

State of Iowa Plan Non-Supervisory Merit (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.

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.

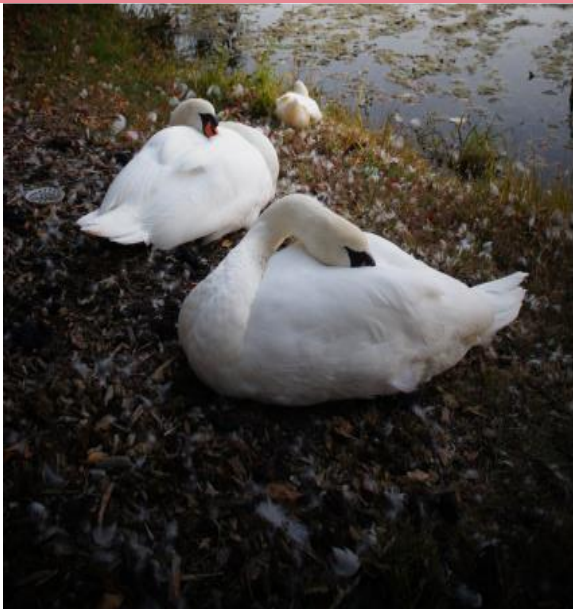
When you enroll in health insurance, dental insurance, vision, life insurance, health care flexible spending or dependent care assistance program, your benefit elections remain in effect until a change is made. You cannot make any changes until the next open change period **unless** you experience a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

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 open 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.





Click on the qualifying event to find answers to general questions about event:

- **Birth or Adoption**
- **Legal Marital Status Change**
 - Marriage
 - Divorce/Annulment
- **Death of Participant**
 - Spouse/Partner
 - Dependent Child
- **Dependent's Status Change**
 - 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
 - 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)**
 - Commencing Unpaid Leave
 - Less than 30 Days
 - Excess of 30 Days
 - Excess of 30 Days (FMLA)
 - Returning from Unpaid Leave
 - Commencing Paid Leave
 - Returning from Paid Leave
- **Retirement**
 - Employee's Retirement
 - Spouse/Partner Loses Coverage
- **Entitlement to Medicare or Medicaid**
 - Becomes Entitled
 - Loses Entitlement
- **Dependent Care Provider**
 - Change in Provider Rates
 - Change in Provider or Number of Hours Worked by Provider
- **Change in Residence**
 - Ineligible under Employer's Plan or for Current Benefits Option
 - 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.

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.

BIRTH OR ADOPTION

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 60 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Need Proof of Adoption <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to enroll:</p> <ul style="list-style-type: none"> • Newly eligible dependent • Spouse/partner • Other dependents <p>Allowed to:</p> <ul style="list-style-type: none"> • Change health plan if adding eligible family members • Cancel coverage if become covered by spouse's/partner's health plan 	<p>Allowed to enroll:</p> <ul style="list-style-type: none"> • Newly eligible dependent 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Increase contributions

BIRTH OR ADOPTION

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 60 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Need Proof of Adoption <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Continue contributions • Increase contributions 	<p>Allowed to enroll:</p> <ul style="list-style-type: none"> • Newly eligible dependent • Spouse/partner • Other dependents

**LEGAL MARITAL STATUS CHANGE
MARRIAGE**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Declaration of Relationship <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members to existing health plan • Cancel coverage if become covered by spouse's/partner's health plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Add eligible family members to existing dental plan • Cancel coverage if become covered by spouse's/partner's dental plan but can only re-enroll during a designated open dental enrollment period 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Cancel contributions

**LEGAL MARITAL STATUS CHANGE
MARRIAGE**

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Declaration of Relationship <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Increase contributions • Decrease contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members to existing vision plan • Cancel coverage if become covered by spouse's/ partner's vision plan

LEGAL MARITAL STATUS CHANGE DIVORCE/ANNULMENT

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> Divorce Decree or Court Document <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Must remove:</p> <ul style="list-style-type: none"> Former spouse/partner Former spouse's/partner's eligible family members from coverage <p>Cannot remove:</p> <ul style="list-style-type: none"> Other dependents from coverage unless they are added to former spouse's/partner's plan <p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in coverage Add dependents if the event causes loss of coverage under former spouse's/partner's plan Change health plan if adding dependent's that lost coverage under former spouse's/partner's plan 	<p>Must remove:</p> <ul style="list-style-type: none"> Former spouse/partner Former spouse's/partner's eligible family members from coverage <p>Cannot remove:</p> <ul style="list-style-type: none"> Other dependents from coverage unless they are added to former spouse's/partner's plan <p>Allowed to:</p> <ul style="list-style-type: none"> Add dependents to existing dental plan if the event causes loss of coverage under former spouse's/partner's plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> Decrease contributions

