

Qualifying Life Events Online Enrollment Guide

For changes related to birth, adoption or placement for adoption

Where do I go to request a change related to a birth, adoption or placement for adoption?

The screenshot shows the Duke@Work portal interface. At the top, there is a navigation bar with tabs: Home, **MyInfo**, Forms, Universal Worklist, Candidate Selection, Finance, MyResearch, and ECRT. Below this is a secondary navigation bar with links: Home, MyProfile, MyBenefits, MyTime, MyPay, MyExpenses, MyTeam, MyCareer, and Personalization. A breadcrumb trail reads: Home > Home > My Benefits > Home.

Welcome to Duke@Work.

MyProfile

- View and edit your home address.
- View and edit your interoffice and external mailing addresses.
- View a summary of your personal information in the HR/Payroll system.
- View family members and dependents.
- View and edit your Duke Flex Account.
- View and edit your Duke directory listing and settings.
- View your payroll representative.

Quick Link
[Maintain Cell Phones for Emergency Text Messaging](#)

MyPay

- View your online pay statement.
- View and edit your bank account used for direct d
- View and edit your W-4 and NC-4 tax withholding el
- View your W-2 tax statement.

Quick Link
[Pay Statement](#)
[Employee W-2](#)

MyTime

- Enter your current period timecard.
- View historical timecards entered through Duke@Work.
- View who approves your timecard.
- Access the Time and Attendance system for DUHS & select University Employees.

Quick Link
[Enter Your Current Period Primary Timecard - 12/14/2015-12/27/2015](#)

MyBenefits

- Enroll in Benefits.
- Review your current Benefit elections.
- Access links to other Benefit resources.

MyCareer

- Search for jobs at Duke.
- Access links to professional development resources.

MyTeam

- View and approve your employee's timecard.
- Access the Time and Attendance/Staffing system

Go to the Duke@Work employee self-service portal found at work.duke.edu and log in with your NetID and password. Make sure pop-ups are enabled.

How do I request changes to my current benefits coverage?

Click on the "MyInfo" tab, then the My Benefits link.



Your Benefit Plans

[Benefit Plan Overview](#)

View a list of plans in which you are currently enrolled.

[How Do I Enroll in my Benefits?](#)

[When Can I Make Benefit Changes?](#)

Manage Your Benefits

[Qualifying Life Event Enrollment](#)

Enroll in health coverage if you've had a life change that makes you eligible (birth, marriage, divorce, etc.).

[Retirement Manager](#)

Next, click on the “Qualifying Life Event Enrollment” link. The Qualifying Life Event Enrollment Form will launch in a new window.

Qualifying Life Event Enrollment Form

Employee Details

Employee Name: KAREN B ALLEY

DUID: 00225549

Home Address: 121 CARRIAGE HILL DR

Email Address: KAREN.BIXBY.ALLEY@DUKE.EDU

Description of Qualifying Life Event (QLE)

*QLE:

QLE Date:

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is “Had a baby or adopted a child or placement for adoption”. You’ll also need to indicate the date of your qualifying life event. In this case, coverage will begin on the baby’s date of birth.

Manage Your Dependents and Benefit Plans

Enter new dependent information here. Add a row for each new dependent.

*Relationship	*First Name	*Last Name	Title	SSN	*Date of Birth	*Gender
The table does not contain any data						

(* See the health tabs below for current dependents enrollment status)

Next, click on the “Add” button to add your new dependent.

Add information about your child to the line below the “Add” button. First, you’ll need to indicate the relationship of your new dependent.

Manage Your Dependents and Benefit Plans

Enter new dependent information here. Add a row for each new dependent.

Add

*Relationship	*First Name	*Last Name	Title

(* See the health tabs below for current dependents enrollment status)

Search: Relationship

- Dependent Type
- Child of Same Sex Partner
- Child

You can select “Child of Same Sex Partner” or “Child” from the drop-down list.

Next, move to the “First Name” field in the table and provide the new dependent’s first name.

Manage Your Dependents and Benefit Plans

Enter new dependent information here. Add a row for each new dependent.

