ISU Plan

Faculty, Professional/Scientific & Supervisory/Confidential Merit (Non-Organized) Making Changes to Employee Benefits

It is your responsibility to contact the Benefits Office to drop dependents within 30 days of loss of eligibility.

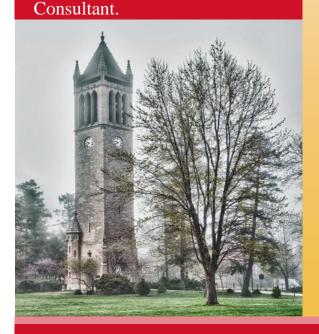
Dropping after 30 days may result in ineligibility for refunds of overpayments.

When you enroll in health insurance, dental insurance, vision, life insurance, health care flexible spending or dependent care assistance program, your benefit elections remain in effect until a change is made. You cannot make any changes until the next open change period **unless** you experience a qualified life event and the benefit change you request is consistent with the event.

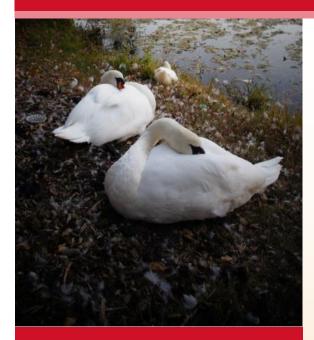
Any questions? Contact the University Human Resources, Service Center at 515-294-4800 or 877-477-7485 and ask to speak to a Benefits

Qualified events are defined by Section 125 of the Internal Revenue Code, based on individual circumstances and plan eligibility.

"Change in family status" is the Internal Revenue Service rule that allows you to adjust your benefit selections when unforeseen circumstances occur between change periods. Only specific events qualify as a change in family status.



For example: A marriage is a family status change that would allow you to change from single health and/or dental coverage to a different tier of health and/or dental coverage because acquiring a spouse is consistent with a gain in eligibility for health or dental coverage.



It is your responsibility to contact the Benefits Office to drop dependents within 30 days of loss of eligibility.

Dropping after 30 days may result in ineligibility for refunds of overpayments.

Any questions? Contact the University Human Resources, Service Center at 515-294-4800 or 877-477-7485 and ask to speak to a Benefits Consultant.

<u>Click on the qualifying event to find answers to general questions about event:</u>

- Birth or Adoption
- Legal Marital Status Change
 - Marriage
 - o Divorce/Annulment
- Death of Participant
 - o Spouse/Partner
 - Dependent Child
- Dependent's Status Change
 - o Becomes Full-Time Student
 - No Longer Eligible
 - Judgment/Decree/Court Order for Coverage
- Employment Status
 - You
 - Promotion, Demotion, or Transfer
 - Loss of Benefits Eligibility
 - Change in Scheduled Hours
 - Full-Time to Part-Time
 - Full-Time to Not Benefits Eligible
 - Not Benefit Eligible to Benefits Eligible
 - Part-Time to Full-Time
 - Rehired Less than 30 days after Termination of Employment
 - o Spouse/Partner or Dependent
 - Spouse/Partner Terminates Employment
 - Spouse/Partner or Dependent Commences Employment
 - Change to Become Non-Eligible
 - Change to Become Eligible

• Leave of Absence (including FMLA)

- o Commencing Unpaid Leave
 - Less than 30 Days
 - Excess of 30 Days (No FMLA)
 - Excess of 30 Days (FMLA)
- o Returning from Unpaid Leave
- Commencing Paid Leave
- o Returning from Paid Leave
- Retirement
 - o Employee's
 - o Spouse/Partner
 - **Entitlement to Medicare or Medicaid**
 - o Becomes Entitled to Medicare of Medicaid
 - o Spouse/Partner Loses Entitlement
- Dependent Care Provider
 - o Change in Provider Rates
 - Change in Provider or Number of Hours Worked by Provider
- Change in Residence
 - o Ineligible under Employer's Plan or for Current Benefits Option
 - o Newly Eligible under Employer's Plan or for New Benefits Option
 - Ineligible under Spouse's/Partner's Current Benefits Option or Plan
 - Newly Eligible under Spouse's/Partner's Plan or for New Benefits Option

This list may not apply to every benefit plan.

