Qualifying Life Events Online Enrollment Guide

You got married and you want to add dependents to your coverage

Where do I go to add dependents to my benefits plans as a result of my marriage?



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 nealth 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.

Quailfying Life	Event Enrollment Form	
Employee Det	ails	
Employee Name:	JOANNA KEPLER	DUID:
Home Address:	121 CARRIAGE HILL DR	Email Addres
City/State/Zip:	STEM NC 27581	
Home Phone:	919-529-2219	Office Phone:
Payroll Cycle:	BIWEEKLY	

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is "You got married and want to add your spouse and/or new dependents to your health plan". You'll also need to indicate the date of your qualifying life event, which is the date of the marriage according to the marriage certificate. You'll have the option of starting coverage on the first of the month following the date of your marriage, which could save you the premium cost for the previous month if you did not access healthcare between the date of your marriage and the first of the following month.

Descrip	Description of Qualifying Life Event (QLE)										
* QLE:	You got married and you	ı want to add your spouse and/or new dependents to your health plans									
QLE Dat	e: 01/25/2016 1	✓ Check here to begin coverage on 02/01/2016 instead of your QLE date									

Next, you'll see the "Manage Your Dependents and Benefit Plans" section. If you were a single employee without dependents, like Joanna Kepler in the example below, you will not see any dependents listed.

Ма	nage Your D	ependent	s and Bene	efit Pla	ans		
En/ A	dd depende	nt information	here. Add a ro	w for ea	ch new	/ dependent.	
	*Relationship	*First Name	*Last Name	Title	SSN	*Date of Birth	*Gender
	i The table	does not conta	ain any data				
(* 5	See the health ta	bs below for (current depend	lents e	nrollme	ent status)	

Click the "Add" button to add your new spouse to the dependent table.

First, you'll need to click on the stacked squares on the right hand side of this field to see the drop-down menu. Next, indicate how the dependent you are adding is related to you. In this example, Joanna Kepler is adding her spouse, Andrew Hobson.

(* C)	ppouse	
	Require	-51
	*Relationship	*Firs

Joanna enters "Andrew" in the first name field, "Hobson" in the last name field, selects a title from the drop-down list (for I, II, Sr., Jr., etc.) if applicable, enters her spouse's Social Security Number in the "SSN" field, enters her spouse's birth date in the "Date of Birth" field, then indicates whether her spouse is male or female.

	*Relationship	*First Name	*Last Name	Title	SSN	*Date of Birth	*Gender	
	Spouse	Andrew	Hobson		999-99-9999	06/13/1984	Male	ď
(* :	See the health tabs below for current depen	dents enrollment status)						

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.



Click the "Request Changes to Medical Plan/Coverage" button to see what changes you can make to your medical plan.

In this example, Joanna wants to add Andrew to her Duke Select Plan.

Select Benefit Health Plan and Dependents

Afte	r confirmi	ing your new plan belov	v, check the dep	endents you wish to add to that plan:
	Enroll	Dependent	Relationship	
		ANDREW HOBSON	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+Spouse	02/01/2016	361.00	0.00
Duke Select	Employee Only	02/01/2016	75.00	0.00
Duke Options	Employee Only	02/01/2016	132.00	0.00
Duke Options	Employee+Spouse	02/01/2016	482.00	0.00
Blue Care	Employee Only	02/01/2016	137.00	0.00
Blue Care	Employee+Spouse	02/01/2016	472.00	0.00
Duke Basic	Employee Only	02/01/2016	30.00	0.00
Duke Basic	Employee+Spouse	02/01/2016	231.00	0.00

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Joanna highlights the line for Duke Select Employee + Spouse coverage, then checks the box beside Andrew's name in the table above.