Add

*Relationship	*First Name
Child	Hugh

(* See the health tabs below for current dependents enrollment status)

Add your new dependent’s last name in the “Last Name” field.

Manage Your Dependents and Benefit Plans

Enter new dependent information here. Add a row for each new dependent.

Add

*Relationship	*First Name	*Last Name
Child	Hugh	Bradshaw

(* See the health tabs below for current dependents enrollment status)

If your child’s name has a suffix, like Hugh Bradshaw, Jr., add the suffix in the “Title” field.

*Relationship	*First Name	*Last Name	Title
Child	Hugh	Bradshaw	JR

(* See the health tabs below for current dependents enrollment status)

If your new dependent already has a Social Security Number, please provide it. If you have not yet received a Social Security Number, you can provide it later.

*Relationship	*First Name	*Last Name	Title	SSN
Child	Hugh	Bradshaw		

(* See the health tabs below for current dependents enrollment status)

Provide your child's date of birth next.

*Last Name	Title	SSN	*Date of Birth
Bradshaw			01/08/2016

Finally, select your child's gender from the drop-down list.

*Relationship	*First Name	*Last Name	Title	SSN	*Date of Birth	*Gender
Child	Hugh	Bradshaw			01/08/2016	Male

(* See the health tabs below for current dependents enrollment status)

Current Benefits Total Cost Monthly (medical, dental and vision): 384.55

Current Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 173.33

New Benefits Total Cost Monthly (medical, dental and vision): 384.55

New Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 173.33

Search: Gender

Results List: 2 results found for Gender

- Female
- Male

You have now added your new dependent to your list of dependents.

Below the list of new dependents, you'll see the monthly cost of your current Benefits selections. Just below, you'll see the new monthly cost of your Benefits selections. We have not yet added Hugh to the medical, dental, vision or reimbursement accounts, so the totals are the same.

Current Benefits Total Cost Monthly (medical, dental and vision): 384.55

Current Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 173.33

New Benefits Total Cost Monthly (medical, dental and vision): 384.55

New Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 173.33

Just below the monthly cost information, you'll see four tabs for each of the four benefits plans you can change.

* To request changes to plan/coverage, click on the tab for each health plan type below.

MEDICAL DENTAL VISION REIMBURSEMENT ACCOUNTS

Medical

Currently Enrolled in Plan/Coverage: Duke Select Employee+Children

Current Dependents Enrolled: GERTRUDE BRADSHAW, IDA BRADSHAW

Other Dependents NOT Enrolled: JERRY BRADSHAW, WYATT BRADSHAW

Request Changes to Medical Plan/Coverage

First, click on the “Request Changes to Medical Plan/Coverage”. A new menu will pop up.

Select Benefit Health Plan and Dependents

Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input type="checkbox"/>	HUGH BRADSHAW	Child
<input checked="" type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input type="checkbox"/>	JERRY BRADSHAW	Spouse

This table shows which dependents are currently covered on your medical plan. To add your new dependent to your coverage, check the box next to the name of your new dependent. In this example, we want to add Hugh Bradshaw.

Select Benefit Health Plan and Dependents



Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input checked="" type="checkbox"/>	HUGH BRADSHAW	Child
<input checked="" type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input type="checkbox"/>	JERRY BRADSHAW	Spouse

Hugh has been added to the existing Employee + Children Duke Select coverage.

Select Benefit Health Plan and Dependents



Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input checked="" type="checkbox"/>	HUGH BRADSHAW	Child
<input checked="" type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input type="checkbox"/>	JERRY BRADSHAW	Spouse

Select Plan Coverage: (Click OK button to confirm plan and dependents)

