Lose Other Coverage

Follow the instructions to change your insurance benefits due to a loss of other group coverage.

You are permitted to make mid-year election changes within 30 days of an IRS approved qualifying event. It is necessary to provide documentation to Human Resources to substantiate the qualifying event and to establish the eligibility for, and the effective date of, the requested change within 30 days of the qualifying event.

Changes initiated or documentation received after 30 days will not be accepted and changes cannot be made until the next open enrollment period.

You will complete two steps:

- Provide documentation to Human Resources to initiate your mid-year change.
- Complete enrollment of your insurance changes in CSU Benefits.

Provide Documentation to Human Resources

You must provide documentation to Human Resources to initiate a mid-year insurance change for Lose Other Coverage in Employee Self-Service (ESS). This must occur prior to the ESS becoming available to make changes.

Examples of Required Documentation:

- Documentation on company letterhead and which includes:
  - Defined qualifying event type and date
  - Name of individual(s) affected by a status change
  - Name(s) of individuals who had been covered under other plan
  - Medical, Dental and / or Vision coverage effective date or termination date (or other benefits as applicable)

  PLUS, if dependents are being added:
  - Legal documents for adoption, divorce, marriage, civil union partner, etc.
  - Affidavit of Common Law Marriage
  - Affidavit of Domestic Partnership

Change your Benefits for Lose Other Coverage

1. Click on the CSU EMPLOYEE SELF-SERVICE responsibility to expand the menu. Click on CSU Benefits.
2. On the Legal Disclaimer page, review the information and select Accept, then Next to enter the Online Benefits Enrollment System.

3. If you have a spouse/domestic partner/civil union partner or additional dependent children who you wish to add due to the birth, you may add them on the Online Benefits Enrollment: Individuals and Beneficiaries screen, by clicking Add Individual. Otherwise, Skip to Step 5.

Name and Relationship
- **Relationship** – Select Relationship type.
- **Relationship Start Date** – Enter the effective date of coverage.
- **First Name** and **Last Name**
- **Middle Name** and **Suffix**
Address Information
If the dependent lives in your household, select Shared Residence
Otherwise, enter:
- Address Type
- Address Style
- Address Line 1 – 3
- City, State and Zip Code
- County
- Country
- Telephone or Telephone2

Miscellaneous Information
- Gender – Select ‘Male’ or ‘Female’.
- Social Security – Enter the social security number of the dependent.
- Date of Birth – Enter the date of birth of the dependent.

4. Click Apply if you are satisfied with your entry.

5. On the Select Program page, under Select Insurance and Retirement Programs, click CSU Benefits Plan (Cost Share) to and Next to proceed to your benefit elections.

6. Under the Insurance/Retirement Program, you will see your current Benefit Elections. To begin making your elections, click Update Benefits.
7. On the Update Benefits: Update Enrollments page, elect the plans you wish to enroll in or make changes to your current plan elections.

- Medical, Dental and Vision
- Short Term and Long Term Disability
- Basic Term Life, Employee Voluntary Term Life, Dependent Term Life and Child Voluntary Life
- Health Care and Dependent Care FSA (enter the annual election)
- Voluntary AD&D

8. Click Next if you are satisfied with your elections.

9. On the Update Benefits: Cover Individuals page, make an electo to cover dependent(s) by checking the box under Cover for each benefit, as applicable. Then select Next.
10. Beneficiaries may be designated under **Update Benefits: Update Beneficiaries** by entering a value for each person in whole percentages. Complete this action for each life insurance policy (suspended and interim amounts). If a beneficiary is not listed, click **Add/Edit Beneficiary** and follow Step 2 above to add an individual.

If you are satisfied with your designations, click **Next**.

11. Congratulations! You have successfully completed your benefits enrollment. Notice the **Warning** at the top of the page, which shows action items or notifications applicable to your enrollment.

12. Be sure to print a copy of your Confirmation Statement or printable page for your records by selecting the **Confirmation Statement** or **Printable Page** button.

13. Click **Finish** to finalize your elections.

**Definitions**

- **Proper Certification**: If you have elected coverage for your spouse, common law spouse, domestic partner, civil union partner or eligible child, you must submit a photocopy of a certified marriage or birth certificate or affidavit to Human Resources within **30 days** of your event date.

- **Interim**: The current election, in place prior to the approval of your requested change.

- **Suspended**: The coverage which has been requested. This elections will remain ‘**Suspended**’ until proper documentation is received and approved by Human Resources.