Select Benefit Health	Plan and	Dependents
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Enroll	Deper	ident	Relati	Relationship				
~	ANDR	EW HOBSON	Spous	se				
t Plan (overan:	e: (Click OK but	ton to c	onfirm nlan an	d denendents)			
Plan Na	ame	Coverage		Storte On	Bro Tox Costo	Boot Tay Costo		
		e e i e i a ge		Juans On	FIE-Tax Custs	FUSHIAX CUSIS		
Duke S	elect	Employee+Sp	pouse	02/01/2016	361.00	0.00		
Duke S Duke S	elect elect	Employee+Sp Employee On	pouse Ily	02/01/2016	361.00 75.00	0.00		
Duke S Duke S Duke O	elect elect ptions	Employee+Sp Employee On Employee On	pouse Ily Ily	02/01/2016 02/01/2016 02/01/2016	361.00 75.00 132.00	0.00 0.00 0.00		
Duke S Duke S Duke O Duke O	elect elect ptions ptions	Employee+Sp Employee On Employee On Employee+Sp	oouse Ily Ily oouse	02/01/2016 02/01/2016 02/01/2016 02/01/2016	361.00 75.00 132.00 482.00	0.00 0.00 0.00 0.00		
Duke S Duke S Duke O Duke O Blue Ca	elect elect ptions ptions are	Employee+Sp Employee On Employee On Employee+Sp Employee On	oouse Ily oouse Ily	02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016	File-Tax Costs 361.00 75.00 132.00 482.00 137.00	0.00 0.00 0.00 0.00 0.00		
Duke S Duke S Duke O Duke O Blue Ca Blue Ca	elect elect ptions ptions are	Employee+Sp Employee On Employee On Employee+Sp Employee On Employee+Sp	oouse Iy Iy oouse Iy oouse	02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016	361.00 75.00 132.00 482.00 137.00 472.00	Post-fax Costs 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		
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Duke S Duke O Duke O Duke O Blue Ca Blue Ca Duke B	elect elect ptions ptions are asic asic	Employee+Sp Employee On Employee On Employee+Sp Employee+Sp Employee On Employee+Sp	ily ily oouse ily oouse ily oouse	02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016	361.00 75.00 132.00 482.00 137.00 472.00 30.00 231.00	Post-rax costs 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		
Duke S Duke S Duke O Duke O Blue Ca Blue Ca Duke B Duke B	elect elect ptions ptions are are asic asic	Employee+Sp Employee On Employee On Employee+Sp Employee+Sp Employee On Employee+Sp	oouse Iy Iy oouse Iy oouse Iy oouse	02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016 02/01/2016	361.00 75.00 132.00 482.00 137.00 472.00 30.00 231.00	Post-fax costs 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		
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OK Cancel

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Click "OK" when you have selected the correct plan and coverage level, and have checked the box beside all of the dependents you want to add to your plan.

Next you will see an overview of the changes requested:

To request chang	ges to plan/co	verage, clic	k on the tab for ea	ch hea	aith pian ty	pe be	low.		
MEDICAL	DENTAL	VISION	REIMBURSEM	ENT A	CCOUNTS	3			
Medical									
Currently Enro	lled in Plan/C	overage: D	uke Select Emp	oloyee	Only				
Current Deper	idents Enrolle	d:							
Other Depend	ents NOT Enri	olled:							
Request Cha	naes to Medi	cal Plan/Co	verage						
- request one			lonago						
Request	ed Plan		Requested Cove	rage	Starts Or	n	Pretax	Post Tax	
Duke Sel	ect		Employee+Spou	se	02/01/20	16	361.00	0.00	
E Depende	nt Enrolled			Rala	tionship				
				Reia	ionship				
ANDREN	1000014			aput	126				

If the changes are correct, you can move to the next task by clicking on the "Dental" tab. If you made a mistake, you can click on the "Request Changes to Medical Plan/Coverage" button again to edit your request.

Joanna has added Andrew to her Duke Select coverage. Next, she wants to add Andrew to her Dental plan.

request chang	ges to plan/cov	verage, clici VISION	con the ta	ab for each health plan ty	pe
)ental					
Currently Enrol	lled Plan/Cove	erage: Den	tal PPO	Employee Only	
Current Depen	idents Enrolle	d:			
Other Depende	ents NOT Enro	olled:			
Request Cha	nges to Denta	al Plan/Cove	erage		

Click on the "Dental" tab, then click on the "Request Changes to Dental Plan/Coverage" button.

