

# Qualifying Life Events Online Enrollment Guide

You've had a change in health insurance eligibility due to relocation of residence outside of current network area

**Where do I go to make changes to my Duke benefits if I moved outside of the coverage area for my current medical plan?**

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:	CHARLES SALADIN	DUID:	00668133
Home Address:	1701 TURNING LEAF CT	Email Address:	CHARLES.SALADIN@DUKE.EDU
City/State/Zip:	CHARLOTTE NC 28262		
Home Phone:	919-684-5600	Office Phone:	919-684-5600
Payroll Cycle:	MONTHLY		

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

\*QLE:

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

Click on the drop-down menu to choose the appropriate Qualifying Life Event description; in this case, it is "You've had a change in health insurance eligibility due to a relocation of residence outside of current network area". You'll also need to indicate the date of your qualifying life event – in this case, the date of your move.

## Manage Your Dependents and Benefit Plans

Click the drop checkbox to indicate which individuals you wish to remove from your plans:

 Drop	Name	Relationship
<input type="checkbox"/>	CHARLES SALADIN	Employee
<input type="checkbox"/>	GEORGE SALADIN	Child
<input type="checkbox"/>	NORA SALADIN	Child

Next, you'll see a list of dependents currently covered on the plan. In this example, we are not dropping coverage for any dependents, we are simply changing plans, so we leave this table as-is. Charlotte is outside the coverage area for this employee's current Duke Select plan. Since this employee lives in North Carolina, he can choose between Blue Care and Duke Options. Duke Options is the only plan available to employees who live, or have covered dependents who live outside of North Carolina.

Current Benefits Total Cost Monthly (does not include dental or vision): 445.00

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 (does not include dental or vision): 445.00

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, Charles has not yet selected his new coverage, so both totals match.

To enroll in coverage, click on the tab for each plan type. In this example, only the medical plan needs to be changed, so click on the “Medical” tab.

*\* 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: Duke Select Employee+Family

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

Other Dependents NOT Enrolled:

Request Changes to Medical Plan/Coverage

Click the “Request Changes to Medical Plan/Coverage” button.

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

## Select new or confirm existing Benefit Health Plan



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

	Plan Name	Coverage	Starts On	Pre-Tax Costs	Post-Tax Costs
<input checked="" type="checkbox"/>	Duke Select	Employee+Family	03/01/2016	445.00	0.00
<input type="checkbox"/>	Duke Options	Employee Only	03/01/2016	132.00	0.00
<input type="checkbox"/>	Duke Options	Employee+Spouse	03/01/2016	482.00	0.00
<input type="checkbox"/>	Duke Options	Employee+Child	03/01/2016	259.00	0.00
<input type="checkbox"/>	Duke Options	Employee+Children	03/01/2016	346.00	0.00
<input type="checkbox"/>	Duke Options	Employee+Family	03/01/2016	606.00	0.00
<input type="checkbox"/>	Blue Care	Employee Only	03/01/2016	137.00	0.00
<input type="checkbox"/>	Blue Care	Employee+Spouse	03/01/2016	472.00	0.00
<input type="checkbox"/>	Blue Care	Employee+Child	03/01/2016	265.00	0.00
<input type="checkbox"/>	Blue Care	Employee+Children	03/01/2016	335.00	0.00
<input type="checkbox"/>	Blue Care	Employee+Family	03/01/2016	613.00	0.00

Charles wants to make sure his whole family is covered, but he needs to change his plan to either Blue Care or Duke Options so he'll have access to in-network providers near his home.

Charles clicks on the box beside Duke Options Employee + Family, then clicks "OK" at the bottom of the window.

## Select new or confirm existing Benefit Health Plan



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+Family	03/01/2016	445.00	0.00
Duke Options	Employee Only	03/01/2016	132.00	0.00
Duke Options	Employee+Spouse	03/01/2016	482.00	0.00
Duke Options	Employee+Child	03/01/2016	259.00	0.00
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Duke Options	Employee+Family	03/01/2016	606.00	0.00
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Blue Care	Employee+Spouse	03/01/2016	472.00	0.00
Blue Care	Employee+Child	03/01/2016	265.00	0.00
Blue Care	Employee+Children	03/01/2016	335.00	0.00
Blue Care	Employee+Family	03/01/2016	613.00	0.00

**OK** Cancel

Next, Charles needs to upload a document proving relocation outside of the network area. In this case, a piece of mail with the employee’s name and new address will suffice. First, Charles scans the document, then she saves the file on his computer.

He clicks the browse button to find the file he just saved.

**Upload Supporting Certificates/Documents**

Browse... SamBC.pdf Upload

Attached Documents	
The table does not contain any data	

Remove Selected Files

He clicks the “Upload” button. His 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	
<input type="checkbox"/> 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:

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.