LEGAL MARITAL STATUS CHANGE DIVORCE/ANNULMENT

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> Divorce Decree or Court Document <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in account Increase contributions Decrease contributions 	<p>Must remove:</p> <ul style="list-style-type: none"> Former spouse/partner Former spouse's/partner's eligible family members from coverage <p>Cannot remove:</p> <ul style="list-style-type: none"> Other dependents from coverage unless they are added to former spouse's/partner's plan <p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in coverage and add dependents if the event causes loss of coverage under former spouse's/partner's plan

DEATH OF PARTICIPATING SPOUSE or PARTNER

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Death Certificate <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Remove:</p> <ul style="list-style-type: none"> • Spouse/partner from coverage <p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add any dependent that loses coverage under deceased spouse's/partner's plan 	<p>Remove:</p> <ul style="list-style-type: none"> • Spouse/partner from coverage <p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add any dependent that loses coverage under deceased spouse's/partner's plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Decrease contributions

DEATH OF PARTICIPANT SPOUSE'S/PARTNER'S DEATH

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Death Certificate <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Begin contributions • Increase contributions 	<p>Remove:</p> <ul style="list-style-type: none"> • Spouse/partner from coverage <p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add any dependent that loses coverage under deceased spouse's/partner's plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage • Decrease the amount of coverage

DEATH OF PARTICIPATING DEPENDENT

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Death Certificate <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) <u>Click Here</u></p>	<p>Remove:</p> <ul style="list-style-type: none"> • Deceased dependent from coverage 	<p>Remove:</p> <ul style="list-style-type: none"> • Deceased dependent from coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Decrease contributions

DEATH OF PARTICIPATING DEPENDENT

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Death Certificate <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) <u>Click Here</u></p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Decrease contributions • Cancel contributions 	<p>Remove:</p> <ul style="list-style-type: none"> • Deceased dependent from coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel the voluntary life insurance

STATUS CHANGE OF DEPENDENT CHILD: BECOMES A FULL-TIME STUDENT

Actions to Take	Health Insurance	Dental Insurance	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll the newly eligible dependent 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll the newly eligible dependent 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll the newly eligible dependent

STATUS CHANGE OF DEPENDENT CHILD: NO LONGER ELIGIBLE BECAUSE OF AGE (over 26), ENDING STUDENT STATUS OR MARITAL STATUS

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Only cancel coverage for dependent that is no longer eligible 	<p>Allowed to:</p> <ul style="list-style-type: none"> Only cancel coverage for dependent that is no longer eligible 	<p>Allowed to:</p> <ul style="list-style-type: none"> Decrease contributions Cancel contributions

STATUS CHANGE OF DEPENDENT CHILD: NO LONGER ELIGIBLE BECAUSE OF AGE (over 26), ENDING STUDENT STATUS OR MARITAL STATUS

Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Only cancel coverage for dependent that is no longer eligible 	<p>Allowed to:</p> <ul style="list-style-type: none"> Cancel coverage Decrease the amount of coverage

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

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Avesis Vision Plan Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> Divorce Decree or Court Order 	<p>Allowed to:</p> <ul style="list-style-type: none"> Add dependent if required under order Cancel dependent if other parent provides coverage under order 	<p>Allowed to:</p> <ul style="list-style-type: none"> Add dependent if required under order Cancel dependent if other parent provides coverage under order 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in account Increase contributions Decrease contributions Cancel contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> Add dependent if required under order Cancel dependent if other parent provides coverage under order

**EMPLOYMENT STATUS
PROMOTION, DEMOTION,
OR TRANSFER**

Actions to Take	Voluntary Life Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Cancel coverage

**EMPLOYMENT STATUS
LOSS OF BENEFITS ELIGIBILITY**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Coverage terminates:</p> <ul style="list-style-type: none"> • At the end of the month of last day worked <p>Allowed to:</p> <ul style="list-style-type: none"> • Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare <p align="center"><u>Click Here for COBRA Information</u></p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> • At the end of the month of last day worked <p>Allowed to:</p> <ul style="list-style-type: none"> • Pay for continued coverage through COBRA for up to 18 months <p align="center"><u>Click Here for COBRA Information</u></p>	<p>Contributions terminate:</p> <ul style="list-style-type: none"> • At the end of the month of last day worked. <p>Allowed to:</p> <ul style="list-style-type: none"> • Continue to submit claims but only for expenses incurred while you were an eligible employee • Continue participation on an after-tax basis through COBRA <p align="center"><u>Click Here for COBRA Information</u></p>	<p>Contributions terminate:</p> <ul style="list-style-type: none"> • At the end of the month of last day worked. <p>Allowed to:</p> <ul style="list-style-type: none"> • 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