This box will pop up on the screen, which lists the dependents who can be added and the types of plans and coverage levels available.

er co	nfirming yo	ur new plan below	, cheo	ck the depend	lents you wish to a	add to that plan:	
Er	nroll Dep	pendent	Rela	tionship			
	ANI	DREW HOBSON	Spo	use			
elect F	Plan Cover	age: (Click OK butt	on to	confirm plan	and dependents)		
PI	lan Name	Coverage		Starts On	Pre-Tax Costs	Post-Tax Costs	
D	ental PPO	Employee+Spou	ise	02/01/2016	76.93	0.00	
D	ental PPO	Employee Only		02/01/2016	38.44	0.00	
D	ental A	Employee Only		02/01/2016	42.11	0.00	
D	ental A	Employee+Spou	ise	02/01/2016	84.25	0.00	
D	ental B	Employee Only		02/01/2016	12.18	0.00	
D	ental B	Employee+Spou	ise	02/01/2016	24.37	0.00	
_							
_							

This screen shows Joanna's current dental plan coverage. To add Andrew to her plan, she first selects the plan type and coverage level she needs. In this case, Joanna wants to continue with the Duke PPO dental coverage. She'll need to select the Employee + Spouse option. Next, Joanna will check the box beside Andrew's name to indicate he is the dependent she wants to enroll in the plan.

Select Benefit Dental Plan and Dependents

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

OK Cancel

Enroll	Dependent	Relationship
✓	ANDREW HOBSON	Spouse

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+Spouse	02/01/2016	76.93	0.00
Dental PPO	Employee Only	02/01/2016	38.44	0.00
Dental A	Employee Only	02/01/2016	42.11	0.00
Dental A	Employee+Spouse	02/01/2016	84.25	0.00
Dental B	Employee Only	02/01/2016	12.18	0.00
Dental B	Employee+Spouse	02/01/2016	24.37	0.00

Click "OK" to proceed.

To make changes to vision coverage, click on the "Vision" tab.

o r	equest chan <u>c</u>	ges to plan/co	verage, click	on the tab for each health plan typ
	MEDICAL	DENTAL	VISION	REIMBURSEMENT ACCOUNTS
/i	sion			
С	urrently Enrol	led Plan/Cove	erage: Visio	n Employee Only
С	urrent Depen	dents Enrolle	ed:	
0	ther Depende	ents NOT Enr	olled:	
	Request Cha	naes to Visio	n Plan/Cover	age

Click on the "Request Changes to Vision Plan/Coverage" button.

-								
r confiri Enrol	ning yo Dep	ur new plan belov vendent	v, che Rel	eck the depe lationship	ndents	you wish to a	add to that plan:	
	ANE	REW HOBSON	Sp	ouse				
ect Plar	Covera	age: (Click OK but	ton to	o confirm pla	n and d	ependents)		
Plan	Vame	Coverage		Starts On	Pre	-Tax Costs	Post-Tax Costs	
	1	Employee+Spor	use	02/01/201	6 18.5	50	0.00	
Visio	•							

The box that appears on the screen will show the current coverage. To change the level of coverage, highlight the row for Employee + Spouse coverage, then check the box beside the dependent to add him/her to the plan. Click "OK" to continue.