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Duke Select	Employee Only	01/08/2016	75.00	0.00
Duke Select	Employee+Spouse	01/08/2016	361.00	0.00
Duke Select	Employee+Child	01/08/2016	177.00	0.00
Duke Select	Employee+Family	01/08/2016	445.00	0.00
Duke Select	Employee+Children	01/08/2016	257.00	0.00
Duke Options	Employee Only	01/08/2016	132.00	0.00
Duke Options	Employee+Spouse	01/08/2016	482.00	0.00
Duke Options	Employee+Child	01/08/2016	259.00	0.00
Duke Options	Employee+Children	01/08/2016	346.00	0.00
Duke Options	Employee+Family	01/08/2016	606.00	0.00
Blue Care	Employee Only	01/08/2016	137.00	0.00
Blue Care	Employee+Spouse	01/08/2016	472.00	0.00
Blue Care	Employee+Child	01/08/2016	265.00	0.00
Blue Care	Employee+Children	01/08/2016	335.00	0.00
Blue Care	Employee+Family	01/08/2016	613.00	0.00
Duke Basic	Employee Only	01/08/2016	30.00	0.00
Duke Basic	Employee+Spouse	01/08/2016	231.00	0.00
Duke Basic	Employee+Child	01/08/2016	100.00	0.00
Duke Basic	Employee+Children	01/08/2016	156.00	0.00
Duke Basic	Employee+Family	01/08/2016	282.00	0.00

OK Cancel

Jerry Bradshaw, the employee's spouse, can also be added. You can add family members who were not previously covered. You cannot drop coverage due to the birth or adoption of a child.

To add Jerry to the plan, you must first select the Employee + Family option next to the desired medical plan.

Select Plan Coverage: (Click OK button to confirm plan and dependents)

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Duke Select	Employee Only	01/08/2016	75.00	0.00
Duke Select	Employee+Spouse	01/08/2016	361.00	0.00
Duke Select	Employee+Child	01/08/2016	177.00	0.00
Duke Select	Employee+Family	01/08/2016	445.00	0.00
Duke Select	Employee+Children	01/08/2016	257.00	0.00

The employee has chosen to keep the Duke Select plan.

Selecting a new level of coverage has cleared the checks from the boxes next to each dependent.

Select Benefit Health Plan and Dependents



Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input type="checkbox"/>	HUGH BRADSHAW	Child
<input type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input type="checkbox"/>	JERRY BRADSHAW	Spouse

The employee will now have to select which family members should be covered by the medical plan.

Select Benefit Health Plan and Dependents



Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input checked="" type="checkbox"/>	HUGH BRADSHAW	Child
<input checked="" type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input checked="" type="checkbox"/>	JERRY BRADSHAW	Spouse

Once you have indicated which family members should be covered and the plan you want, click the “OK” button at the bottom of this window.

Select Benefit Health Plan and Dependents



Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input checked="" type="checkbox"/>	HUGH BRADSHAW	Child
<input checked="" type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input checked="" type="checkbox"/>	JERRY BRADSHAW	Spouse

Select Plan Coverage: (Click OK button to confirm plan and dependents)

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Duke Select	Employee Only	01/08/2016	75.00	0.00
Duke Select	Employee+Spouse	01/08/2016	361.00	0.00
Duke Select	Employee+Child	01/08/2016	177.00	0.00
Duke Select	Employee+Family	01/08/2016	445.00	0.00
Duke Select	Employee+Children	01/08/2016	257.00	0.00
Duke Options	Employee Only	01/08/2016	132.00	0.00
Duke Options	Employee+Spouse	01/08/2016	482.00	0.00
Duke Options	Employee+Child	01/08/2016	259.00	0.00
Duke Options	Employee+Children	01/08/2016	346.00	0.00
Duke Options	Employee+Family	01/08/2016	606.00	0.00
Blue Care	Employee Only	01/08/2016	137.00	0.00
Blue Care	Employee+Spouse	01/08/2016	472.00	0.00
Blue Care	Employee+Child	01/08/2016	265.00	0.00
Blue Care	Employee+Children	01/08/2016	335.00	0.00
Blue Care	Employee+Family	01/08/2016	613.00	0.00
Duke Basic	Employee Only	01/08/2016	30.00	0.00
Duke Basic	Employee+Spouse	01/08/2016	231.00	0.00
Duke Basic	Employee+Child	01/08/2016	100.00	0.00
Duke Basic	Employee+Children	01/08/2016	156.00	0.00
Duke Basic	Employee+Family	01/08/2016	282.00	0.00

When you click “OK”, the medical coverage tab will be updated with new information. You can review your prior coverage details right under the medical heading.

