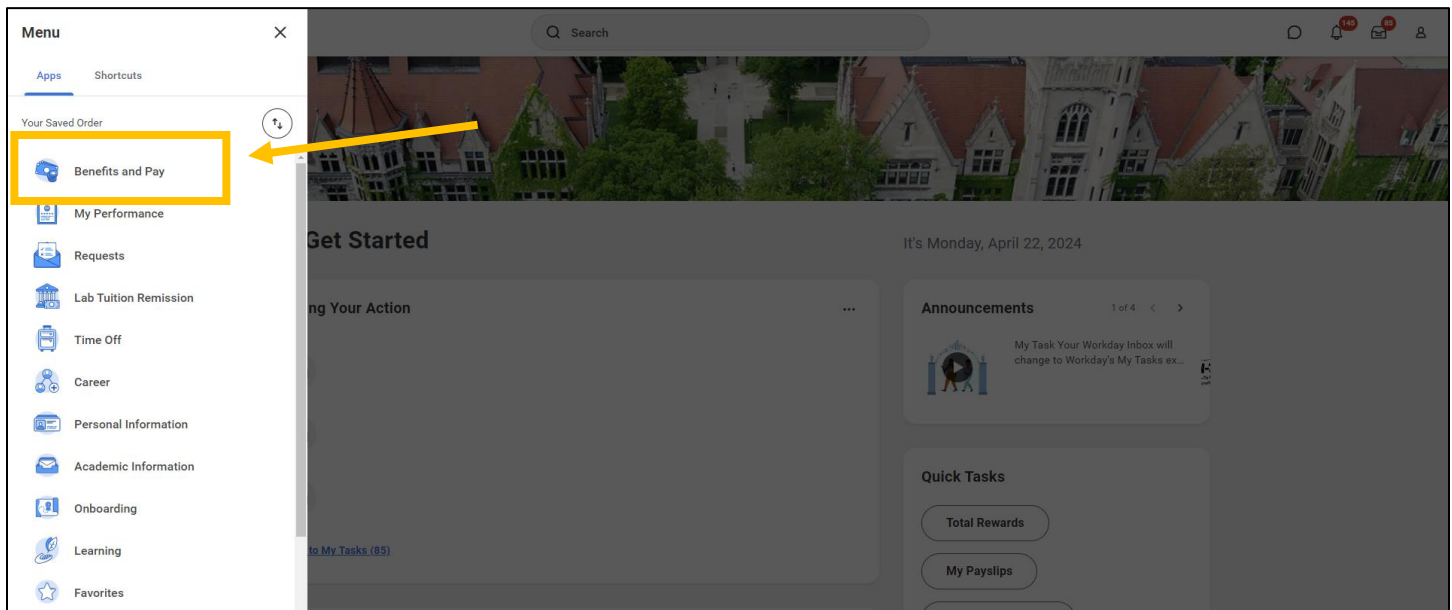
[Review Elections](#)

Keep in Mind

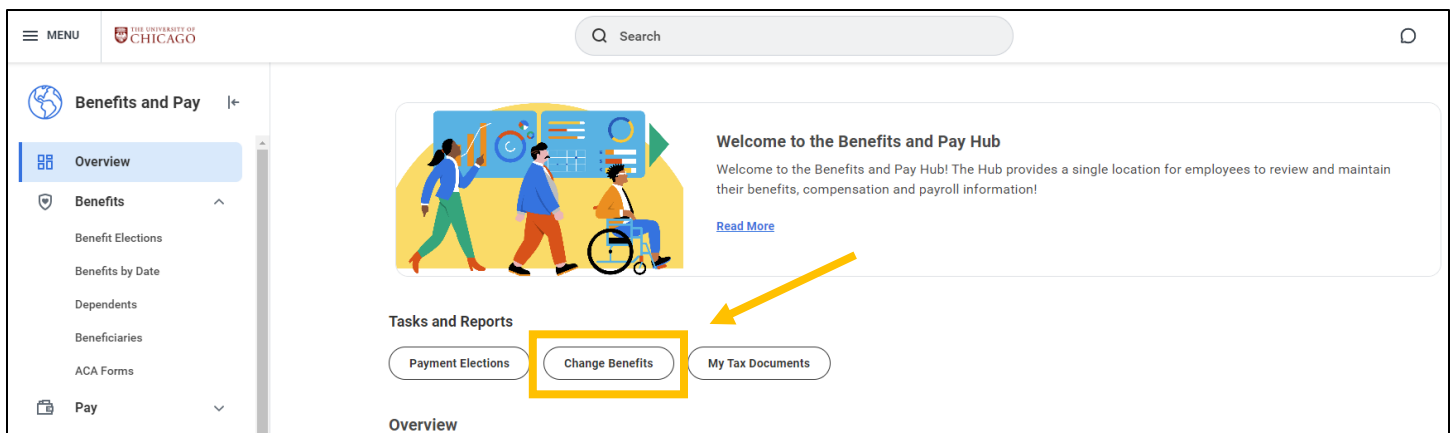
- You have **31 days** from the date of a life event to enroll in or change your benefit elections.
- If you do not enroll within the 31-day window, your next opportunity to enroll in benefits is during Open Enrollment, or if you experience another qualifying life event.

Steps to Enroll in Benefits

1. Log in to [Workday](#) using your CNet ID and Password.
2. From the Home page, **Menu** at the top left of the screen. Click **Benefits and Pay**.