Image: Properticent Relationship Image: Properticent ANDREW HOBSON Spouse Image: Properticent Image: Properticent Image: Properticent Image: Properticent Image: Properticent Image: Properticent Image: Properticent Image: Properticent Image: Properticent Plan Name Coverage Starts On Pre-Tax Costs Vision Employee+Spouse 02/01/2016 18.50 0.00 Vision Employee Only 02/01/2016 9.66 0.00 Vision Image: Properticent Image: Properticent Image: Properticent Image: Properticent Properticent Image: Properticent Image: Properticent Vision Employee Only 02/01/2016 18.50 0.00 Image: Properticent PropertiProperticent Properitent Properticent Properticent Properitent Pr
Vision Employee Only 02/01/2016 18.50 0.00 Vision Employee Only 02/01/2016 9.66 0.00 Vision Employee Only 02/01/2016 9.66 0.00 Vision Employee Only 02/01/2016 9.66 0.00
A Pierrer Service Serv
Ct Plan Coverage: Click OK button confirm plan and dependents; Plan Name Coverage Coverage Starts On Vision Employee+Spouse 02/01/2016 18.50 Vision Employee Only 02/01/2016 9.66 0.00 Vision Employee Only 02/01/2016 9.66 0.00 0.00 0.00
Ct Plan Coverage Starts On Pre-Tax Costs Post-Tax Costs Vision Employee+Spouse 02/01/2016 18.50 0.00 Vision Employee Only 02/01/2016 9.66 0.00
Click OK button bornfirm plan and dependents; Plan Name Coverage Starts On Pre-Tax Costs Post-Tax Costs Vision Employee+Spouse 02/01/2016 18.50 0.00 Vision Employee Only 02/01/2016 9.66 0.00
Coverage Starts On Pre-Tax Costs Post-Tax Costs Vision Employee+Spouse 02/01/2016 18.50 0.00 Vision Employee Only 02/01/2016 9.66 0.00 Vision Employee Only Ison Ison Ison Vision Employee Only 02/01/2016 9.66 0.00 Vision Ison Ison Ison Ison Vision Ison
Plan NameCoverageStarts OnPre-Tax CostsPost-Tax CostsVisionEmployee+Spouse02/01/201618.500.00VisionEmployee Only02/01/20169.660.00Image: Spouse OnlyImage: Spouse OnlyImage: Spouse OnlyImage: Spouse OnlyImage: Spouse Only02/01/20169.66Image: Spouse OnlyImage: Spouse OnlyImage: Spouse OnlyImage: Spouse OnlyImage: Spouse OnlyImage: Spouse Only02/01/20169.66Image: Spouse OnlyImage: Spouse Only
Vision Employee+Spouse 02/01/2016 18.50 0.00 Vision Employee Only 02/01/2016 9.66 0.00 Image:
Vision Employee Only 02/01/2016 9.66 0.00
Image: second

Next, click on the Reimbursement tab. Joanna is already enrolled in the Health Care reimbursement account, and is contributing the annual maximum, so she is not making any changes. Joanna will be able to submit claims for out-of-pocket, eligible health care expenses incurred by Andrew after coverage begins 2/1/2016 even though she originally enrolled in this account during Open Enrollment. Joanna and Andrew do not have any other dependents, so she is not enrolling in a Dependent Care reimbursement account at this time.

* To re	quest cha	nges to plan/covera	ge, click on the tab for each health plan	type below.				
	IEDICAL	DENTAL VI	SION REIMBURSEMENT ACCOUN	тз				
Неа	althcar	e and Daycare						
Rei Hei	mbursen alth Care	nent Accounts curr Health Care Reir	ently enrolled in: mbursement					
Use	this grid	I to make any chang	ges for Reimbursement Accounts:					
Ē	Enroll	Plan Type	Plan Name	Starts On	Contribution	Minimum Contribution Allowed	Maximum Contribution Allowed	
		Dependent Care	Dependent Daycare Reimbursemnt	02/01/2016	0.00	130.00	5,000.00	
	\checkmark	Health Care	Health Care Reimbursement	02/01/2016	2,550.00	130.00	2,550.00	
C	ick this h	utton to undate scre	en with your changes					
	loc allo b	allon to apuale sole	en maryour onangoo					

Next, you'll need to upload your supporting documents. For marriage, a copy of the marriage certificate 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	
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.

1	Upload Supporting Cer	tificates/Documents	
	Browse No file selected.		Upload
	Attached Documents		
	SamBC.pdf		
	Remove Selected Files		

This file contains an image of the marriage 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.

Please use the "Check" button to find any errors. When you see "The form data you entered is consistent" at the top of the screen, you can proceed.

Use the comments section to include adc Comments

*NOTE. Click on the box to the far right to (Status Overview



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.