

# Qualifying Life Events Online Enrollment Guide

You or a covered dependent LOST group insurance coverage  
(coverage must not be a student or individual policy)

## Where do I go to request a change related to a losing group health insurance?

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

Home | MyProfile | MyBenefits | MyTime | MyPay | MyExpenses | MyTeam | MyCareer | Personalization

Home > Home > My Benefits > Home

### 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:	DAHLIA FIELDS	DUID:	00671989
Home Address:	1234 TYBALT RD	Email Address:	DAHLIA.FIELDS@DUKE.EDU
City/State/Zip:	RALEIGH NC 27606		
Home Phone:	919-684-5600	Office Phone:	919-684-5600
Payroll Cycle:	MONTHLY		

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

\*QLE:

QLE Date:

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is "You or a covered dependent LOST group insurance coverage." You'll also need to indicate the date of your qualifying life event. Most people choose to begin coverage on the first of the month following the date they lost coverage; however, you can choose to begin coverage on the date you or your dependent lost coverage.

Next, click on the "Add" button to add your new dependent.

#### Manage Your Dependents and Benefit Plans

Enter new dependent information here. Add a row for each new dependent.

Add information about your dependent to the line below the “Add” button. First, you’ll need to indicate the relationship of your new dependent.

Search: Relationship  X

Dependent Type
<input checked="" type="checkbox"/> Spouse
<input type="checkbox"/> Same Sex Partner
<input type="checkbox"/> Child of Same Sex Partner
<input type="checkbox"/> Child

### 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
Spouse	GREGORY	FIELDS		999-99-9999	06/14/1976	Male

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

In this example, Dahlia’s spouse, Gregory, lost coverage through his employer and needs to be added to Dahlia’s Duke coverage. First, Dahlia indicates that Gregory is her spouse by selecting that option from the relationship drop-down menu. Next, she provides his first name, last name, title (like Sr., Jr., etc. if applicable), Social Security Number, date of birth, and gender.

Dahlia has now added Gregory to her list of dependents.

Below the list of new dependents, you’ll see the monthly cost of your current Benefits selections. Just below, you’ll see the new monthly cost of your Benefits selections. We have not yet added Hugh to the medical, dental, vision or reimbursement accounts, so the totals are the same.

Current Benefits Total Cost Monthly (medical, dental and vision): 126.77

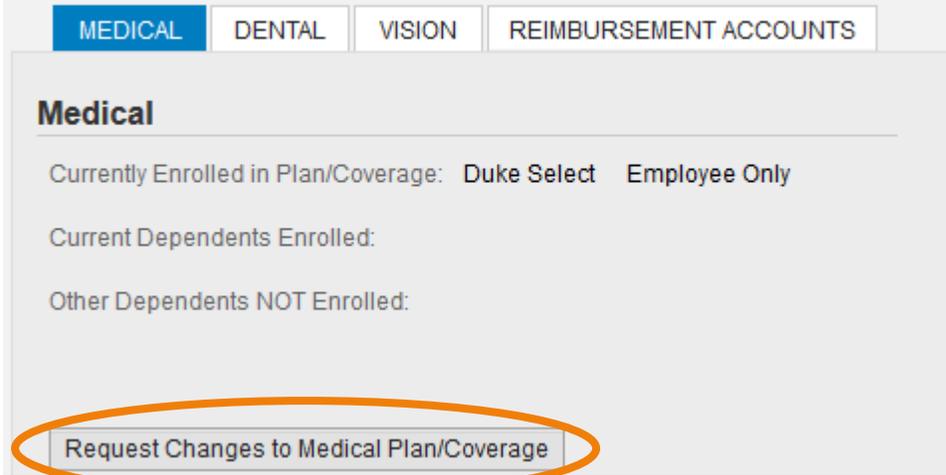
Current Reimbursement Accounts Total Cost Monthly (actual cost may differ based on remaining pay periods in calendar year): 0.00

New Benefits Total Cost Monthly (medical, dental and vision): 126.77

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

Just below the monthly cost information, you'll see four tabs for each of the four benefits plans you can change.