**EMPLOYMENT STATUS
LOSS OF BENEFITS ELIGIBILITY**

Actions to Take	Avesis Vision Plan Insurance	Basic Life Insurance	Voluntary Life Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Coverage terminates:</p> <ul style="list-style-type: none"> • At the end of the following month of last day worked <p>Allowed to:</p> <ul style="list-style-type: none"> • Pay for continued coverage through COBRA for up to 18 months <p align="center"><u>Click Here for COBRA Information</u></p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> • At the end of the month of last day worked <p>Allowed to:</p> <ul style="list-style-type: none"> • Pay for continued coverage under the conversion privilege 	<p>Coverage terminates:</p> <ul style="list-style-type: none"> • At the end of the month of last day worked <p>Allowed to:</p> <ul style="list-style-type: none"> • Pay for continued coverage under the portability provision

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

Actions to Take	Health Insurance	Dental Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>If enrolled, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage • Change health plan <p>If enrolled in family coverage, allowed to:</p> <ul style="list-style-type: none"> • Cancel eligible family members 	<p>If enrolled, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage <p>If enrolled in family coverage, allowed to:</p> <ul style="list-style-type: none"> • Cancel eligible family members

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

Actions to Take	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>If enrolled, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage <p>If enrolled in family coverage, allowed to:</p> <ul style="list-style-type: none"> • Cancel eligible family members 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage

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

Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare <p><u>Click Here for COBRA Information</u></p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage through COBRA for up to 18 months <p><u>Click Here for COBRA Information</u></p>	<p>Contributions terminate:</p> <ul style="list-style-type: none"> At the end of the month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> Continue to submit claims but only for expenses incurred while you were an eligible employee Continue participation on an after-tax basis through COBRA <p><u>Click Here for COBRA Information</u></p>	<p>Contributions terminate:</p> <ul style="list-style-type: none"> At the end of the month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> 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

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

Actions to Take	Avesis Vision Plan Insurance	Basic Life Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Coverage for you and eligible family members:</p> <ul style="list-style-type: none"> Terminates at the end of the following month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage through COBRA for up to 18 months <p><u>Click Here for COBRA Information</u></p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage under the conversion privilege 	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month of last day of full-time work <p>Allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage under the portability provision

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

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to enroll:</p> <ul style="list-style-type: none"> You Eligible family members 	<p>Allowed to enroll:</p> <ul style="list-style-type: none"> You Eligible family members 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in account 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in account

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

Actions to Take	Avesis Vision Plan Insurance	Basic Life Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to enroll:</p> <ul style="list-style-type: none"> You Eligible family members 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in coverage

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

Actions to Take	Dependent Care Assistance Program
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Enroll in account Increase contributions

**CHANGE IN SCHEDULED HOURS
REHIRED LESS THAN 30 DAYS AFTER TERMINATION OF EMPLOYMENT**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Reinstate prior plan election Make a new election similar to a new hire 	<p>Allowed to:</p> <ul style="list-style-type: none"> Reinstate prior plan election Make a new election similar to a new hire 	<p>Allowed to:</p> <ul style="list-style-type: none"> Reinstate prior contributions

**CHANGE IN SCHEDULED HOURS
REHIRED LESS THAN 30 DAYS AFTER TERMINATION OF EMPLOYMENT**

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> Reinstate prior contributions Make a new selection similar to a new hire 	<p>Allowed to:</p> <ul style="list-style-type: none"> Reinstate prior plan election 	<p>Allowed to:</p> <ul style="list-style-type: none"> Reinstate prior coverage

**EMPLOYMENT STATUS
SPOUSE/PARTNER TERMINATES EMPLOYMENT**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members if they lost coverage under spouse's/partner's plan • Change health plan if adding dependents that lost coverage under spouse's/partner's former plan 	<p>If spouse's/partner's termination of employment was due to plant closing, layoff or discharge; allowed to:</p> <ul style="list-style-type: none"> • Change from single to family coverage and add spouse/partner and other eligible family members covered under spouse's/partner's former plan <p>Involuntary Loss of Coverage is required.</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Increase contributions