3. From the Overview page, click the Change Benefits button under Tasks and Reports.



4. From the **Change Reason** dropdown menu, choose the appropriate life event.
5. Enter the event date by typing in the prompt box or using the calendar icon.
 - 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.

Change Benefits

Change Reason * Loss of Other Coverage ▼

Coverage Begin Date * 10/01/2021 

Submit Elections By 10/31/2021

Benefits Offered

- Basic Life Insurance
- Basic Long Term Disa
- Child Life Insurance
- Dental
- Dependent Care FSA
-  More (8)

October 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	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
31	1	2	3	4	5	6

- Click the **Submit** button.
- You will see a pop-up with the next task to complete. Click **Open**.

You have submitted

Up Next: Change Benefit Elections

[View Details](#)

Open

- On the next screen, click the **Let's Get Started** button.

Health Care

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

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

10. Click 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.

Medical

Projected Total Cost (Monthly)
\$7.92

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

4 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
☐ Select ☒ Waive	Blue Cross Blue Shield HDHP Maroon Savings Choice	\$82.00	\$659.14
☐ Select ☒ Waive	Blue Cross Blue Shield HMO Illinois	\$77.00	\$431.27
☐ Select ☒ Waive	Blue Cross Blue Shield PPO Maroon Plan	\$183.00	\$668.29
☐ Select ☒ Waive	University of Chicago Health Plan HMO UCHP	\$90.00	\$589.15

Confirm and Continue **Cancel**

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



Search



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

☐ 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)

Plan cost (Monthly)

Add New Dependent

4 items

Select	Dependent	Relationship	Date of Birth
--------	-----------	--------------	---------------

12. If you are listing a dependent for the first time, click the **Add New Dependent** button.

- If your new dependent is already entered in Workday as a Beneficiary or Emergency Contact, select their name from the prompt box.
- It is recommended that you select the **Use as Beneficiary** checkbox to avoid duplicate entries, should you decide to designate your dependent as a beneficiary for the Life Insurance plans.

×

Add My Dependent From Enrollment

☐ Use an Existing Beneficiary or Emergency Contact

☒ Create Dependent

Use as Beneficiary ☒

Click OK to add dependents.

OK

Cancel

13. 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**.

- 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.

THE UNIVERSITY OF CHICAGO

Q Search

25

1

Add My Dependent From Enrollment

Name

Country *

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

MM/DD/YYYY

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.

Add

Address

Use Existing Address

Country

x United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Use Existing Phone

Country Phone Code

x United States of America (+1)

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

Save

Cancel



14. 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
☒		Child	
☒		Child	
☒		Spouse	
☒		Child	

15. 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

16. 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.

The screenshot shows a web interface titled "Hire" with a sub-header "Projected Total Cost (Monthly) \$7.92". Below this is a section titled "Health Care and Accounts" containing six cards. The first card is "Medical Waived" with an "Enroll" button. The second card is "Dental Waived" with an "Enroll" button. The third card is "Vision Waived" with an "Enroll" button. The fourth card is "Health Savings Account Waived" with an "Enroll" button. The fifth card is "Healthcare FSA Waived" with an "Enroll" button. The sixth card is "Dependent Care FSA Waived" with an "Enroll" button. A yellow arrow points from the "Medical Waived" card to the "Enroll" button on the "Health Savings Account Waived" card, which is also highlighted with a yellow box.

- 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. 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.

17. Click 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.

18. 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

19. 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
Waived

Enroll



Dental
Waived

Enroll



Vision
Waived

Enroll



Health Savings Account
Waived

Enroll



Healthcare FSA
Waived

Enroll



Dependent Care FSA
Waived

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 \$640 of unused FSA funds remaining on December 31 to the following year. **Any balance in the HCFSAs or LPFSAs remaining above \$640 will be forfeited.** The Dependent Care FSA plan does not allow carryover. **Unused funds in the DCFSAs 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.
 - **DCFSAs are NOT for payment of your dependents’ eligible health care expenses.**

20. Click 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.

21. 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

50.00

Annual

500.00

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

22. 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

23. 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](#)

24. Click 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)
☒ Select ☐ Waive	Sun Life (Employee)	

25. 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 * Search

- ☐ 1 X Salary
- ☐ 2 X Salary
- ☐ 3 X Salary
- ☐ 4 X Salary
- ☐ 5 X Salary
- ☐ 6 X Salary
- ☐ 7 X Salary
- ☐ 8 X Salary

Plan cost (Monthly)

Beneficiaries

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

Primary Beneficiaries 0

Beneficiary	Percentage

no Data

26. 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

Beneficiary	Percentage
	0

- 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](#)

27. Click **Save**. If Evidence of Insurability is required, the insurance provider will contact you directly.

Long Term Disability Insurance

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

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](#)

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.

- 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

- 29. Click **Review and Sign** once you have made all desired benefit elections.
- 30. Review Selected Benefits, Dependents, Beneficiaries, Waived Benefits, and Messages regarding Evidence of Insurability.
 - a. If EOI is required, the insurance provider will contact you directly.
- 31. 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 or COBRA notice
 - Proof of relationship is required for any newly enrolled dependents.

Attachments

Drop files here

or

Select files

- 32. 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



33. Click the **View Benefits Statement** button to print your benefit elections for your records.
- 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 and 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.