

Life Changing Events

The situations below qualify as Life Changing Events. You are required to provide documentation proving dependent eligibility (e.g. marriage license, birth certificate) in order to **add** a spouse or child in all circumstances. All required forms must be provided to the Extension Human Resources Office within 31 days of the qualified event:

- Marital Status (Marriage, Divorce or Widowed)
- Children (Birth, Adoption, Loss or Ages Out)
- Serious Illness (Employee, Spouse, Child or Parent)
- Professional (New Hire, Promotion, Reduction in Hours or Retirement)

Marital Status

1. Marriage or Divorce

a. If your legal name changes, you must update your SSN card

- Fact sheet link <http://www.ssa.gov/pubs/10120.html>
- Use the government form <http://www.ssa.gov/online/ss-5.pdf> to request a new card.
- Complete form E-HIRE-180 and submit it with a copy of your new SSN card to the hiring manager of your department.

b. Update your address and/or emergency contact information in Banner Self Service at www.uaex.edu/ssb under Personal Information.

c. To add or remove a spouse and/or children to/from your benefits within 31 days of the event you must provide a copy of a government issued marriage license or divorce decree AND complete as applicable, the following form(s).

- Change Health enrollment information EBEN-106
- Change Dental enrollment information EBEN-105
- Change Life Insurance beneficiaries EBEN-226

d. To add yourself and your children to the CES medical or dental plans (loss of existing coverage under your ex's plans due to divorce), you will need to provide a copy of the court-signed divorce decree, documentation showing loss of coverage, AND the form(s) listed above as applicable, within 31 days of the final divorce.

2. Widowed

a. Report death of spouse

- Report death to immediate supervisor.
- Report death to Human Resources - within 31 days of loss.

b. Remove spouse from your benefits – complete form(s) as listed in section 1c above AND you must provide a copy of your spouse’s death certificate.

c. To add yourself and your children to the CES medical or dental plans (loss of existing coverage under your spouse’s plans due to death), you will need to provide a copy of the death certificate, documentation showing coverage under spouse’s plan, AND the form(s) listed under 1c above as applicable, within 31 days of loss.

Children

1. Birth or Adoption

a. Maternity Leave - The following forms must be completed and submitted to Human Resources no later than two weeks prior to the start of maternity leave.

- Application for Maternity Leave EBEN-107
- Request for Consideration under the Family and Medical Leave Act EBEN-231

b. Adding Your Child to Your Benefits – within 31 days of birth/adoption

- Flexible Benefits Plan EBEN-112
- Health Plan – Coverage begins from the date of birth OR from the date of adoption EBEN-106
- Dental Plan -- A child may be added within 31 days of the birth/adoption or in January of the year in which the child turns 3 years of age EBEN-105
- Dependent Life -- If the employee has dependent life, child is covered from day 14 through 6 months for \$100. After 6 months, child is covered by the level of employee coverage. If the employee does not have dependent life, coverage may be elected within 31 days of the birth/adoption

2. Loss of a Child

a. Report death of a child

- Report death to immediate supervisor.
- Report death to Human Resources - within 31 days of the loss

b. To remove child from your applicable benefits complete form(s) listed below AND you must provide a copy of your child’s death certificate.

- Change Health enrollment information EBEN-106
- Change Dental enrollment information EBEN-105
- Enroll and/or change Flexible Spending Election EBEN-112
- Change Life Insurance beneficiaries EBEN-226

NOTE: Children on your health, dental, and vision insurance will be automatically dropped from coverage at age 26. In the event the loss of coverage due to age changes your coverage tier, you must complete and submit as applicable, EBEN forms: EBEN 106, 105, and 227 to reduce your premium deductions.

Serious Illness

Employee/Spouse/Parent/Child Suffers a Serious Illness

- After one year of employment, an employee may apply for up to 12 weeks of unpaid, job-protected leave within a calendar year under FMLA EBEN-231
- Other options that apply only to the employee are Long Term Disability and Catastrophic Leave; contact Human Resources for information on these options.

Professional

1. Newly Hired

Supervisor's [Checklist for New Hires](#)

2. Newly Promoted

Complete Request for Personnel Action form [EHIRE-100](#)

3. Retirement

a. Who do I notify when I decide to retire?

- Benefits Manager
- Immediate Supervisor

b. What forms do I need to complete?

See Personnel-Performance Policy [CESP 1-15: Termination](#)

- Complete Notice of Resignation Form [EPERS-104](#) declaring intent to resign under retirement
- Supervisor must complete Supervisor's Notice of Termination Form [EPERS-105](#) upon receipt of employee's notice of retirement

c. Can I continue to carry my UA Extension health/dental/life insurance after retirement?

You may continue the UA Extension health/dental/life insurance (\$10,000) by paying both the employee and employer share of premiums under the “10-70 rule” if you have been insured under the plan for at least 10 continuous years prior to retirement and your age plus length of service equals at least 70.

In addition to the “10-70 rule” to be eligible to continue UA Extension health/dental insurance beyond separation from employment, eligible employees age 65 or older at the time of separation from employment must meet the following stipulations:

1. For the last five consecutive years been in a benefits-eligible position; *and*
2. For the last five consecutive years been a participant in the health plan.

Retirees may only continue the Classic Health Insurance Plan.

d. Can my spouse continue to carry my UA Extension health/dental insurance after retirement?

- As long as the employee’s spouse was on the health and dental insurance prior to retirement and the employee was eligible to continue their insurance after retirement then their spouse can remain on the policy.

Forms:

Dental Insurance Enrollment Form [EBEN-105](#)

Health Insurance Enrollment Form [EBEN 106](#)

Application for Maternity Leave [EBEN 107](#)

Flexible Benefits Plan Enrollment Form [EBEN 112](#)

Group Benefits Change Form [EBEN 226](#)

Group Benefits Enrollment Form [EBEN 227](#)

Request for Consideration under FMLA [EBEN 231](#)

Request for Personnel Action [EHIRE 100](#)

Banner Information Form [EHIRE 180](#)

Contact Human Resources with any questions at 501-671-2219.

This communication does not change the terms of your benefit plans or the official documents that control them. If there are any inconsistencies between this and the official plan documents, the plan documents will govern.