**EMPLOYMENT STATUS
SPOUSE/PARTNER TERMINATES EMPLOYMENT**

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Decrease contributions • Cancel contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members if they lost coverage under spouse's/partner's plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Increase life coverage if spouse/partner is no longer employed which resulted in a loss of group life insurance • Cancel or decrease the amount of coverage <p>Satisfactory evidence of insurability is required.</p>

**EMPLOYMENT STATUS
SPOUSE/PARTNER OR DEPENDENT COMMENCES EMPLOYMENT**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>If become covered by spouse's/partner's health plan, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family members 	<p>If become covered by spouse's/partner's dental plan, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family members 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Decrease contributions

CHANGE IN EMPLOYMENT STATUS OF SPOUSE/PARTNER OR DEPENDENT COMMENCES EMPLOYMENT

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Increase contributions • Decrease contributions • Cancel contributions 	<p>If become covered by spouse's/partner's vision plan, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family members

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

Actions to Take	Health Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members • Change health plan if adding dependents that lost coverage under spouse's/partner's former plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Increase contributions

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

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in account • Increase contributions • Decrease contributions • Cancel contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members

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

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>If become covered by spouse's/partner's health plan, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family members 	<p>If become covered by spouse's/partner's dental plan, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family members 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Decrease contributions

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

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Decrease contributions • Cancel contributions 	<p>If become covered by spouse's/partner's vision plan, allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family members

**LEAVE OF ABSENCE
COMMENCE UNPAID LEAVE LESS THAN 30 DAYS**

Actions to Take	Health Flexible Spending Account	Dependent Care Assistance Program
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	Contributions and coverage terminates.	Contributions and coverage terminates.

**LEAVE OF ABSENCE
COMMENCE UNPAID LEAVE IN OF EXCESS 30 DAYS**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Change health plan • Cancel coverage • Continue coverage: Billed for the total cost of any premiums. Premiums are paid with after-tax dollars. 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage • Continue coverage: Billed for the total cost of any premiums due. Premiums are paid with after-tax dollars. 	Contributions and coverage terminates.

**LEAVE OF ABSENCE
COMMENCE UNPAID LEAVE IN OF EXCESS 30 DAYS**

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	Contributions and coverage terminates.	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage • Continue coverage: Billed for the total cost of any premiums. Premiums are paid with after-tax dollars.

**LEAVE OF ABSENCE
COMMENCE UNPAID FMLA LEAVE IN EXCESS OF 30 DAYS**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Change health plan • Cancel coverage • Continue coverage: Bill for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars. 	<p>Allowed to:</p> <ul style="list-style-type: none"> • 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. 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Elect to continue contributions • Cancel contributions

**LEAVE OF ABSENCE
COMMENCE UNPAID FLMA LEAVE IN EXCESS OF 30 DAYS**

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Contributions and coverage terminates.</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage • Continue coverage: Bill for any premiums due at the same cost sharing agreement as active employees. Premiums are paid with after-tax dollars.

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

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Need Medical Proof of Release to Return to Work 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Reinstate prior election • Change health plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Reinstate prior election 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Reinstate prior contributions • Make a new election

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

Actions to Take	Dependent Care Assistance Program	Avesis Vision Plan Insurance	Voluntary Life Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Need Medical Proof of Release to Return to Work 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Reinstate prior contributions • Make a new election 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Reinstate prior election 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Reinstate prior coverage

**LEAVE OF ABSENCE
COMMENCES PAID LEAVE
(ASSUMING EVENT DOES NOT AFFECT ELIGIBILITY FOR COVERAGE)**

Actions to Take	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	Allowed to: <ul style="list-style-type: none">• Cancel contributions• Keep current contributions

**LEAVE OF ABSENCE - RETURN FROM PAID LEAVE
IN EXCESS 30 DAYS**

Actions to Take	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu Document Needed: <ul style="list-style-type: none">• Need Proof of Release to Return to Work	Allowed to: <ul style="list-style-type: none">• Begin contributions