MEDICAL DENTAL VISION REIMBURSEMENT ACCOUNTS

Medical

Currently Enrolled in Plan/Coverage: Duke Select Employee+Children

Current Dependents Enrolled: GERTRUDE BRADSHAW, IDA BRADSHAW

Other Dependents NOT Enrolled: JERRY BRADSHAW, WYATT BRADSHAW

Request Changes to Medical Plan/Coverage

Requested Plan	Requested Coverage	Starts On	Pretax	Post Tax
Duke Select	Employee+Family	01/08/2016	445.00	0.00

Dependent Enrolled	Relationship
GERTRUDE BRADSHAW	Child
HUGH BRADSHAW	Child
IDA BRADSHAW	Child
JERRY BRADSHAW	Spouse

Clear Newly Requested Plan/Dependents

Just under your prior coverage details, you’ll find a summary of the medical plan changes you are requesting related to the birth or adoption. Here, you’ll need to review the plan, coverage level, effective date and cost of your new coverage. You’ll also need to confirm that all dependents who should be covered by your medical plan are listed in the “Dependent Enrolled” table.

If you find a mistake, click the “Clear Newly Requested Plan/Dependents” button to start over.

If the changes shown are correct, you can make additional changes by clicking on the next tab heading.

This employee is already paying for family level dental coverage, so adding the new dependent to the plan now will not increase the premium.

Select Benefit Dental Plan and Dependents

Select Plan and Dependents

After confirming your new plan below, check the dependents you wish to add to that plan:

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GERTRUDE BRADSHAW	Child
<input checked="" type="checkbox"/>	HUGH BRADSHAW	Child
<input checked="" type="checkbox"/>	IDA BRADSHAW	Child
<input type="checkbox"/>	WYATT BRADSHAW	Child
<input checked="" type="checkbox"/>	JERRY BRADSHAW	Spouse

Select Plan Coverage: (Click OK button to confirm plan and dependents)

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Dental A	Employee Only	01/08/2016	42.11	0.00
Dental A	Employee+Spouse	01/08/2016	84.25	0.00
Dental A	Employee+Child	01/08/2016	81.80	0.00
Dental A	Employee+Family	01/08/2016	127.55	0.00

Check the box next to the new dependent's name to add him to the plan. In this case, the coverage level remains the same.

Click on the Vision tab to make changes to vision plan coverage.

** To request changes to plan/coverage, click on the tab for each health plan type below.*

MEDICAL

DENTAL

VISION

REIMBURSEMENT ACCOUNTS

Vision

Currently Enrolled Plan/Coverage: **Not currently enrolled**

Current Dependents Enrolled:

Other Dependents NOT Enrolled: GERTRUDE BRADSHAW, IDA BRADSHAW, JERRY BRADSHAW, WYATT BRADSHAW

[Request Changes to Vision Plan/Coverage](#)

This employee is currently not enrolled in vision coverage. To add the vision plan, the newly eligible dependent must be added to the plan. The employee is not enrolling in vision coverage at this time.

*To request changes to plan/coverage, click on the tab for each health plan type below.

MEDICAL DENTAL VISION **REIMBURSEMENT ACCOUNTS**

Healthcare and Daycare

Reimbursement Accounts currently enrolled in:
Health Care Health Care Reimbursement

Use this grid to make any changes for Reimbursement Accounts:

Enroll	Plan Type	Plan Name	Starts On	Contribution	Minimum Contribution Allowed	Maximum Contribution Allowed
<input type="checkbox"/>	Dependent Care	Dependent Daycare Reimbursement	01/08/2016	0.00	130.00	5,000.00
<input checked="" type="checkbox"/>	Health Care	Health Care Reimbursement	01/08/2016	2,080.00	130.00	2,550.00

Enter

Next, click on the “Reimbursement Accounts” tab to make changes to the Dependent Care and/or Health Care Reimbursement Accounts. Employees can enroll in or increase their contribution to the Dependent Care Reimbursement Account, or drop or decrease the contribution amount if their spouse will be staying home with the new dependent. Employees can enroll in or increase their contribution to the Health Care Reimbursement Account.

