Qualifying Life Events
Online Enrollment Guide

Death of a covered dependent and you need to remove dependent from coverage

Where do I go to remove dependents from my benefits plans?

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

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is “Death of a covered dependent and you need to remove dependent from your coverage”. You’ll also need to indicate the date of your qualifying life event, which is the date of your dependent’s death.

Next, you’ll see a list of dependents. Select the dependent(s) from the list who will no longer be covered under the plan. In this case, the spouse, Jerry, passed away.
The check box indicates that Jerry is the dependent who will be removed from benefits coverage.

Next, you’ll see the current benefits total cost per month, and the new benefits total cost per month. Right now, the amounts are the same because we have not yet requested changes to any of the health plans.

<table>
<thead>
<tr>
<th>Drop</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>JERRY BRADSHAW</td>
<td>Spouse</td>
</tr>
<tr>
<td></td>
<td>KAREN B ALLEY</td>
<td>Employee</td>
</tr>
<tr>
<td></td>
<td>GERTRUDE BRADSHAW</td>
<td>Child</td>
</tr>
<tr>
<td></td>
<td>IDA BRADSHAW</td>
<td>Child</td>
</tr>
</tbody>
</table>

Current Benefits Total Cost Monthly (medical, dental and vision): $364.55

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): $394.55

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

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

**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
Click the “Available Options for Medical Plan/Coverage” button to see what changes you can make to your medical plan.

Select Benefit Health Plan and Dependents

Select Plan and Dependents

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Coverage</th>
<th>Starts On</th>
<th>Pre-Tax Costs</th>
<th>Post-Tax Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke Select</td>
<td>Employee + Children</td>
<td>01/19/2016</td>
<td>257.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

In this example, the employee’s spouse was not covered on the medical plan prior to the divorce, so the employee must keep Duke Select Employee + Children coverage.
The only available coverage option has been selected. Click “OK” to proceed.

Next, click on the Dental tab to request changes to the dental plan.
Click on the “Available Options for Dental Plan/Coverage” to see the list of changes you can request.

This employee has Dental A Employee + Family coverage. The monthly premium will not change because the dental plans do not offer an Employee + Children option. Click the “OK” button at the bottom of the screen to continue.
Click on the Vision tab to request changes to your vision coverage. This employee did not have vision coverage prior to the divorce, so she cannot drop any dependents from this plan.
Click on the Reimbursement tab to change the amount you are contributing to your reimbursement accounts. To change the amount, simply click on the number in the contribution box, then click the “Enter” button.

All of the changes to the health plans requested have been recorded, so the monthly premium cost information has been updated.

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): 390.69

New Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 88.67

No changes impacting the premiums were made to the medical, dental or vision plans, but you can see the reduction in the monthly contribution to the health care reimbursement account.
Next, you’ll need to upload your supporting documents. In this case, a copy of the death certificate is required. If the death certificate is not available within the 30 day window you have to request the change, you can upload an image of the obituary or memorial service program.

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.

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

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.

This file contains an image of the death certificate and is the file the employee intended to attach.
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.

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

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

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