RETIREMENT EMPLOYEE'S RETIREMENT

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account	Dependent Care Assistance Program
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month in which you retire <p>Eligible for retiree health coverage.</p> <p>Allowed to:</p> <ul style="list-style-type: none"> Continue coverage Change health plan at the time of retirement Change to single coverage anytime throughout the year 	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month in which you retire <p>Eligible for retiree dental coverage. As a retiree, allowed to:</p> <ul style="list-style-type: none"> Change to single coverage anytime during the year 	<p>Contributions terminate.</p> <p>Allowed to:</p> <ul style="list-style-type: none"> Continue to submit claims but only for expenses incurred while you were an eligible employee Continue participation on an after-tax basis through COBRA <p style="text-align: center;">Click Here for COBRA Information</p>	<p>Contributions terminate.</p> <p>Allowed to:</p> <ul style="list-style-type: none"> Continue to submit claims but only for expenses incurred while you were an eligible employee

RETIREMENT EMPLOYEE'S RETIREMENT

Actions to Take	Avesis Vision Plan Insurance	Basic Life Insurance	Voluntary Life Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans) Click Here</p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the following month in which you retire <p>As a retiree, allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage through COBRA for up to 18 months Change to single coverage anytime throughout the year <p style="text-align: center;">Click Here for COBRA Information</p>	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month in which you retire <p>May be eligible for a \$4,000 retiree paid-up policy if enrolled for 10 consecutive years.</p> <p>If requirements are not met, allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage under a conversion policy 	<p>Coverage terminates:</p> <ul style="list-style-type: none"> At the end of the month in which you retire <p>Allowed to:</p> <ul style="list-style-type: none"> Pay for continued coverage under a portability policy

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

Actions to Take	Health Insurance	Avesis Vision Plan Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Need Proof of Loss of Coverage <p>To Change ISU Life Beneficiary and for information on changing Retirement Plan Beneficiaries (TIAA-CREF, IPERS, Supplemental plans)</p> <p><u>Click Here</u></p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll spouse/partner in coverage • Change health plan 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll spouse/partner in coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contributions

**BECOMES ENTITLED TO MEDICARE OR MEDICAID
EMPLOYEE, SPOUSE/PARTNER OR DEPENDENT**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Copy of Medicare Card 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family member entitled to Medicare or Medicaid 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage for you and/or eligible family member entitled to Medicaid 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contribution

**LOSES ENTITLEMENT TO MEDICARE, MEDICAID, HAWK-I,
ANY GROUP HEALTH COVERAGE SPONSORED BY A
GOVERNMENTAL OR EDUCATIONAL INSTITUTION**

Actions to Take	Health Insurance	Dental Insurance	Health Flexible Spending Account
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Copy of Medicare Card • Proof of Loss of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll the eligible family member that lost coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll the eligible family member that lost coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contributions

**DEPENDENT CARE PROVIDER
CHANGE IN PROVIDER RATES**

Actions to Take	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	If new costs occur, allowed to: <ul style="list-style-type: none">• Increase contributions• Decrease contributions

**DEPENDENT CARE PROVIDER CHANGE IN PROVIDER OR
NUMBER OF HOURS WORKED BY PROVIDER**

Actions to Take	Dependent Care Assistance Program
Forms: Contact Benefits Office within 30 days at benefits@iastate.edu	If new costs occur, allowed to: <ul style="list-style-type: none">• Increase contributions• Decrease contributions

**CHANGE IN RESIDENCE - BECOMES INELIGIBLE UNDER EMPLOYER'S PLAN
OR FOR CURRENT BENEFIT OPTION**

Actions to Take	Health Insurance	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p>Document Needed:</p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Change health plan • Cancel coverage if other coverage is available 	<p>If child care provider changes, allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage if other coverage is available

**EMPLOYEE, SPOUSE OR DEPENDENT CHANGE IN RESIDENCE
BECOMES NEWLY ELIGIBLE UNDER EMPLOYER'S
PLAN OR FOR NEW BENEFITS OPTION**

Actions to Take	Health Insurance	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p>Forms:</p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p>	<p>Allowed to:</p> <ul style="list-style-type: none"> • Change health plan 	<p>If child care provider changes, allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel if other coverage is available

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

Actions to Take	Health Insurance	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members 	<p>If child care provider changes, allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Enroll in coverage • Add eligible family members

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

Actions to Take	Health Insurance	Dependent Care Assistance Program	Avesis Vision Plan Insurance
<p><u>Forms:</u></p> <p>Contact Benefits Office within 30 days at benefits@iastate.edu</p> <p><u>Document Needed:</u></p> <ul style="list-style-type: none"> • Certificate of Coverage 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Change health plan • Cancel coverage if other coverage is available 	<p>If child care provider changes, allowed to:</p> <ul style="list-style-type: none"> • Increase contributions • Decrease contributions 	<p>Allowed to:</p> <ul style="list-style-type: none"> • Cancel coverage if other coverage is available