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



The screenshot shows a user interface with four tabs: MEDICAL, DENTAL, VISION, and REIMBURSEMENT ACCOUNTS. The MEDICAL tab is highlighted in blue. Below the tabs, the text reads: "Currently Enrolled in Plan/Coverage: Duke Select Employee Only", "Current Dependents Enrolled:", and "Other Dependents NOT Enrolled:". At the bottom of the panel, a button labeled "Request Changes to Medical Plan/Coverage" is circled in orange.

First, click on the "Request Changes to Medical Plan/Coverage".

A new menu will pop up:

### 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
<input type="checkbox"/>	GREGORY FIELDS	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	02/15/2016	361.00	0.00
Duke Select	Employee Only	02/15/2016	75.00	0.00
Duke Options	Employee Only	02/15/2016	132.00	0.00
Duke Options	Employee+Spouse	02/15/2016	482.00	0.00
Blue Care	Employee Only	02/15/2016	137.00	0.00
Blue Care	Employee+Spouse	02/15/2016	472.00	0.00
Duke Basic	Employee Only	02/15/2016	30.00	0.00
Duke Basic	Employee+Spouse	02/15/2016	231.00	0.00

This table shows your current medical plan. To add your new dependent to your coverage, check the box next to the name of your new dependent. In this example, we want to add Gregory Fields.

First, Dahlia clicks on the box to the left of the “Duke Select, Employee + Spouse” row on the table. She can then check the box beside Gregory’s name on the rows above to indicate she wants to add Gregory to her 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
<input checked="" type="checkbox"/>	GREGORY FIELDS	Spouse
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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	02/15/2016	361.00	0.00
Duke Select	Employee Only	02/15/2016	75.00	0.00
Duke Options	Employee Only	02/15/2016	132.00	0.00
Duke Options	Employee+Spouse	02/15/2016	482.00	0.00
Blue Care	Employee Only	02/15/2016	137.00	0.00
Blue Care	Employee+Spouse	02/15/2016	472.00	0.00
Duke Basic	Employee Only	02/15/2016	30.00	0.00
Duke Basic	Employee+Spouse	02/15/2016	231.00	0.00

Finally, Dahlia scrolls down and clicks "OK" to add Gregory to the medical plan.



Next, Dahlia clicks on the “Dental” tab to add Gregory to her dental plan.

*\* 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: Dental A Employee Only

Current Dependents Enrolled:

Other Dependents NOT Enrolled:

**Request Changes to Dental Plan/Coverage**

First, she clicks the “Request Changes to Dental Plan/Coverage”.

### 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
<input checked="" type="checkbox"/>	GREGORY FIELDS	Spouse
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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

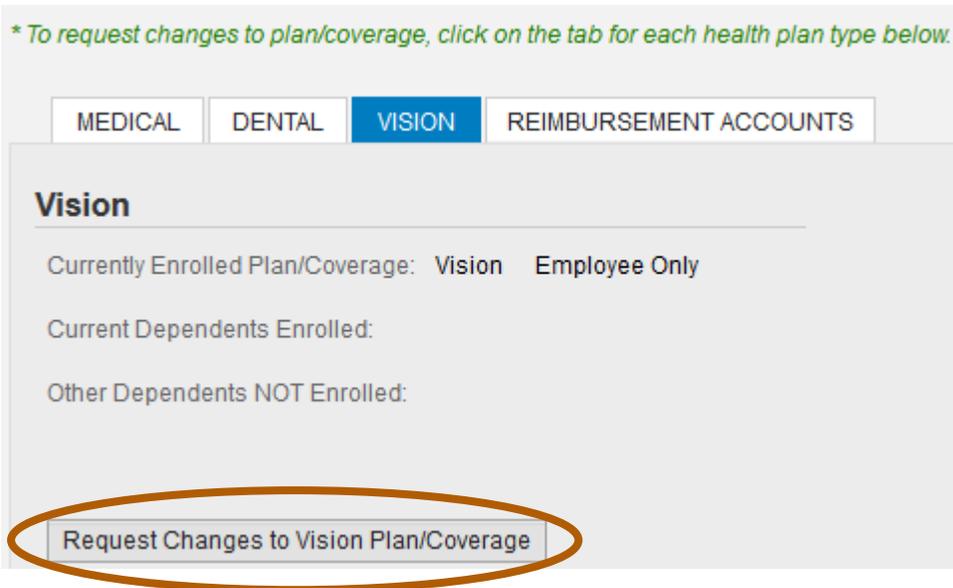
Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
<b>Dental A</b>	<b>Employee+Spouse</b>	02/15/2016	84.25	0.00
Dental A	Employee Only	02/15/2016	42.11	0.00

