



# GME Qualifying Life Change

## Losing Eligibility: Spouse/Partner or Dependent

The following guide outlines [permissible changes](#) to benefit elections and [how to make](#) them when an employee's spouse/partner and/or child(ren) lose eligibility for group health insurance.

### Permissible Changes

Employees can make certain changes when their spouse/partner and/or child(ren) lose eligibility for group health insurance due to a Qualifying Life Change.

Common examples:

- Dependent terminates employment
- Dependent changes employment status (e.g., from full-time to part-time)
- Dependent loses eligibility under a Medical Assistance Program (e.g., CHIP, Medicaid, Medicare)
- Dependent loses coverage under a foreign government socialized group health plan (e.g., the dependents of a J1 visa scholar arrive to the USA at a later date)
- Dependent loses coverage during their employer's Open Enrollment
- Dependent losing coverage under other parents' coverage
- Loss of legal custody or placement for adoption
- Dependent exhausts COBRA coverage period (not voluntary termination of COBRA coverage)

These changes must be made within **31 days (60 days** if loss is under a medical assistance program such as CHIP or Medicaid) from the date of event that caused the loss of eligibility and must be [consistent](#) with loss of eligibility. New elections will **be effective the first of the month** following the event that caused the loss of eligibility.

CU Health Plans medical, dental, vision	Flexible Spending Accounts 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 with proof of dependent's <a href="#">loss of coverage</a> provided the dependent who is losing coverage is also enrolling.	The employee cannot cancel CU coverage for themselves or dependents. They must wait until Open Enrollment.
<b>Spouse/partner*</b>	The employee may enroll the spouse/partner* with proof of <a href="#">loss of coverage</a> of any of employee's dependents, provided the employee is enrolled or enrolling.	
<b>Children</b>	The employee may enroll child(ren) with proof of <a href="#">loss of coverage</a> of any of employee's dependents, provided the employee is enrolled or enrolling.	

\*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 [Tax Certification of Dependency](#).

## Flexible Spending Accounts (FSA)

Healthcare Flexible Spending Account (HCFSAs)	Dependent Care Flexible Spending Account (DCFSAs)
The employee can enroll or increase to reflect loss of eligibility for medical, dental, vision or FSA coverage under dependent's plan.	The employee can enroll or increase to reflect loss of eligibility for DCFSAs under spouse's plan. The employee can decrease or cancel to reflect loss of eligibility (e.g., spouse stops working).

## How to Make Changes

The employee has **31 days** from the date of the event that causes the loss of eligibility to make changes and [submit](#) the required documentation. If the appropriate documentation is not submitted within 31 days, they must wait until the next Open Enrollment to make changes.

### How to add employee, spouse/partner and/or dependent child(ren) who lost coverage

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 will not be enrolled, and you will have to wait until the next Open Enrollment period.

Eligible dependents	Dependent verification required documentation		
<b>Spouse</b>	Most recent Federal Tax return form showing a married filing status. Send first and second page (the signed signature page) <b>or</b> first page and Certificate of Electronic filing.	<b>or</b>	Marriage certificate <b>and</b> one secondary verification document*
<b>Common law spouse</b>	<a href="#">CU Affidavit of Common Law (PDF)</a>	<b>and</b>	One secondary verification document*
<b>Civil union partner</b>	Civil union certificate**	<b>and</b>	One secondary verification document*
<b>Domestic partner</b>	<a href="#">CU Affidavit of Domestic Partnership (PDF)**</a>	<b>and</b>	Two secondary verification documents*
<b>Child under age 27</b>	Birth or adoption certificate	<b>or</b>	Court documents signed by a judge for parental responsibility or qualified medical child support order
<b>Child with a disability over age 27</b>	Birth or adoption certificate	<b>and</b>	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> (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>.</b>

3. Provide proof of loss of coverage. Submit a letter or other document from spouse/partner's employer or insurer stating:
  - The individuals losing coverage (by name).
  - The effect date when coverage ends.
  - The types of plans that are being lost, specifically medical, dental and 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 you cancel or remove dependent coverage and expect 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.

**Loss of group coverage:** When adding CU coverage, CU requires proof that employee and/or dependents will lose or have lost group health coverage by submitting a letter or other document from another employer or insurer stating:

- The individuals that lost coverage (by name).
- The effect date when coverage ends.
- The types of plans that are being lost, specifically medical, dental and vision.