

Reporting a Qualifying Life Event

A qualifying life event allows for changes in Benefit Elections to be made outside of Open Enrollment. These events include marriage, birth/adoption, divorce and loss of outside coverage.

Please Note: All Benefit Events must be reported within 30 days of the event. Failure to do so may result in denial of change in elections until Open Enrollment.

From the Benefits worklet:

1. Under **Change**, click **Benefits**.
2. Select the required **Benefit Event Type** option.
3. Click the **Calendar** icon to select the date of the Benefit event. Please be sure to list the date the event took place. This date should also be reflected on the supporting documentation.
4. Attach required documents. Event will be returned, and may be denied, without proper documentation. If there are any questions about what documentation is required, please contact the Benefits Department.



Please email any questions or concerns to Benefits@ClevelandMetroSchools.org.

A screenshot of a web form for reporting a qualifying life event. The form includes fields for 'Benefit Event Type' (with radio buttons for Birth / Adoption or Legal Guardianship of Child, Change Beneficiaries, Divorce / Legal Separation, Marriage, and Spouse Gains / Loses Coverage from Another Source), 'Benefit Event Date' (with a calendar icon), 'Submit Elections By' (04/03/2018), and 'Enrollment Offering Types' (Voluntary Life, Vision, Spouse Life, Portable Life, Medical, and More (6)). There is an 'Attachments' section with a 'Drop files here' area and a 'Select files' button. At the bottom, there are 'Submit', 'Save for Later', and 'Cancel' buttons.

5. Click **Submit** > **Done**. A task will route to your Inbox, if applicable.
6. To take action on the task, click **Open**.

Success! Event submitted
 Benefit Event: Jane Doe (999999) on 08/22/2018 Actions

-Clicking **Save for Later** will send the event to your Workday inbox where it will remain until it is submitted. Be aware that if the changes are not completed and SUBMITTED, they WILL NOT take effect.

9. Select the **I Agree** checkbox to provide an electronic signature to confirm benefit changes.

Electronic Signature

Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted.

When you check the "I AGREE" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.

I Agree

Up Next

Jane Doe

Benefit Elections

Open

> **Details and Process**

7. Review the displayed information. Be sure to utilize the Benefits Enrollment Guide when making your elections.

-The Benefit Guide is available via a link in the enrollment event as well as on the CMSD website in the Employee Benefits section.

10. Click **Submit**.
11. Click **Done** to complete the task or click **Print** to launch a printable version of the summary of benefits.
12. The elections will be routed to the Benefits Administrator for approval.

Event Date: 03/04/2018
 Initiated On: 03/07/2018
 Submit Elections By: 04/04/2018

Please be sure to review the Benefits Enrollment Guide which can be found by clicking on the following link: [2018 Benefits Guide](#) before making your selections.

Be sensitive to the enrollment deadline, you have 30 days from the event date to complete the enrollment. Please follow the prompts on each page and be sure to VALIDATE and SUBMIT all selections. If you fail to click "Submit", your elections WILL NOT be recorded.

If you are enrolling for one of the following Qualifying Life Events, documentation IS REQUIRED and can be added on the final review page:

- 1) Marriage
- 2) Birth or Adoption
- 3) Spouse Loss/Status Change
- 4) Divorce or Legal Separation

If documentation is not added, the event WILL NOT be approved and changes WILL NOT be submitted.

Please direct all questions and inquiries to benefits@cleveandetrovschools.org

If you would like to receive the Healthcare Waiver for Opting Out, please see the opt-out rules listed below:

- 1) You MUST login to Workday to enroll and select the "Credit- Opt Out" medical coverage option.
- 2) Opt Out payments will be included in the second paycheck of April and October 2018.
- 3) If you wish to elect coverage for yourself but waive coverage for your eligible family members, you must list your eligible dependents in the dependents section.

NOTE: If two married employees both work for the District, neither employee can opt-out of coverage and receive the credit. Opt-Out guidelines may vary based union agreement. Please refer to your labor agreement for specific guidelines.

The cost of coverage is outlined by union or group in the 2018 Benefits Open Enrollment Guide on pages 9-11.

If your spouse is employed outside of the District and is offered coverage by their employer, but elects to use your coverage as primary, the spousal surcharge will apply. Please email Benefits to have this updated.

Health Care Plan Dependencies

Health Plan	Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)	Provider Website
Medical - AETNA POS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Aetna
Medical - Medical Mutual of Ohio PPO SuperMed Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Single	\$40.68	\$389.32	0.00	Medical Mutual of Ohio
Medical - OH Choice EPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	OH Choice

Continue Save for Later Cancel

8. Click **Continue** through all screens, review the displayed information, and make any required changes.