MEDICAL DENTAL VISION **REIMBURSEMENT ACCOUNTS**

Healthcare and Daycare

Reimbursement Accounts currently enrolled in:
Health Care Health Care Reimbursement

Use this grid to make any changes for Reimbursement Accounts:

Enroll	Plan Type	Plan Name	Starts On	Contribution	Minimum Contribution Allowed	Maximum Contribution Allowed
<input type="checkbox"/>	Dependent Care	Dependent Daycare Reimbursement	01/08/2016	0.00	130.00	5,000.00
<input checked="" type="checkbox"/>	Health Care	Health Care Reimbursement	01/08/2016	2550	130.00	2,550.00

Enter

Check the “Enroll” box if it is not yet selected, then type in the amount you want to contribute. This is an annual contribution amount that will be divided equally between the remaining pay periods for the calendar year. The minimum and maximum annual contribution amounts are listed on the right for your reference. Click the “Enter” button on the bottom of this section to save your changes.

Next, you’ll need to upload your supporting documents. For birth, adoption or placement for adoption, a birth certificate, a mother’s verification of facts form, or documentation of the adoption or placement is required.

First, you’ll need to scan the required document and save the electronic file. Then, within the online enrollment tool, you’ll need to click the “Browse” button to find that electronic file.

Upload Supporting Certificates/Documents

Browse... SamBC.pdf Upload

Attached Documents	
	The table does not contain any data

Remove Selected Files

Click the "Upload" button. Your document will now appear in the "Attached Documents" table.

Upload Supporting Certificates/Documents

Browse... No file selected. Upload

Attached Documents	
	SamBC.pdf

Remove Selected Files

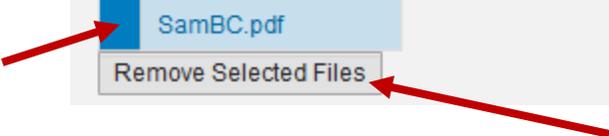
If you selected the wrong file by mistake, you can remove the file by clicking the box beside the document name in the table, then clicking the "Remove Selected Files" button.

Upload Supporting Certificates/Documents

Browse... No file selected. Upload

Attached Documents	
<input checked="" type="checkbox"/>	SamBC.pdf

Remove Selected Files



This file contains an image of Hugh's birth certificate, and is the file the employee intended to attach.

Certification

[Click here to read our terms and conditions](#)

* I have read, understand, and agree to the terms and conditions in the link above:

Date: 01/15/2016

The employee will first click the link to review the terms and conditions, and will then check the box indicating she has read, understands, and agrees to them. The date is entered automatically.

If you would like to include additional comments or clarifications, use the “Comments” section by clicking the box on the far right.

Use the comments section to include additional information to HR/Benefits that should be considered when processing your form.

Comments

*NOTE. Click on the box to the far right to open comments. ==>



Once you click the box, that section will expand and you can type in the box.

Use the comments section to include additional information to HR/Benefits that should be considered when processing your form. *NOTE. Click on the box to the far right to open comments. ==>

Comments

Enter your comments here:

My son Wyatt has reached age 26 and is no longer eligible for coverage on my plan.

Please use the “Check” button to find any errors. When you see the following message at the top of the screen, you can proceed.

 **The form data you entered is consistent**

Finally, click the “Submit” button. You will then see this screen:

Qualifying Life Event Enrollment Form

Confirmation

Your request was created under the following number: 401032856

Your request has been forwarded to the HR Information Center team. It will be reviewed to make sure you have requested changes within 30 days of the event, and that the changes you requested are permitted by plan rules, and consistent with the event.

For assistance while completing this online form, or to check on the status of a request you submitted, please contact the HR Information Center at 919-684-5600.

