

ROCHESTER INSTITUTE OF TECHNOLOGY

Mid-Year Benefits Enrollment Change Summary

Below is a summary of family and employment status events and what actions you can take. **You must take action within 31 days of the event.** Mid-year changes are only those permitted in accordance with Section 125 of the Internal Revenue Code. In order to make benefits changes, you will need to complete the required forms as outlined in this chart. In addition, you may be required to provide copies of verification documents before changes can be made. There is a footnote to the required form and/or proof next to each item.

Event	Consider These Options
FAMILY STATUS EVENTS	
Marriage	<ul style="list-style-type: none"> ▪ Add spouse to your medical, dental, vision coverage.^{1, 7} You can change medical plans but you cannot change dental plans. ▪ Add newly eligible step- children to your medical, dental, vision coverage.^{1, 7, 9} ▪ Cancel medical, dental, or vision coverage <i>if enrolling</i> in your spouse's plan.^{1, 7, 14} ▪ Enroll or increase Beneflex election (Health Care and/or Dependent Day Care Spending Account).^{1, 7} ▪ Enroll or increase your Supplemental Life Insurance (evidence of insurability required).^{1, 4, 7} ▪ Enroll in Spouse Life Insurance (evidence of insurability may be required).^{1, 4, 7} ▪ Enroll in Child Life and/or Child AD&D Insurance, if stepchildren are eligible.^{1, 7, 9} ▪ Enroll or increase your Supplemental AD&D Insurance.^{1, 7} ▪ Enroll in Spouse AD&D Insurance.^{1, 7} ▪ Add eligible stepchildren to Child Life and/or Child AD&D Insurance.^{1, 7, 9} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations.^{3, 6} ▪ Add spouse and eligible step-children to your identity theft protection coverage.^{1, 7, 9} ▪ Update your information (name, address, tax withholding, and bank information).⁵
New Domestic Partnership	<ul style="list-style-type: none"> ▪ Add domestic partner to your medical, dental, vision coverage.^{1, 2, 8} You can change medical plans but you cannot change dental plans. ▪ Add newly eligible domestic partner's children to your medical, dental, vision coverage.^{1, 8, 9} ▪ Cancel medical, dental or vision coverage <i>if enrolling</i> in your domestic partner's plan.^{1, 8, 14} ▪ Enroll or increase your Supplemental Life Insurance (evidence of insurability required).^{1, 4, 8} ▪ Enroll in Spouse Life Insurance (evidence of insurability may be required).^{1, 4, 8} ▪ Enroll in Child Life and/or Child AD&D Insurance, if stepchildren are eligible.^{1, 8, 9} ▪ Enroll or increase your Supplemental AD&D Insurance.^{1, 8} ▪ Enroll in Spouse AD&D Insurance.^{1, 8} ▪ Add eligible stepchildren to Child Life and/or Child AD&D Insurance.^{1, 8, 9} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations.^{3, 6} ▪ Add domestic partner and newly eligible domestic partner's children to your identity theft protection coverage.^{1, 8, 9} ▪ Update your information (name, address, tax withholding, and bank information).⁵

Legal Separation or Divorce	<ul style="list-style-type: none"> ▪ Remove your spouse from your medical, dental, vision coverage. ^{1, 10} You cannot change medical or dental plans. ▪ Cancel Spouse Life and/or AD&D coverage. ^{1, 10} ▪ Enroll in medical, dental, vision coverage if previously covered by your spouse's plan. ^{1, 10, 14} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6} ▪ Update your information (name, address, tax withholding, and bank information). ⁵ ▪ Change home address and phone number with benefits vendors, if applicable.
Termination of Domestic Partnership	<ul style="list-style-type: none"> ▪ Remove your former domestic partner from your medical, dental, vision coverage. ^{1, 8} You cannot change medical or dental plans. ▪ Cancel Spouse Life and/or AD&D coverage. ^{1, 8} ▪ Enroll in medical, dental, vision coverage if previously covered by your domestic partner's plan. ^{1, 8, 14} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6} ▪ Update your information (name, address, tax withholding, and bank information). ⁵ ▪ Change home address and phone number with benefits vendors, if applicable.
Birth or Adoption of a Child	<ul style="list-style-type: none"> ▪ Add child to your medical, dental, vision coverage. ^{1, 9} You can change medical plans but you cannot change dental plans. ▪ Cancel medical, dental or vision coverage <i>if enrolling</i> in your spouse's plan. ^{1, 9, 14} ▪ Enroll or increase your Supplemental and/or Spouse Life Insurance (evidence of insurability required). ^{1, 4, 9} ▪ Enroll in or add new child to Child Life and/or Child AD&D Insurance. ^{1, 9} ▪ Enroll or increase Beneflex election (Health Care and/or Dependent Day Care Spending Account). ^{1, 9} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6}
Legal Guardianship	<ul style="list-style-type: none"> ▪ Add child to your medical, dental, vision coverage. ^{1, 9, 15} You cannot change medical or dental plans. ▪ Enroll or increase your Supplemental and/or Spouse Life Insurance (evidence of insurability required). ^{1, 4, 15} ▪ Enroll or increase Beneflex election (Health Care and/or Dependent Day Care Spending Account). ^{1, 15} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6}
Loss of Child's Eligibility (e.g., child reaches maximum age)	<ul style="list-style-type: none"> ▪ Cancel child from your medical, dental, vision coverage (child will be offered continuation of coverage under COBRA). ¹ You cannot change medical or dental plans. ▪ Remove child from Child Life and/or AD&D coverage; cancel coverage if no other children covered. ¹ ▪ Cancel Beneflex Dependent Day Care Spending Account. ¹
Death of a Dependent (spouse/partner or child)	<ul style="list-style-type: none"> ▪ Cancel person from your medical, dental, vision coverage. ^{1, 13} You cannot change medical or dental plans. ▪ Cancel Spouse/Child Life and/or Spouse/Child AD&D coverage. ^{1, 13} ▪ Decrease or cancel Beneflex election (Health Care and/or Dependent Day Care Spending Account). ^{1, 13} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6}
Your Coverage Under Your Parent's Policy Ends Due to Age Limit	<ul style="list-style-type: none"> ▪ Enroll in benefits that you lost because you reached the age maximum under your parent's benefits. ^{1, 14}