BIRTH OR ADOPTION					
Actions to	Health	Dental	Health Flexible	Dependent Care	
Take Forms: Contact Benefits Office within 60 days at benefits@iastate.edu	 Insurance Allowed to enroll: Newly eligible dependent Spouse/partner Other dependents 	 Insurance Allowed to enroll: Newly eligible dependent Spouse/partner Other 	Allowed to: Increase contributions	Assistance Program Allowed to: • Enroll in account • Continue contributions • Increase	
Document Needed: Need Proof of Adoption	Allowed to cancel coverage: • If become covered by species (partner's	dependents		contributions	
To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	spouse's/partner's health plan				

BIRTH OR ADOPTION					
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance		
Contact Benefits Office within 60 days at benefits@iastate.edu Document Needed: Need Proof of Adoption To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA- CREF, IPERS, Supplemental plans) Click Here	Allowed to enroll: Newly eligible dependent Spouse/partner Other dependents Allowed to cancel coverage: If become covered by spouse's/partner's vision plan	Allowed to: • Cancel coverage	Currently enrolled, allowed to: • Add the dependent Not currently enrolled, allowed to: • Enroll with event • Add the newborn or adopted child If adding Dependent Life Insurance: • It is mandatory to be enrolled in Voluntary Life Insurance		

LEGAL MARITAL STATUS CHANGE MARRIAGE				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Declaration of Relationship To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Allowed to: Enroll in coverage Add eligible family members to existing health plan Cancel coverage if become covered by spouse's/ partner's health plan	Allowed to: • Enroll in coverage • Add eligible family members to existing dental plan • Cancel coverage if become covered by spouse's/ partner's dental plan	Allowed to: Increase contributions Cancel contributions	Allowed to:

LEGAL MARITAL STATUS CHANGE MARRIAGE					
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance		
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Declaration of Relationship To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Allowed to: • Enroll in coverage • Add eligible family members to existing health plan • Cancel coverage if become covered by spouse's/partner's vision plan	Allowed to: • Cancel coverage	If enrolled in Basic and Voluntary Life Insurance, allowed to: • Add spouse/partner If cancelling Voluntary Life Insurance: • It is mandatory to cancel Dependent Life Insurance		

LEGAL MARITAL STATUS CHANGE DIVORCE/ANNULMENT				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Divorce Decree or Court Document	Must remove: • Former spouse/partner • Former spouse's/partner's eligible family members from coverage	Must remove: • Former spouse/partner • Former spouse's/partner's eligible family members from coverage	Allowed to: Decrease contributions	Allowed to:
To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries	Cannot remove: Other dependents from coverage unless they are added to former spouse's/partner's plan	Cannot remove: Other dependents from coverage unless they are added to former spouse's/partner's plan		
(TIAA-CREF, IPERS, Supplemental plans) Click Here	Allowed to: • Enroll in coverage • Add dependents if the event causes loss of coverage under former spouse's/partner's	Allowed to: • Add dependents to existing dental plan if the event causes loss of coverage under former spouse's/partner's plan		

LEGAL MARITAL STATUS CHANGE DIVORCE/ANNULMENT					
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance		
Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Divorce Decree or Court Document To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Must remove: Former spouse/partner Former spouse's/partner's eligible family members from coverage Cannot remove: Other dependents from coverage unless they are added to former spouse's/partner's plan Allowed to: Enroll in coverage Add dependents if the event causes loss of coverage under former spouse's/partner's plan	Allowed to: • Cancel coverage	Must remove: • Former spouse/partner • Former spouse's/partner's eligible family members from coverage Allowed to: • Cancel coverage If cancelling Voluntary Life Insurance: • It is mandatory to cancel Dependent Life Insurance		

DEATH OF PARTICIPATING SPOUSE or PARTNER					
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program	
Forms:	Remove:	Remove:	Allowed to:	Allowed to:	
	 Spouse/partner 	 Spouse/partner 	 Decrease 	• Begin	
Contact Benefits	from coverage	from coverage	contributions	contributions	
Office within				 Increase 	
30 days at	Allowed to:	Allowed to:		contributions	
benefits@iastate.edu	 Enroll in 	• Enroll in			
	coverage	coverage			
Document Needed:	Add any	Add any			
• Death	dependent that	dependent that			
Certificate	loses coverage	loses coverage			
	under deceased	under deceased			
To Change ISU Life	spouse's/	spouse's/			
Beneficiary and for	partner's plan	partner's plan			
information on	P W- W- W- W- W-	Parassa a Panas			
changing Retirement					
Plan Beneficiaries					
(TIAA-CREF, IPERS,					
Supplemental plans)					
Click Here					

