Qualifying Life Events
Online Enrollment Guide

You or your covered dependent GAINED group insurance coverage

Where do I go to drop Duke coverage if I or one of my covered dependents will be enrolling in another employer-sponsored 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. First, you'll see your name, Duke Unique ID number, and contact information. Please contact your departmental payroll representative if any of this information is incorrect.

Quailfying Life Event Enrollment Form

Employee Details

Employee Name: CHARLES SALADIN	DUID: 00668
Home Address: 4325 GLENWOOD AVE	Email Address: CHAR
City/State/Zip: RALEIGH NC 27612	
Home Phone: 919-684-5600	Office Phone: 919-68
Payroll Cycle: MONTHLY	

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is "You or a covered dependent GAINED group insurance coverage". You'll also need to indicate the date of your qualifying life event. Charles has indicated that the QLE date is 2/8/2016. His wife, Kimberly, started her new job on that date and became eligible for coverage under her own employer-sponsored plan.

Search: QLE

Results List: 11 results found for QLE

Personal Value List   Show Search Criteria

QLE
You got married and you want to add your spouse and/or new dependents to your health plans
You got married and you are gaining coverage through your spouse's plan
Had a baby or adopted a child or placement for adoption
You got divorced and you and eligible dependents lost coverage
You got divorced and you want to remove dependents from your coverage
You or a covered dependent GAINED group insurance coverage (coverage must not be a student, individual policy or obtained th…
You or a covered dependent LOST group insurance coverage (coverage must not be a student or an individual policy)
Death of spouse and you are losing your coverage
Death of a covered dependent and you need to remove dependent from your coverage
You've had a change in health insurance eligibility due to relocation of residence outside of current network area

Description of Qualifying Life Event (QLE)

*QLE: You or a covered dependent GAINED group insurance coverage (coverage must not be a student, individual policy or obtained through the hea

QLE Date: 02/08/2016   Exception: If you are gaining other coverage, your coverage with Duke ends on the last day of the month.

As noted in the exception, Duke does not pro-rate premiums for partial months, so Kimberly will be covered on her Duke plans through 2/29/2016.

Click the appropriate plan box for each dependent you wish to remove

Name	Relationship	Drop All Health Plans	Drop Medical	Drop Dental	Drop Vision
CHARLES SALADIN	Employee	☐	☐	☐	☐
GEORGE SALADIN	Child	☐	☐	☐	☐
KIMBERLY SALADIN	Spouse	☐	☐	☐	☐
NORA SALADIN	Child	☐	☐	☐	☐

Refresh Checkboxes

Next, you'll see a list that includes the employee and his or her dependents. To remove the dependent who is gaining other coverage, you'll need to check the appropriate box. In this case, Charles is dropping Kimberly's medical and vision coverage. There is no reduction in dental premiums for dropping Kimberly from dental coverage since Charles is already enrolled in employee + family coverage, and an employee + children option is not offered.

	Name	Relationship	Drop All Health Plans	Drop Medical	Drop Dental	Drop Vision
	CHARLES SALADIN	Employee	☐	☐	☐	☐
	GEORGE SALADIN	Child	☐	☐	☐	☐
	KIMBERLY SALADIN	Spouse	☐	☑	☐	☑
	NORA SALADIN	Child	☐	☐	☐	☐

Click the appropriate plan box for each dependent you wish to remove

Refresh Checkboxes

Here, Charles, the employee, has selected the boxes under "Drop Medical" and "Drop Vision" beside Kimberly's name. If you select checkboxes in error, click on the "Refresh Checkboxes" button to clear all of your selections.

Just below this table, you'll see the current total monthly premium cost for the plans in which you and your dependents are enrolled. Since Charles has not yet requested changes to each health plan, the amounts are the same:

Current Benefits Total Cost Monthly (medical, dental and vision): 591.43

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): 591.43

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

Next, you'll see the section where you can request changes for medical, dental, vision and reimbursement accounts.

Click on the medical tab, then click the "Available Options for Medical Plan/Coverage" to request changes to your medical plan.

A new screen will pop up showing you the new enrollment options available.

Since Charles indicated he wanted to remove Kimberly from medical and vision coverage, the only available enrollment option is for Duke Select Employee + Children.

Click "OK" on the bottom of this window to select this plan and level of coverage.

Next, click on the Dental tab. Dropping Kimberly from dental coverage will not reduce the monthly premium that Charles is paying, so Kimberly will remain covered by the Duke Dental PPO plan.

| MEDICAL | DENTAL | VISION | REIMBURSEMENT ACCOUNTS |

Dental

Currently Enrolled Plan/Coverage: Dental PPO   Employee+Family

Current Dependents Enrolled: GEORGE SALADIN, KIMBERLY SALADIN, NORA SALADIN

Other Dependents NOT Enrolled:

Available Options for Dental Plan/Coverage

When Charles clicks on the "Available Options for Dental Plan/Coverage" button, a new window pops up with the enrollment options available. Since Kimberly will be staying on the plan, the plan type and coverage level remain the same.

Select new or confirm existing Benefit Dental Plan   □ ✕

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+Family	03/01/2016	116.46	0.00

Click "OK" to proceed.

| OK | Cancel |

Next, click on the "Vision" tab.

| MEDICAL | DENTAL | VISION | REIMBURSEMENT ACCOUNTS |

Vision

Currently Enrolled Plan/Coverage: Vision   Employee+Family

Current Dependents Enrolled: GEORGE SALADIN, KIMBERLY SALADIN, NORA SALADIN

Other Dependents NOT Enrolled:
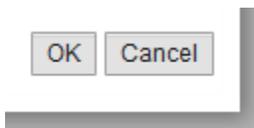
Available Options for Vision Plan/Coverage

Click on the "Available Options for Vision Plan/Coverage" button, which will open a new window.

Kimberly will be covered by her employer's vision plan, and Charles will continue to cover himself and the children under the Duke vision plan.

Select new or confirm existing Benefit Vision Plan   ☐ ✕

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

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Vision	Employee+Children	03/01/2016	19.46	0.00

With Kimberly returning to work, the family's after-school care expenses are increasing. Charles plans to contribute the maximum to a dependent care reimbursement accounts for a tax savings on these expenses.

To enroll in the dependent care reimbursement account, Charles clicks on the Reimbursement Accounts tab.

| 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
	☐	Dependent Care	Dependent Daycare Reimbursemnt	03/01/2016	0.00	130.00	5,000.00

To enroll, check the box beside the Dependent Care plan, then type in the amount of your annual contribution. This amount will be divided equally among the remaining paychecks for the year.

| 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
	☑	Dependent Care	Dependent Daycare Reimbursemnt	03/01/2016	5,000.00	130.00	5,000.00

Click this button to update screen with your changes

When you are happy with the changes you have requested, click the button to update the screen.

You can now review how the changes you requested will impact your monthly premium payments by scrolling back up the screen a bit:

Current Benefits Total Cost Monthly (medical, dental and vision): 591.43

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): 392.92

New Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 416.67

The current benefits cost and the new benefits cost have been updated.

Next, you will need to upload your supporting document. In this case, we typically advise people who gain new coverage to contact their employer's HR office to request a letter documenting their eligibility for coverage, the effective date of coverage, and the name of the plan(s) in which they are enrolled. It should also list any covered dependents, if applicable.

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

ℹ 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

SamBC.pdf

Remove Selected Files

This file contains an image of the divorce decree 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.

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

Use the comments section to include add

Comments

*NOTE. Click on the box to the far right to c

Status Overview

Submit | Check | Close Window

✅ 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

Close Window

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.