

# Qualifying Life Events Online Enrollment Guide

You got divorced and you and eligible dependents lost coverage


**Where do I go to enroll in Duke benefits if I got divorced and lost coverage under my ex-spouse's plan?**

Home **MyInfo** Forms Universal Worklist Candidate Selection Finance MyResearch ECRT

Home MyProfile MyBenefits MyTime MyPay MyExpenses MyTeam MyCareer Personalization

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### 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](#)




[My Benefits](#)

- 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](http://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:	ABIGAIL BIRMINGHAM	DUID:	00654790
Home Address:	101 DEWITTSHIRE DR	Email Address:	
City/State/Zip:	DURHAM NC 27705		
Home Phone:	919-684-5600	Office Phone:	919-684-5600
Payroll Cycle:	BIWEEKLY		

#### Description of Qualifying Life Event (QLE)

\* QLE:


QLE Date:    Check here to begin coverage on 03/01/2016 instead of your QLE date

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is "You got divorced and you and eligible dependents lost coverage". You'll also need to indicate the date of your qualifying life event – in this case, the date of the divorce according to the divorce decree. You have the choice of beginning coverage on the date of your divorce, or the first of the month following the date of the divorce. Since we do not pro-rate monthly premiums, if you do not access medical care during the time between the date of the divorce and the first of the following month, you'll save money by starting coverage on the first of the month following the divorce.

## 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	SSN	*Date of Birth	*Gender
 The table does not contain any data						

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

If any of your dependents lost coverage under your ex-spouse's plan as a result of the divorce, you'll need to add them to the dependent table. Click on the "Add" button to make changes.

In this example, Abigail does not have any dependents; she is only enrolling in coverage for herself.

Current Benefits Total Cost Monthly (medical, dental and vision): 0.00

Current Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 0.00

New Benefits Total Cost Monthly (medical, dental and vision): 0.00

New Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 0.00

Just below the dependent table, there is an overview of your current benefits total monthly cost, and a preview of your new benefits total monthly cost. In our example, Abigail has not yet selected her coverage, so both totals have \$0.00 listed as the total monthly cost.

To enroll in coverage, click on the tab for each plan type. Abigail is starting with medical coverage.

*\* 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: Not currently enrolled

Current Dependents Enrolled:

Other Dependents NOT Enrolled:

Request Changes to Medical Plan/Coverage

First, she clicks on the "Request Changes to Medical Plan/Coverage" button.

A new window pops up, and Abigail can then select in which plan she would like to enroll. She does not have any dependents, so no dependents appear in the table above the list of choices for medical coverage.

### Select Benefit Health Plan and Dependents



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

Enroll	Dependent	Relationship

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	03/01/2016	422.00	0.00
Duke Options	Employee Only	03/01/2016	738.00	0.00
Blue Care	Employee Only	03/01/2016	776.00	0.00
Duke Basic	Employee Only	03/01/2016	358.00	0.00

Click the box beside the plan in which you would like to enroll, then click the "OK" button at the bottom of the window.

<input type="checkbox"/>	Blue Care	Employee Only	03/01/2016	776.00	0.00
<input checked="" type="checkbox"/>	Duke Basic	Employee Only	03/01/2016	358.00	0.00
<input type="checkbox"/>					
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To enroll in the dental plan, first click on the “Dental” tab, then click on the “Request Changes to Dental Plan/Coverage” button.

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

MEDICAL **DENTAL** VISION REIMBURSEMENT ACCOUNTS

**Dental**

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

Current Dependents Enrolled:

Other Dependents NOT Enrolled:

**Request Changes to Dental Plan/Coverage**

A new window pops up, and Abigail can then select in which plan she would like to enroll.

**Select Benefit Dental Plan and Dependents**

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

Enroll	Dependent	Relationship

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

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Dental PPO	Employee Only	03/01/2016	38.44	0.00
Dental A	Employee Only	03/01/2016	42.11	0.00
<b>Dental B</b>	Employee Only	03/01/2016	12.18	0.00

Abigail chooses to enroll in Dental Plan B Employee Only coverage. She clicks the box next to that plan, then clicks "OK" at the bottom of the window.

Abigail does not currently wear glasses or contact lenses, so she chooses not to enroll in the vision plan at this time. If she did want to enroll, she would click on the vision plan and follow the same steps as she did to enroll in medical and dental 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:

Request Changes to Vision Plan/Coverage

Abigail has surgery scheduled, so she decides to enroll in the health care reimbursement account to save some money on the inpatient admission copay she'll be paying soon.

*\* 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:  
Not currently enrolled

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 Reimbursemnt	03/01/2016	0.00	130.00	5,000.00
<input checked="" type="checkbox"/>	Health Care	Health Care Reimbursement	03/01/2016	500.00	130.00	2,550.00

Click this button to update screen with your changes

She first clicks on the Reimbursement Accounts tab, then checks the "Enroll" box beside the Health Care Reimbursement Account. She types in \$500 in the "Contribution" box, which is the amount she will contribute for the year. This amount will be withdrawn over the remaining calendar year in equal amounts from each paycheck. Finally, she clicks on the "Click this button to update the screen with your changes" button.

Next, Abigail needs to upload a copy of the divorce decree. First, she scans the document, then she saves the file on her computer.

She clicks the browse button to find the file she just saved.

**Upload Supporting Certificates/Documents**

Browse... SamBC.pdf Upload

Attached Documents

*i* The table does not contain any data

Remove Selected Files

She clicks the “Upload” button. Her 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

SamBC.pdf

Remove Selected Files

This file 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**

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\*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**

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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**

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**Confirmation**

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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.