DEATH OF	DEATH OF PARTICIPATING SPOUSE or PARTNER				
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance		
Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Death Certificate To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Remove:	Allowed to: • Decrease the amount of coverage • Cancel coverage	Allowed to: • Cancel coverage		

DEATH OF A PARTICIPATING DEPENDENT					
Actions to	Health	Dental	Health Flexible	Dependent Care	
Take	Insurance	Insurance	Spending Account	Assistance Program	
Forms:	Remove:	Remove:	Allowed to:	Allowed to:	
	 Deceased 	 Deceased 	 Decrease 	 Decrease 	
Contact Benefits	dependent	dependent	contributions	contributions	
Office within	from coverage	from coverage		 Cancel 	
30 days at				contributions	
benefits@iastate.edu					
Document Needed:					
 Death 					
Certificate					
To Change ISU Life					
Beneficiary and for					
information on					
changing Retirement					
Plan Beneficiaries					
(TIAA-CREF, IPERS,					
Supplemental plans)					
Click Here					

DI	DEATH OF A PARTICIPATING DEPENDENT						
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance				
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Remove: • Deceased dependent from coverage	Allowed to: • Cancel coverage	Allowed to: • Cancel coverage				
Document Needed:Death							
Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here							

STATUS CHANGE OF DEPENDENT CHILD: BECOMES A FULL-TIME STUDENT					
Actions to	Health	Dental	Avesis Vision		
Take	Insurance	Insurance	Plan Insurance		
Forms:	Allowed to:	Allowed to:	Allowed to:		
	• Enroll the newly eligible	• Enroll the newly eligible	• Enroll the newly eligible		
Contact Benefits	dependent	dependent	dependent		
Office within					
30 days at					
benefits@iastate.edu					

STATUS CHANGE OF DEPENDENT CHILD: NO LONGER ELIGIBLE BECAUSE OF AGE (26 or older), ENDING STUDENT STATUS OR MARITAL STATUS					
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account		
Contact Benefits Office within 30 days at benefits@iastate.edu To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Allowed to: Only cancel coverage for dependent that is no longer eligible	Allowed to: Only cancel coverage for dependent that is no longer eligible	Allowed to: • Decrease contributions • Cancel contributions		

AGE (26 or older), ENDING STUDENT STATUS OR MARITAL STATUS					
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance		
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Only cancel coverage for dependent that is no longer eligible	Allowed to: • Cancel coverage	Allowed to: • End coverage for dependent • Cancel coverage If cancelling Voluntary Life Insurance: • It is mandatory to cancel Dependent Life Insurance		

DEPENDENT'S STATUS CHANGE JUDGMENT, DECREE OR ORDER (INCLUDING QMCSO) RELATING TO HEALTH COVERAGE FOR CHILD

REDATING TO HEALTH COVERAGE FOR CHIED				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Avesis Vision Plan Insurance
Forms:	Allowed to:	Allowed to:	Allowed to:	Allowed to:
Contact Benefits Office within 30 days at	Add dependent to existing plan if required under order	Add dependent to existing plan if required under order	Enroll in accountIncrease contributionsDecrease	Add dependent if required under orderCancel
<u>Document Needed:</u>Divorce Decree or Court Order	 Cancel dependent if other parent provides coverage under 	 Cancel dependent if other parent provides coverage under 	contributionsCancel contributions	dependent if other parent provides coverage under order
	order	order		

EMPLOYMENT STATUS PROMOTION, DEMOTION, OR TRANSFER					
Actions to Voluntary Life Dependent Life Take Insurance Insurance					
Take Forms:	Allowed to:	If cancelling Voluntary Life Insurance:			
	Cancel coverage	It is mandatory to cancel Dependent			
Contact Benefits Office within 30		Life Insurance			
days at					
benefits@iastate.edu					

EMPLOYMENT STATUS LOSS OF BENEFITS ELIGIBILITY				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Coverage terminates: • At the end of the following month of last day worked Allowed to:	Coverage terminates: • At the end of the following month of last day worked Allowed to:	Contributions terminate: • At the end of the month of last day worked	Contributions terminate: • At the end of the month of last day worked
Document Needed: • Certificate of Coverage	Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare	Pay for continued coverage through COBRA for up to 18 months	Allowed to: Continue to submit claims but only for expenses incurred while you were an eligible employee Continue participation on an after-tax basis through COBRA	Allowed to: Continue to submit claims but only for expenses incurred while you were an eligible employee or while you were employed elsewhere or looking for employment
	Click Here for COBRA Information	Click Here for COBRA Information	Click Here for COBRA Information	