Next, Dahlia clicks the box beside the level of coverage she wants. Since she wants to add her spouse to her dental plan, she first clicks the box beside “Dental A Employee + Spouse” coverage, then she can check the box beside Gregory’s name in the table above to add him to her dental plan.

Finally, Dahlia scrolls down and clicks “OK” to add Gregory to the dental plan.



Dahlia also wants to add Gregory to her vision plan. First, she clicks on the vision tab, then she clicks on the “Request Changes to Vision Plan/Coverage” button.



A new window pops up showing a list of dependents and the coverage options available.

**Select Benefit Vision Plan and Dependents** ☐ ✕

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

Enroll	Dependent	Relationship
<input checked="" type="checkbox"/>	GREGORY FIELDS	Spouse
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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

Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
Vision	Employee+Spouse	02/15/2016	18.50	0.00
Vision	Employee Only	02/15/2016	9.66	0.00

Dahlia first clicks on the box beside the “Vision Employee + Spouse” row, then checks the box beside Gregory’s name in the dependent table above.

Finally, Dahlia scrolls down and clicks “OK” to add Gregory to the vision plan.



Next, Dahlia needs to decide whether she wants to make any changes to her reimbursement accounts. She is not currently participating in either account, and does not want to make changes at this point.

*\* 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	02/15/2016	0.00	130.00	5,000.00
<input type="checkbox"/>	Health Care	Health Care Reimbursement	02/15/2016	0.00	130.00	2,550.00

Click this button to update screen with your changes

If she did want to start making contributions to the health care reimbursement account, she would simply check the box under the “Enroll” heading, then indicate the amount she wants to contribute under the “Contribution” heading. This is the annual contribution amount, and will be divided equally among the remaining pay periods for the year.

Next, Dahlia needs to upload the letter from Gregory’s employer that documents his loss of health coverage under his employer sponsored plan. She scans a copy, saves it to her personal drive, then clicks the “Browse” button to find the right file.

**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**

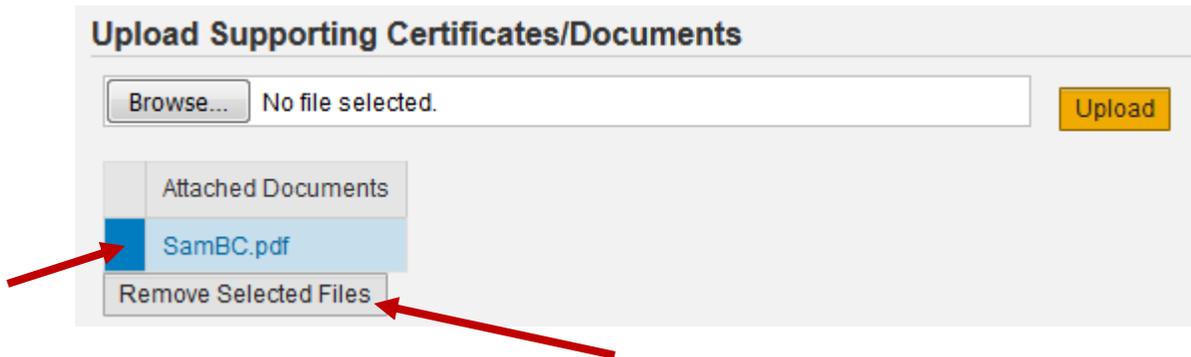
Browse... No file selected. Upload

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.



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:

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**

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

### Confirmation

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.