EMPLOYMENT STATUS EVENTS

<p>RIT employee changes from part-time to full-time</p>	<ul style="list-style-type: none"> ▪ Enroll in medical, dental, vision coverage; eligible family members may be included in enrollment. ^{1, 7, 9 for spouse; 1, 2, 8, 9 for DP} ▪ Employee will be automatically enrolled in Basic Life, Basic AD&D, and Basic LTD. ▪ Enroll in Supplemental LTD. ¹ ▪ Enroll or increase your Supplemental and/or Spouse Life Insurance (evidence of insurability required). ^{1, 4, 7 for spouse; 1, 2, 4, 8 for DP} ▪ Enroll in Child Life and/or Child AD&D Insurance. ^{1, 9} ▪ Enroll or increase Beneflex Health Care Spending Account election if enrolling in RIT medical, dental or vision coverage. ¹ ▪ Enroll or increase Beneflex Dependent Care Spending Account election. ¹ ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6} ▪ Enroll in Legal Services Plan and Identity Theft Protection coverage. ^{1, 7/8,9}
<p>RIT employee changes from adjunct to full-time</p>	<ul style="list-style-type: none"> ▪ Enroll in medical, dental, vision coverage; eligible family members may be included in enrollment. ^{1, 7, 9 for spouse; 1, 2, 8, 9 for DP} ▪ Employee will be automatically enrolled in Basic Life, Basic AD&D, and Basic LTD. ▪ Enroll in Supplemental LTD. ¹ ▪ Enroll in Supplemental and/or Spouse Life Insurance (evidence of insurability required). ^{1, 4, 7 for spouse; 1, 2, 4, 8 for DP} ▪ Enroll in Child Life and/or Child AD&D Insurance. ^{1, 9} ▪ Enroll in Beneflex Dependent Day Care Spending Account and/or Health Care Spending Account. ¹ ▪ Designate your life insurance and update, if necessary, your retirement plan beneficiary designations. ^{3, 6} ▪ Enroll in Legal Services Plan and Identity Theft Protection coverage. ^{1, 7/8,9}
<p>RIT employee changes from full-time to part-time <i>(scheduled to work 750+ hours per year)</i></p>	<ul style="list-style-type: none"> ▪ Cancel medical, dental, vision coverage. ¹ ▪ Enroll or cancel Supplemental and/or Spouse Life Insurance. ¹ ▪ Enroll or cancel Child Life and/or Child AD&D Insurance. ¹ ▪ Reduce or cancel Beneflex Dependent Care Spending Account election. ¹
<p>RIT employee changes from full-time to adjunct</p>	<ul style="list-style-type: none"> ▪ Cancel medical, dental, vision coverage. ¹ ▪ Supplemental, Spouse, Child Life and AD&D Insurance, Beneflex, Legal Services, and Identity Theft protection will be automatically cancelled.
<p>RIT employee changes from part-time to adjunct</p>	<ul style="list-style-type: none"> ▪ Cancel medical, dental, vision coverage. ¹ ▪ Supplemental, Spouse, Child Life and AD&D Insurance, Beneflex, Legal Services, and Identity Theft protection will be automatically cancelled.
<p>RIT employee changes from adjunct to part-time <i>(scheduled to work 750+ hours per year)</i></p>	<ul style="list-style-type: none"> ▪ Enroll in medical, dental, vision coverage; eligible family members may be included in enrollment. ^{1, 7, 9 for spouse; 1, 2, 8, 9 for DP} ▪ Enroll in Supplemental and/or Spouse Life Insurance (evidence of insurability required). ^{1, 4, 7 for spouse; 1, 2, 4, 8 for DP} ▪ Enroll in Child Life and/or Child AD&D Insurance. ^{1, 9} ▪ Enroll in Beneflex Health Care Spending and/or Dependent Care Spending Account. ¹ ▪ Designate your life insurance, if applicable, and update, if necessary, your retirement plan beneficiary designations. ^{3, 6} ▪ Enroll in Legal Services Plan and Identity Theft Protection coverage. ^{1, 7/8,9}