EMPLOYMENT STATUS LOSS OF BENEFITS ELIGIBILITY					
Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance	Dependent Life Insurance		
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Certificate of Coverage	Coverage terminates: • At the end of the following month of last day worked Allowed to: • Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare Click Here for	 Coverage terminates: At the end of the month of last day worked Allowed to: Pay for continued coverage under the portability provision 	 Coverage terminates: At the end of the month of last day worked Allowed to: Pay for continued coverage under the conversion privilege or portability provision 		
	COBRA Information				

CHANGE IN SCHEDULED HOURS
FULL-TIME TO PART-TIME:
40 HOURS TO 20 HOURS PER WEEK

	40 HOURS TO 20 HOURS FER WEEK					
Actions to	Health	Dental	Avesis Vision			
Take	Insurance	Insurance	Plan Insurance			
Forms:	If enrolled, allowed to:	If enrolled, allowed to:	If enrolled, allowed to:			
	 Cancel coverage 	 Cancel coverage 	 Cancel coverage 			
Contact Benefits			_			
Office within	If enrolled in family	If enrolled in family	If enrolled in family			
30 days at	coverage, allowed to:	coverage, allowed to:	coverage, allowed to:			
benefits@iastate.edu	 Cancel eligible family 	• Cancel eligible family	 Cancel eligible family 			
	members	members	members			
	Allowed to:					
	• Change health plan					

CHANGE IN SCHEDULED HOURS FULL-TIME TO PART-TIME: 40 HOURS TO 20 HOURS PER WEEK

40 HOURD TO 20 HOURD LER WEEK					
Actions to	Voluntary Life	Dependent Life			
Take	Insurance	Insurance			
Forms:	Allowed to:	If cancelling Voluntary Life Insurance:			
	Cancel coverage	• It is mandatory to cancel Dependent			
Contact Benefits Office within 30		Life Insurance			
days at					
benefits@iastate.edu					

CHANGE IN SCHEDULED HOURS FULL-TIME TO NOT BENEFITS ELIGIBLE: 40 HOURS TO LESS THAN 20 HOURS PER WEEK

40 HOURS TO LESS THAN 20 HOURS LER WEEK				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Coverage terminates: At the end of the following month of last day of full-time work Allowed to: Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare	 At the end of the following month of last day of full-time work Allowed to: Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare 	Contributions terminate: • At the end of the month of last day of full-time work Allowed to: • Continue to submit claims but only for expenses incurred while you were an eligible employee • Continue participation on an after-tax basis through COBRA	Contributions terminate: • At the end of the month of last day of full-time work
	Click Here for COBRA Information	Click Here for COBRA Information	Click Here for COBRA Information	

CHANGE IN SCHEDULED HOURS FULL-TIME TO NOT BENEFITS ELIGIBLE: 40 HOURS TO LESS THAN 20 HOURS PER WEEK

Actions to	Avesis Vision	Voluntary Life	Dependent Life
Take	Plan Insurance	Insurance	Insurance
Contact Benefits Office within 30 days at benefits@iastate.edu	Coverage for you and eligible family members: Terminates at the end of the following month of last day of full-time work Allowed to: Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare Click Here for COBRA Information	Coverage terminates: • At the end of the month of last day of full-time work Allowed to: • Pay for continued coverage under the portability provision	Coverage terminates: At the end of the month of last day of full-time work Allowed to: Pay for continued coverage unde the conversion privilege or portability provision

CHANGE IN SCHEDULED HOURS NOT BENEFITS ELIGIBLE TO BENEFITS ELIGIBLE: LESS THAN 20 HOURS TO 40 HOURS PER WEEK

	LESS THAN 20 HOURS TO 40 HOURS PER WEEK				
Actions to	Health	Dental	Health Flexible	Dependent Care	
Take	Insurance	Insurance	Spending Account	Assistance Program	
Forms:	Allowed to enroll:	Allowed to enroll:	Allowed to:	Allowed to:	
	• You	• You	• Enroll in account	 Enroll in account 	
Contact Benefits	 Eligible family 	 Eligible family 			
Office within	members	members			
30 days at					
benefits@iastate.edu					

