

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 your legal spouse to your medical, dental, vision coverage. ^{1, 2, 7} ▪ Add newly acquired eligible children to your medical, dental, vision coverage. ^{1, 2, 7, 8} ▪ Drop medical, dental, vision coverage <i>if enrolling</i> in your spouse's plan. ^{1, 2, 7} ▪ 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 Insurance, if children are eligible. ^{1, 7, 8} ▪ Enroll or increase your Supplemental AD&D Insurance. ^{1, 7} ▪ Enroll in Spouse AD&D Insurance. ^{1, 7} ▪ Enroll in Child AD&D Insurance, if children are eligible. ^{1, 7, 8} ▪ 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
Legal Separation or Divorce	<ul style="list-style-type: none"> ▪ Remove your spouse from your medical, dental, vision coverage. ^{1, 2, 9} ▪ Cancel Spouse Life and/or AD&D coverage. ^{1, 9} ▪ Enroll in medical, dental, vision coverage if previously covered by your spouse's plan. ^{1, 2, 8, 9} ▪ 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, 2, 8} ▪ Drop medical, dental, vision coverage <i>if enrolling</i> in your spouse's plan. ^{1, 2, 8} ▪ Enroll or increase your Supplemental and/or Spouse Life Insurance (evidence of insurability required). ^{1, 4, 9} ▪ Enroll in Child Life 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, 2, 10} ▪ Enroll or increase your Supplemental Life Insurance. ^{1, 4, 10} ▪ Enroll or increase Beneflex election (Health Care and/or Dependent Day Care Spending Account). ^{1, 8, 10} ▪ 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"> ▪ Remove child from your medical, dental, vision coverage (child will be offered continuation of coverage under COBRA). ^{1, 2} ▪ Cancel Child Life and/or AD&D coverage. ¹ ▪ Cancel Beneflex election (Dependent Day Care Spending Account). ¹

Death of a Dependent (spouse or child)	<ul style="list-style-type: none"> ▪ Remove person from your medical, dental, vision coverage. ^{1, 2, 11} ▪ Cancel Spouse/Child Life and/or Child/AD&D coverage (claim will be sent to insurance company). ^{1, 11} ▪ Decrease or cancel Beneflex election (Health Care and/or Dependent Day Care Spending Account). ^{1, 8} ▪ Review (and update, if necessary) your life insurance and retirement plan beneficiary designations. ^{3, 6}
EMPLOYMENT STATUS EVENTS	
Spouse becomes eligible for benefits in another plan (e.g., new employer)	<ul style="list-style-type: none"> ▪ Remove your spouse from your medical, dental, vision coverage. ^{1, 2, 12} ▪ Remove your children from your medical, dental, vision coverage if they will be covered under spouse's new plan. ^{1, 2, 12} ▪ Cancel your medical, dental, vision coverage if you will be covered under spouse's new plan. ^{1, 2, 12} ▪ Cancel Spouse and/or Child Life and/or AD&D coverage if coverage will be provided under spouse's new plan. ^{1, 2, 12}
Spouse loses employment or becomes ineligible for benefits in another plan (e.g., employer coverage)	<ul style="list-style-type: none"> ▪ Add your spouse and, if applicable, eligible children to your medical, dental, vision coverage. ^{1, 2, 12} ▪ Enroll in medical, dental, vision coverage if previously not enrolled because you were covered under your spouse's plan. ^{1, 2, 12}

Forms/Actions

- (1) RIT Benefits Enrollment/Change Form (<http://finweb.rit.edu/humanresources/forms/benefitsenrollment.pdf>).
- (2) RIT Healthcare Enrollment/Change Form (<http://finweb.rit.edu/humanresources/forms/healthcareenrollment.pdf>)
- (3) Life Insurance Beneficiary Designation Form (<http://finweb.rit.edu/humanresources/forms/beneficiarydesignation.pdf>)
- (4) Life Insurance Evidence of Insurability form (<http://finweb.rit.edu/humanresources/forms/evidenceofinsurability.pdf>)
- (5) Employee Self-Service (<http://myinfo.rit.edu>). To change your name, you must bring your new (not a copy) Social Security card to HR before the name change can be processed.
- (6) Contact retirement plan investment company for appropriate Retirement Plan beneficiary designation information and forms:
Fidelity: (800) 343-0860/v and (800) 259-9734/TTY ■ TIAA-CREF (800) 842-2776 and (800) 842-2755/TTY

Verification Documents

- (7) Photocopy of marriage certificate or photocopy of top portion of most recent tax return showing spouse's name.
- (8) Photocopy of birth certificate showing parent names.
- (9) Photocopy of portion of legal separation or divorce documents that shows employee and spouse names and applicable dates.
- (10) Photocopy of legal guardianship documents.
- (11) Photocopy of death certificate.
- (12) Letter from other employer with employment and benefits date and benefits details.