Spouse/Partner becomes eligible for benefits in another plan (e.g., new employer)	<ul style="list-style-type: none"> ▪ Remove your spouse/partner from your medical, dental and/or vision coverage. ^{1, 14} ▪ Remove your children from your medical, dental, and/or vision coverage if they will be covered under spouse/partner's new plan. ^{1, 14} ▪ Cancel your medical, dental and/or vision coverage if you will be covered under spouse/partner's new plan. ^{1, 14} ▪ Cancel Spouse/Partner and/or Child Life and/or AD&D coverage if coverage will be provided under spouse's new plan. ^{1, 14}
Spouse/Partner loses employment or becomes ineligible for benefits in another plan (e.g., employer coverage)	<ul style="list-style-type: none"> ▪ Add your spouse/partner and, if applicable, eligible children to your benefits for those benefits that were lost (i.e., you cannot add family members to benefits that were not lost). ^{1, 14} ▪ Enroll in medical, dental, and/or vision coverage if previously not enrolled because you were covered under your spouse/partner's plan. ^{1, 14}
Child becomes eligible for benefits in another plan (e.g., new employer)	<ul style="list-style-type: none"> ▪ Remove your child from your medical, dental, and/or vision coverage. ^{1, 14} ▪ Cancel Child Life and/or AD&D coverage if coverage will be provided under new plan. ^{1, 14}
Child loses employment or becomes ineligible for benefits in another plan (e.g., employer coverage)	<ul style="list-style-type: none"> ▪ Add your child to your benefits for those benefits that were lost (i.e., you cannot add the child to benefits that the child did not have). ^{1, 14}
Child gets married and is covered by new spouse's coverage	<ul style="list-style-type: none"> ▪ Remove your child from benefits for which newly eligible. ^{1, 7 (marriage cert), 14} ▪ Cancel Child Life and/or AD&D coverage if coverage will be provided under new plan. ^{1, 14}

Forms/Actions

(1) RIT Benefits Enrollment/Change Form

https://www.rit.edu/fa/humanresources/sites/rit.edu/fa.humanresources/files/forms/Benefits_Enrollment_Form.pdf.

(2) Application for Domestic Partnership Benefits

https://www.rit.edu/fa/humanresources/sites/rit.edu/fa.humanresources/files/forms/Domestic_Partner_Enrollment_Form.pdf

(3) Change your life insurance beneficiary designation directly with Prudential.

https://www.rit.edu/fa/humanresources/sites/rit.edu/fa.humanresources/files/docs/Life_Insurance_Beneficiary_Information.pdf

(4) Life Insurance Evidence of Insurability form

https://www.rit.edu/fa/humanresources/sites/rit.edu/fa.humanresources/files/forms/Prudential_EOI_Jan_2014.pdf

(5) Employee Self-Service (<https://myinfo.rit.edu>). To change your name, complete the *Employee Change of Employee Information Form* (<https://www.rit.edu/fa/humanresources/sites/rit.edu/fa.humanresources/files/docs/changepersonalinfo.pdf>)

and bring proof of the name change to HR.

(6) Contact retirement plan recordkeeper for appropriate Retirement Plan beneficiary designation information and forms:

Fidelity: (800) 343-0750/v and (700) 248-8634/TTY ■ TIAA (800) 742-2665 and (800) 742-2644/TTY

Verification Documents

(7) Photocopy of marriage certificate or photocopy of top portion of most recent tax return showing spouse's name.

(8) Affidavit of Domestic Partnership.

(9) Photocopy of birth certificate showing parent names.

(10) Photocopy of portion of legal separation or divorce documents that shows employee and spouse names and applicable dates.

(11) Statement of Termination of Domestic Partnership.

(12) Photocopy of legal guardianship documents.

(13) Photocopy of death certificate.

(14) Letter or other documentation from other employer with employment and benefits date and benefits details.

(15) Guardianship or custody documents