CHANGE IN SCHEDULED HOURS -FROM NOT BENEFITS ELIGIBLE TO BENEFITS ELIGIBLE: FROM LESS THAN 20 HOURS TO 40 HOURS PER WEEK

II	TROW ELECTION 20 HOURS TO 40 HOURS TER WEEK					
Actions to	Avesis Vision	Basic Life	Voluntary Life	Dependent Life		
Take	Plan Insurance	Insurance	Insurance	Insurance		
Forms:	Allowed to enroll:	Allowed to:	Allowed to:	Allowed to:		
	• You	• Enroll in	• Enroll in	• Enroll in		
Contact Benefits	• Eligible family	coverage	coverage	coverage		
Office within	members					
30 days at						
benefits@iastate.edu						

CHANGE IN SCHEDULED HOURS PART-TIME TO FULL-TIME: 20 HOURS TO 40 HOURS PER WEEK		
Actions to Dependent Care Take Assistance Program		
Forms:	Allowed to: • Enroll in account	
Contact Benefits Office within 30 days at • Increase contributions		

CHANGE IN SCHEDULED HOURS				
REHIRED L	REHIRED LESS THAN 30 DAYS AFTER TERMINATION OF EMPLOYMENT			
Actions to	Health	Dental	Health Flexible	Dependent Care
Take	Insurance	Insurance	Spending Account	Assistance Program
Forms:	Allowed to:	Allowed to:	Allowed to:	Allowed to:
	• Reinstate prior	 Reinstate prior 	 Reinstate prior 	 Reinstate prior
Contact Benefits	plan election	plan election	contributions	contributions
Office within	Make a new	Make a new		
30 days at	selection	selection similar		
benefits@iastate.edu	similar to a	to a new hire		
	new hire			
To Change ISU Life				
Beneficiary and for				
information on				
changing Retirement				
Plan Beneficiaries				
(TIAA-CREF, IPERS,				
Supplemental plans)				
Click Here				

REHIRED L	CHANGE IN SCHEDULED HOURS REHIRED LESS THAN 30 DAYS AFTER TERMINATION OF EMPLOYMENT			
Actions to Take	Avesis Vision Plan Insurance	Basis Life Insurance	Voluntary Life Insurance	Dependent Life Insurance
Contact Benefits Office within 30 days at benefits@iastate.edu To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Allowed to: Reinstate prior plan election Make a new selection similar to a new hire	Allowed to: • Reinstate prior coverage	Allowed to: Reinstate prior coverage Make a new selection similar to a new hire Mandatory to be enrolled in Basic Life Insurance for eligibility	 Allowed to: Reinstate prior coverage Make a new selection similar to a new hire Mandatory to be enrolled in Basic and Voluntary Life Insurance for eligibility

EMPLOYMENT STATUS SPOUSE/PARTNER TERMINATES EMPLOYMENT			
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
Forms:	Allowed to:	Allowed to:	Allowed to:
	• Enroll in coverage	• Enroll in coverage	• Enroll in account
Contact Benefits Office within 30 days at benefits@iastate.edu	Add eligible family members if they lost coverage under spouse's/partner's plan	 Add eligible family members if they lost coverage under spouse's/partner's 	Increase contributions
Document Needed:	apount a point a point	plan	
Certificate of			
Coverage			
To Change ISU Life			
Beneficiary and for			
information on changing			
Retirement Plan			
Beneficiaries (TIAA-			
CREF, IPERS,			
Supplemental plans) Click Here			

EMPLOYMENT STATUS CHANGE OF SPOUSE/PARTNER: TERMINATES EMPLOYMENT		
Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Certificate of Coverage To Change ISU Life Beneficiary and for information on changing	Allowed to: Decrease contributions Cancel contributions	Allowed to: • Enroll in coverage • Add eligible family members if they lost coverage under spouse's/partner's plan
Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here		

SPOUSE/P	EMPLOYMENT STATUS CHANGE OF SPOUSE/PARTNER OR DEPENDENT: COMMENCES EMPLOYMENT			
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	If become covered by spouse's/partner's health plan, allowed to: • Cancel coverage for you and/or eligible family members	If become covered by spouse's/partner's dental plan, allowed to: • Cancel coverage for you and/or eligible family members	Allowed to: • Decrease contributions	
Document Needed:Certificate of Coverage				

EMPLOYMENT STATUS CHANGE OF SPOUSE/PARTNER OR DEPENDENT: COMMENCES EMPLOYMENT			
Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Enroll in account Increase contributions Decrease contributions Cancel contributions	If become covered by spouse's/partner's vision plan, allowed to: • Cancel coverage for you and/or eligible family members	
Document Needed:Certificate of Coverage			

