



## GME Qualifying Life Change

### Birth, Adoption\* and Legal Guardianship

The following guide outlines [permissible changes](#) to benefit elections and [how to](#) make them after a child is born, adopted or when temporary/permanent legal guardianship is granted.

\*Placement for adoption or finalization of adoption

### Permissible Changes

When a child is born, adopted or when a legal guardianship is established, you can make changes to some of your benefit elections. These changes must be made within **31 days** from the date of birth, adoption or guardianship and must be [consistent](#) with the addition of the child. New elections will **be effective the 1<sup>st</sup> of the month** following the date of this life event, however the **new child's** effective date for health coverage and the Health Care Flexible Spending Account is the date of birth, adoption or legal guardianship.

CU Health Plans medical, dental, vision	Flexible Spending Accounts (FSA) Health Care Dependent Care
limited changes	changes permissible

### Plan resources

[GME Rates \(PDF\)](#)

[GME Benefits Website](#)

### CU Health Plans: medical, dental, vision

	Enroll?	Cancel?
<b>Employee</b>	If the employee currently does not have coverage with CU, they can enroll themselves, provided they enroll the new child.	The employee may cancel CU coverage with proof of <a href="#">gain of group coverage</a> under another plan or wait until the next Open Enrollment.
<b>New child</b>	If the employee is enrolled/enrolling, they can enroll the new child. Effective date for the new child will be the date of birth or adoption.	
<b>Spouse/partner</b>	If the employee is enrolled/enrolling and enrolling the new child, they can also enroll their spouse/partner.*	
<b>Children</b>	If the employee is enrolled or enrolling and enrolling the new child, they can also enroll their other dependent children and/or spouse/partner's children.*	

\*Employee will be subject to [imputed income](#) (taxable income) for the amount CU contributes toward health premiums for partners and partner's children if they do not qualify as tax dependents. If they are tax dependents, the employee must submit a [Tax Certification of Dependency](#).

## Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account HCFSA	Dependent Care Flexible Spending Account DCFSA
<ul style="list-style-type: none"> <li>The employee can enroll or increase their contributions to accommodate a new child and any other tax dependents who were not previously covered.</li> <li>The new child is eligible for expense reimbursement as of the date of birth/adoption.</li> <li>The employee can decrease their contributions or cancel their enrollment if they gain eligibility under another plan.</li> <li>In no event can a new election be reduced to an amount that is less than the expenses incurred prior to the new election date.</li> </ul>	<p>The employee can enroll or increase their contributions to accommodate newly eligible tax dependents and any other tax dependents who were not previously covered. The employee can decrease their contributions or cancel their enrollment if spouse/partner is not employed or is covered under another DCFSA.</p>

## How to Make Changes

You have **31 days** from the date of birth, adoption or legal guardianship to make changes by submitting the required documentation to Employee Services.

### How to add a newly eligible child(ren) and dependents

1. **Submit** the [Benefits Enrollment/Change Form GME \(PDF\)](#)
2. **Submit** [Dependent Eligibility Verification \(DEV\)](#) documentation for newly eligible spouse/partner and child(ren), if dependents are not already verified. If documentation is not received, the dependent(s) will not be enrolled, and the employee will have to wait until the next Open Enrollment.

Eligible dependents	Dependent verification required documentation		
<b>Spouse</b>	Most recent Federal Tax return form showing a married filing status. Send the first and second page (the signed signature page) <b>or</b> the first page and Certificate of Electronic filing.	or	Marriage certificate <b>and</b> one secondary verification document*
<b>Common law spouse</b>	<a href="#">CU Affidavit of Common Law (PDF)</a>	and	One secondary verification document*
<b>Civil union partner</b>	Civil union certificate**	and	One secondary verification document*
<b>Domestic partner</b>	<a href="#">CU Affidavit of Domestic Partnership (PDF)**</a>	and	Two secondary verification documents*
<b>Child under age 27</b>	Birth or adoption certificate	or	Court documents signed by a judge for parental responsibility or qualified medical support order
<b>Child with a disability over age 27</b>	Birth or adoption certificate	and	A medical certificate of disability or notice of determination from the Social Security Administration
<b>*Secondary verification documents:</b> Documents (must be dated within the last 60 days) <ul style="list-style-type: none"> <li>• Designation of dependent as primary beneficiary of the employee's life insurance or retirement benefits.</li> <li>• Joint ownership of residence or other real estate.</li> <li>• Lease agreement on home or another property listing both names.</li> <li>• Joint ownership of a motor vehicle.</li> <li>• Utility bill listing the employee and dependent on the bill or two separate utility bills, one listing the employee and one listing the dependent at the same address.</li> </ul>			<b>**Employees will be subject to <a href="#">imputed income</a></b> (taxable income) for the amount CU contributes towards health premiums for partner and partner's children if they do not qualify as tax dependents. If they are tax dependents, employee must submit <a href="#">Tax Certification of Dependency (PDF)</a> .

## How to cancel coverage for employee, spouse/partner and dependent child(ren)

1. **Submit** the [Benefits Enrollment/Change Form GME \(PDF\)](#)
2. **Submit** a letter or other document from dependent's employer or insurer stating:
  - The individuals that gained group coverage (by name).
  - The effective date of group coverage.
  - The types of plans that were gained, specifically medical, dental and/or vision.

## Submission Instructions

Submission instructions for all documentation are found on the Benefits Enrollment/Change Form. You can check the Benefits Summary in your [employee portal](#) to verify enrollment accuracy after forms are processed.

If you have further questions, contact a benefits professional via email at [benefits@cu.edu](mailto:benefits@cu.edu) or call during business hours at 303-860-4200 option 3.

## Payroll deductions

If canceling or removing dependent coverage and expecting a reduction in your cost of monthly premiums, you must submit all documentation by the 10<sup>th</sup> of the month in which the change would take effect. If documentation is received after the 10<sup>th</sup> of the month, premium adjustments will be reflected in the next payroll cycle.

## Definitions

**Consistency rule:** Under the Consistency Rule, the election change is on account of and corresponds with the Qualifying Life Change that affects eligibility for coverage under an employer's plan. Changes to benefit plans must be consistent with the Qualifying Life Change and correspond with a gain or loss of eligibility for coverage.

**Gain of eligibility of group coverage:** When canceling CU coverage, CU requires proof that you and/or dependents have or will have coverage. We require a letter or other document from dependent's employer or insurer stating:

- The individuals that gained group coverage (by name).
- The effective date of group coverage.
- The types of plans that were gained, specifically medical, and dental and/or vision.