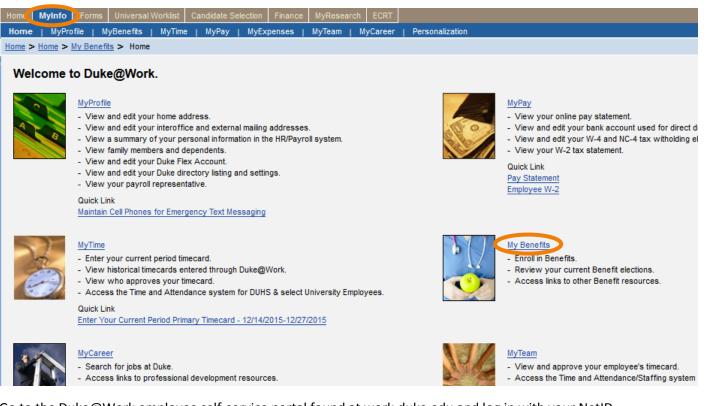
Qualifying Life Events Online Enrollment Guide

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?



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.

Employee Details		
Employee Name: ABIGAIL BIRMINGHAM	DUID:	00654790
Home Address: 101 DEWITTSHIRE DR	Email Addres	S:
City/State/Zip: DURHAM NC 27705		
Home Phone: 919-684-5600	Office Phone:	919-684-560
Payroll Cycle: BIWEEKLY		
Description of Qualifying Life Event (QLE)		
*QLE: You got divorced and you and eligible dependents los	t coverage	

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									
*Relationsh	ip *First Name	*Last Name	Title	SSN	*Date of Birth	*Gender			
1 The table does not contain any data									
(* See the healt	h tabs below for	current deper	idents e	enrollm	ent 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

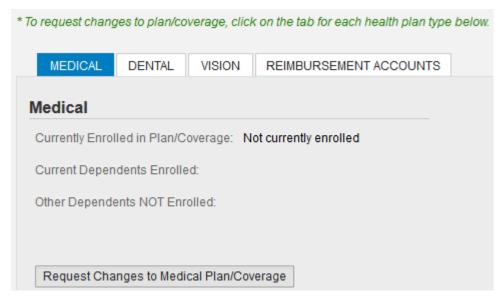
Current Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 0.00

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.



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.

e	ct Ben	efit He	ealth Pl	an and	Depende	nts		
tor	confirmi		new plan	helow ch	ack the dense	dents you wish t	o add to that plan:	
.01	Enroll	Depen		elationsh		idents you wish t	o add to that plan.	
_								
-								
-								
ele	ct Plan C	Coverage	e: (Click O	K button t	o confirm pla	n and dependents	5)	
	Plan Na	ame	Coverag	e	Starts On	Pre-Tax Costs	Post-Tax Costs	
	Duke S	elect	Employe	e Only	03/01/2016	422.00	0.00	
	Duke O	ptions	Employe	e Only	03/01/2016	738.00	0.00	
	Blue Ca		Employe					

Employee Only 03/01/2016

Duke Basic

0.00

358.00

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

Duke Basic Employee Only 03/01/2016 358.00 0.00 Image: State Stat	н
Image: Sector	н
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	-
ОКСа	ncel

To enroll in the dental plan, first click on the "Dental" tab, then click on the "Request Changes to Dental Plan/Coverage" button.

ental Currently Enrolled Plan/Coverage: Not currently enrolled	MEDICAL	DENTAL	VISION	REIMBURSEMENT ACCOUNTS
	ental			
Current Dependents Enrolled:	Currently Enrol	led Plan/Cove	erage: Not	currently enrolled
ouron bopondento Enroned.	Current Depen	dents Enrolle	ed:	
Other Dependents NOT Enrolled:	Other Depende	ents NOT Enr	olled:	

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

le	ct Ben	efit l	Dental	Plan a	nd Dep	bend	ents		>
ftor	rconfirmi			an below	check th	e den	endents vou wis	h to add to that plan:	
itei	Enroll		endent	Relation		ie dep	endento you wisi	nto add to that plan.	
ele	ect Plan (Covera	ige: (Clic	k OK butto	on to con	firm p	an and depende	nts)	
	Plan Na	ame	Covera	ige	Starts (Dn	Pre-Tax Costs	Post-Tax Costs	
	Dental	PPO	Emplo	yee Only	03/01/2	2016	38.44	0.00	
	Dental	A	Emplo	yee Only	03/01/2	2016	42.11	0.00	
	Dental	в	Emplo	yee Only	03/01/2	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 chang	es to plan/co	verage, clicł	k on the tab for each health plan type	e 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 re	* To request changes to plan/coverage, click on the tab for each health plan type below.									
	MEDICAL DENTAL VISION REIMBURSEMENT ACCOUNTS									
Неа	Healthcare and Daycare									
	Reimbursement Accounts currently enrolled in: Not currently enrolled									
Use	Use this grid to make any changes for Reimbursement Accounts:									
Ē	Enroll	Plan Type	Plan Name	Starts On	Contribution	Minimum Contribution Allowed	Maximum Contribution Allowed			
		Dependent Care	Dependent Daycare Reimbursemnt	03/01/2016	0.00	130.00	5,000.00			
	✓	Health Care	Health Care Reimbursement	03/01/2016	500.00	130.00	2,550.00			
C	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						
1 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.

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.

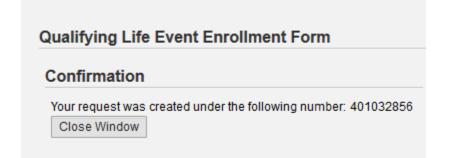
Use the comments section to include additional information to HR/Benefits that should be considered whether the section is the section of the	ien processing your form.
Comments	
*NOTE. Click on the box to the far right to open comments. ==>	^
	()
Once you click the box, that section will expand and you 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:



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.