CHANGE IN EMPLOYMENT STATUS EVENT CAUSES SPOUSE/PARTNER TO CEASE TO BE ELIGIBLE FOR COVERAGE UNDER THEIR PLAN

CEASE TO BE ELIGIBLE FOR COVERAGE UNDER THEIR LAN			
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Certificate of Coverage	Allowed to:	Allowed to: • Enroll in coverage • Add eligible family members	Allowed to: • Enroll in account • Increase contributions

CHANGE IN EMPLOYMENT STATUS EVENT CAUSES SPOUSE/PARTNER TO CEASE TO BE ELIGIBLE FOR COVERAGE UNDER THEIR PLAN

CEASE TO BE E	CEASE TO BE ELIGIBLE FOR COVERAGE UNDER THEIR I LAN			
Actions to	Dependent Care	Avesis Vision		
Take	Assistance Program	Plan Insurance		
Forms:	Allowed to:	Allowed to:		
	Enroll in account	 Enroll in coverage 		
Contact Benefits Office within	• Increase contributions	Add eligible family members		
30 days at	Decrease contributions			
benefits@iastate.edu	 Cancel contributions 			
Document Needed:				
 Certificate of Coverage 				

CHANGE IN EMPLOYMENT STATUS EVENT CAUSES SPOUSE/PARTNER OR DEPENDENT TO GAIN ELIGIBILITY FOR COVERAGE UNDER THEIR PLAN

DETEROPER TO GIM CENTURE TO COVERE THE TENTO			
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	If become covered by spouse's/partner's health plan, allowed to: • Cancel coverage for you and/or eligible family members	If become covered by spouse's/partner's dental plan, allowed to: Cancel coverage for you and/or eligible family members	Allowed to: • Decrease contributions
Document Needed:Certificate of Coverage		Enrolled in comprehensive plan: • Must satisfy 3 year lock in period	

CHANGE IN EMPLOYMENT STATUS EVENT CAUSES SPOUSE/PARTNER OR DEPENDENT TO GAIN ELIGIBILITY FOR COVERAGE UNDER THEIR PLAN

DELEMBERT TO GIM LEGISIDELLI TOR COVERIGE CIVER THEM TEM			
Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to:	If become covered by spouse's/partner's vision plan, allowed to: • Cancel coverage for you and/or eligible family members	
Document Needed:Certificate of Coverage			

EMPLOYEE LEAVE OF ABSENCE COMMENCE UNPAID LEAVE LESS THAN 30 DAYS				
Actions to Health Flexible Dependent Care				
	Take Spending Account Assistance Program			
Forms:	Contributions and	Contributions and coverage terminate.		
	coverage terminate.			
Contact Benefits Office within 30				
days at				
benefits@iastate.edu				

COMM	EMPLOYEE LEAVE OF ABSENCE COMMENCE UNPAID LEAVE IN EXCESS OF 30 DAYS (NO FMLA)				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program	
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Elect to continue coverage Cancel coverage Continue coverage: Billed for the total cost of any premiums due. Premiums are paid with after-tax dollars.	Allowed to: • Elect to continue coverage • Cancel coverage • Continue coverage: Billed for the total cost of any premiums due. Premiums are paid with aftertax dollars.	Allowed to: • Elect to continue coverage • Terminate contributions and coverage	Allowed to: • Terminate contributions and coverage	

EMPLOYEE LEAVE OF ABSENCE COMMENCE UNPAID IN EXCESS OF 30 DAYS (NO FMLA)					
Actions to Take	s to Avesis Vision Basic Life Voluntary Life				
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: • Elect to continue coverage • Cancel coverage	 Allowed to: Elect to continue coverage Cancel coverage Continue coverage: Billed for the total cost of any premiums due. Premiums are paid with after-tax dollars. 	Allowed to: • Elect to continue coverage • Cancel coverage		

EMPLOYEE LEAVE OF ABSENCE COMMENCE UNPAID FMLA LEAVE IN EXCESS OF 30 DAYS				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Change health plan Cancel coverage Continue coverage: Billed for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars.	Allowed to: Cancel coverage Continue coverage: Billed for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars.	 Allowed to: Elect to continue contributions Cancel contributions 	

EMPLOYEE LEAVE OF ABSENCE COMMENCE UNPAID FLMA LEAVE IN EXCESS OF 30 DAYS				
Actions to Dependent Care Avesis Vision Take Assistance Program Plan Insurance				
Forms: Contact Benefits Office within	Contributions and coverage terminate. Allowed to: Cancel coverage Continue coverage:			
30 days at benefits@iastate.edu		Billed for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars.		

EMPLOYEE LEAVE OF ABSENCE RETURN FROM UNPAID LEAVE OR UNPAID FMLA LEAVE IN EXCESS OF 30 DAYS

	CIVITIES EDIT VE III EMCEDO OI 30 DITTO					
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account			
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: • Reinstate prior election	Allowed to: Reinstate prior election	Allowed to: Reinstate prior contributions Make a new election			
Document Needed:Need Medical Proof of Release to Return to Work						

EMPLOYEE LEAVE OF ABSENCE RETURN FROM UNPAID LEAVE OR UNPAID FMLA LEAVE IN EXCESS OF 30 DAYS					
Actions to Take	Dependent Care Avesis Vision Voluntary I Assistance Program Plan Insurance Insurance				
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Reinstate prior contributions Make a new election	Allowed to: • Reinstate prior election	Allowed to: • Reinstate prior coverage		
 Document Needed: Need Medical Proof of Release to Return to Work 					

(ASSUMING EVENT DOES NOT AFFECT ELIGIBILITY FOR COVERAGE)				
Actions to	Dependent Care			
Take	Assistance Program			
Forms:	Allowed to:			
	Cancel contributions			
Contact Benefits Office within	Keep current contributions			
30 days at				
benefits@iastate.edu				

EMPLOYEE LEAVE OF ABSENCE - RETURN FROM PAID LEAVE				
IN EX	XCESS OF 30 DAYS			
Actions to Dependent Care Take Assistance Program				
Forms:	Allowed to:			
	Begin contributions			
Contact Benefits Office within 30 days at				
benefits@iastate.edu				
D (N 1.1				
Document Needed:				
Need Medical Proof of Release to Return				
to Work				

RETIREMENT EMPLOYEE'S RETIREMENT				
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
Forms:	Coverage terminates: • At the end of the	Coverage terminates: • At the end of the	Contributions terminate.	Contributions terminate.
Contact Benefits Office within	following month	following month in	Allowed to: Continue to submit	Allowed to: Continue to submit
30 days at benefits@iastate.edu	in which you retire Eligible for retiree	which you retire Eligible for retiree dental coverage. As a	Continue to submit claims but only for expenses incurred while you were an	claims but only for expenses incurred while you were an
To Change ISU Life Beneficiary and for information on changing Retirement	health coverage. As a retiree, allowed to: • Change health plan at the time of	retiree, allowed to: Change to single coverage anytime during the year	 eligible employee Continue participation on an after-tax basis 	eligible employee
Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	 retirement Change to single coverage anytime throughout the year 		through COBRA Click Here for COBRA Information	

RETIREMENT EMPLOYEE'S RETIREMENT				
Actions to Take	Avesis Vision Plan Insurance	Basic Life Insurance	Voluntary Life Insurance	
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here	Coverage terminates: At the end of the following month in which you retire As a retiree, allowed to: Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare Change to single coverage anytime throughout the year Click Here for COBRA Information	Coverage terminates: • At the end of the month in which you retire May be eligible for a \$4,000 retiree paid-up policy if enrolled for 10 consecutive years. If requirements are not met, allowed to: • Pay for continued coverage under a conversion policy	Coverage terminates: • At the end of the month in which you retire Allowed to: • Pay for continued coverage under the portable privilege	

RETIREMENT SPOUSE/PARTNER LOSES COVERAGE DUE TO RETIREMENT OR SPOUSE/PARTNER LOSES RETIREE COVERAGE

	DI OUBLII ANII	EK LOSES KETI	INDE COVERAGE	
Actions to Take	Health Insurance	Dental Insurance	Avesis Vision Plan Insurance	Health Flexible Spending Account
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: Need Proof of Loss of Coverage To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans)	Allowed to: • Enroll spouse/partner in coverage • Change health plan	Allowed to: • Enroll spouse/partner in coverage	Allowed to: • Enroll spouse/partner in coverage	Allowed to: • Increase contributions • Decrease contributions
Click Here				

BECOMES ENTITLED TO MEDICARE OR MEDICAID EMPLOYEE, SPOUSE/PARTNER OR DEPENDENT CHILD					
Actions to Take	Health Dental Health Flexible Insurance Insurance Spending Account				
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to cancel: Coverage for you and/or eligible family member entitled to Medicare or Medicaid	Allowed to cancel: Coverage for you and/or eligible family member entitled to Medicaid	Allowed to: Increase contributions Decrease contributions		
Document Needed:Copy of Medicare Card					

ANY GROUP HEALTH COVERAGE SPONSORED BY A GOVERNMENTAL OR EDUCATIONAL INSTITUTION			
Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: • Enroll the eligible family members that lost coverage	Allowed to: • Enroll the eligible family members that lost coverage	Allowed to: Increase contributions Decrease contributions
 Documents Needed: Copy of Medicare Card Proof of Loss of Coverage 			

DEPENDENT CARE PROVIDER CHANGE IN PROVIDER RATES		
Actions to Dependent Care Take Assistance Program		
Forms:	If new costs occur, allowed to:	
	Increase contributions	
Contact Benefits Office within	Decrease contributions	
30 days at		
benefits@iastate.edu		

DEPENDENT CARE PROVIDER CHANGE IN PROVIDER OR NUMBER OF HOURS WORKED BY PROVIDER			
Actions to Dependent Care Take Assistance Program			
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	If new costs occur, allowed to: Increase contributions Decrease contributions		

CHANGE IN RESIDENCE BECOMES INELIGIBLE UNDER EMPLOYER'S PLAN OR FOR CURRENT BENEFITS OPTION

OR FOR CORRENT DENEFTIS OF TION				
Actions to Take	Health Insurance	Dental Insurance	Dependent Care Assistance Program	Avesis Vision Plan Insurance
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Cancel coverage if other coverage is available Change plans	Allowed to: • Cancel coverage if other coverage is available	If child care provider changes, allowed to: • Increase contributions • Decrease contributions	Allowed to: • Cancel coverage if other coverage is available
Document Needed:Certificate of Coverage				

CHANGE IN RESIDENCE BECOMES NEWLY ELIGIBLE UNDER EMPLOYER'S

PLAN OR FOR NEW BENEFITS OPTION

Actions to Take	Health Insurance	Dental Insurance	Dependent Care Assistance Program	Avesis Vision Plan Insurance
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: Cancel coverage if other coverage is available Change plans	Allowed to: • Cancel coverage if other coverage is available	If child care provider changes, allowed to: Increase contributions Decrease contributions	Allowed to: • Cancel coverage if other coverage is available
Document Needed:Certificate of Coverage				

CHANGE IN RESIDENCE BECOMES INELIGIBLE UNDER SPOUSE'S/PARTNER'S CURRENT BENEFITS OPTION OR PLAN

Actions to	Health	Dental		
Take	Insurance	Insurance		
Forms:	Allowed to:	Allowed to:		
	• Enroll in coverage	Enroll in coverage		
Contact Benefits Office within	Add eligible family	Add eligible family members		
30 days at	members			
benefits@iastate.edu				
Document Needed:				
Certificate of Coverage				

CHANGE IN RESIDENCE BECOMES INELIGIBLE UNDER SPOUSE'S/PARTNER'S CURRENT RENEFITS OPTION OR PLAN

CORRENT BENEFITS OF HON OR LEAN			
Actions to	Dependent Care	Avesis Vision	
Take	Assistance Program	Plan Insurance	
Forms:	If child care provider changes,	Allowed to:	
	allowed to:	Enroll in coverage	
Contact Benefits Office within	 Increase contributions 	Add eligible family members	
30 days at	 Decrease contributions 		
benefits@iastate.edu			
Document Needed:			
 Certificate of Coverage 			

CHANGE IN RESIDENCE BECOMES NEWLY ELIGIBLE UNDER SPOUSE'S/PARTNER'S PLAN OR FOR NEW BENEFITS OPTION

Actions to	Health	Dental		
Take	Insurance	Insurance		
Forms:	Allowed to: • Cancel coverage if other	Allowed to:Cancel coverage if other coverage is		
Contact Benefits Office within 30 days at	coverage is available	available		
benefits@iastate.edu				
Document Needed:Certificate of Coverage				

CHANGE IN RESIDENCE BECOMES NEWLY ELIGIBLE UNDER SPOUSE'S/PARTNER'S PLAN OR FOR NEW RENEFITS OPTION

TEAN OR FOR NEW BENEFITS OF HON				
Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance		
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	If child care provider changes, allowed to: Increase contributions Decrease contributions	Allowed to: • Cancel coverage if other coverage is available		
Document Needed:Certificate of Coverage				