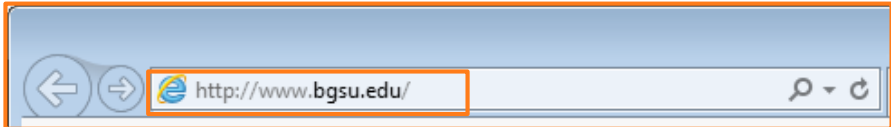
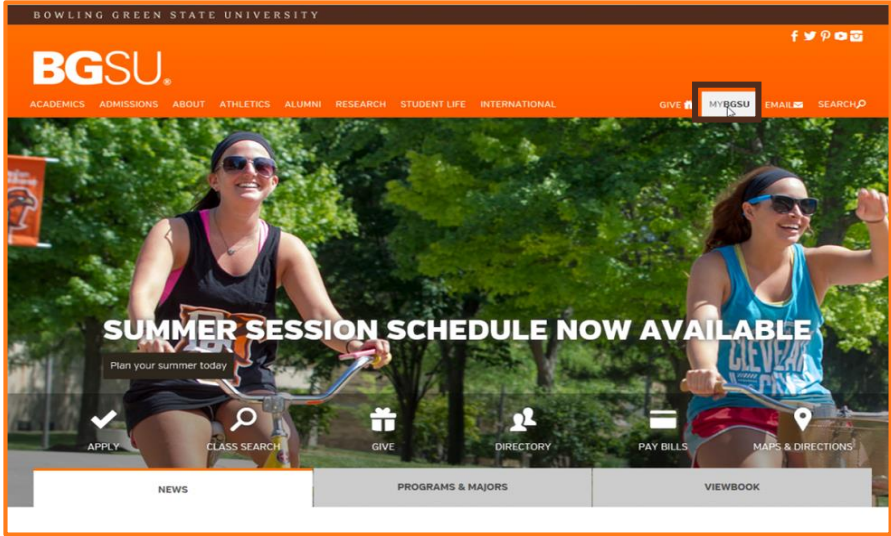


Life Event – Change in Coverage – Employee, Spouse, Dependent

<p>What do I do?</p> <p>PROCESS OVERVIEW</p>	<p>The purpose of this reference guide is to assist you in modifying your dependents on your benefits. This document is set up according to the steps needed to be performed in order to complete a Family Status Change.</p> <ol style="list-style-type: none"> 1. Begin at the bgsu.edu home page 2. Click MyBGSU 3. Enter Username and Password 4. Navigate: Employees > Benefits Enrollment > Family Status Change/Life Event 5. Choose Change in Coverage – Employee, Spouse, Dependent 6. Enter Change Status and Date 7. Upload your Loss of Other Coverage or Has Coverage Elsewhere Document (or any other supporting document) 8. Wait for approval from the Benefits Department 9. Continue Later 10. Resume entering information for the Change in Coverage 11. Verify Pay and Compensation 12. Enter Benefit Enrollments/Dependent Information 13. Complete the Change in Coverage Life Event
<p>SECTION I NAVIGATION</p> <p>Begin the process at the bgsu.edu home page.</p> <p><i>Note: Please use Internet Explorer</i></p>	
<p>Where do I go?</p>	<p>MyBGSU > Employees > Benefits Enrollment > Family Status Change > Life Event > Change in Coverage - Employee, Spouse, Dependent</p>
<p>Step 1: Click MyBGSU</p>	

Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 2: Enter USERNAME and PASSWORD

Note: These will be your BGSU network credentials.

Step 2a: Click Login

Step 3: Click Employees

Step 4: Under Benefits Enrollment

- Click **Family Status Change/Life Event**

Life Event – Change in Coverage – Employee, Spouse, Dependent

SECTION II CHANGE IN COVERAGE LIFE EVENT

Step 1: Choose the **Change in Coverage – Employee, Spouse, Dependent** Life Event

The screenshot shows the BGSU website interface for Life Events. At the top, there is a navigation bar with 'Favorites', 'Main Menu', 'Self Service', 'Benefits', and 'Life Events'. Below this is the BGSU logo and a search bar. The main heading is 'Life Events'. A section titled 'Select Your Event' contains the instruction: 'Review the choices and select the appropriate Event. Then enter the date of your event.' Under the heading 'Employee', there are four radio button options: 'I had a Baby', 'I adopted/gained legal custody of a child', 'I got Married', and 'I got Divorced'. Under the heading 'Other Life Events', there are two radio button options: 'Change in Coverage - Employee, Spouse, Dependent' (which is selected and highlighted with an orange box) and 'Death of a Covered Dependent'.

Step 2: Enter in the **Date** the change in Coverage occurred.

Step 3 : Click **OK**

You will be directed to the Welcome page for the Change in Coverage Life Event.

The screenshot shows a 'Change Status Date' dialog box. The title bar says 'Change Status Date' and there is a 'Help' link in the top right corner. The main heading is 'Change Status Date'. Below this is the instruction: 'Enter the date of your status change, then select the OK button. The Life Event must be completed within 30 days of your qualifying event or you will not be eligible to change your Benefit Elections.' There is a text input field labeled 'Status Change Date' with the text '*Date Change Will Take Effect' and the date '03/01/2015' entered. To the right of the date is a calendar icon. At the bottom of the dialog box, there are two buttons: 'OK' (highlighted with an orange box) and 'Cancel'.

SECTION III CHANGE IN COVERAGE STATUS

Step 1: The Welcome page will appear.

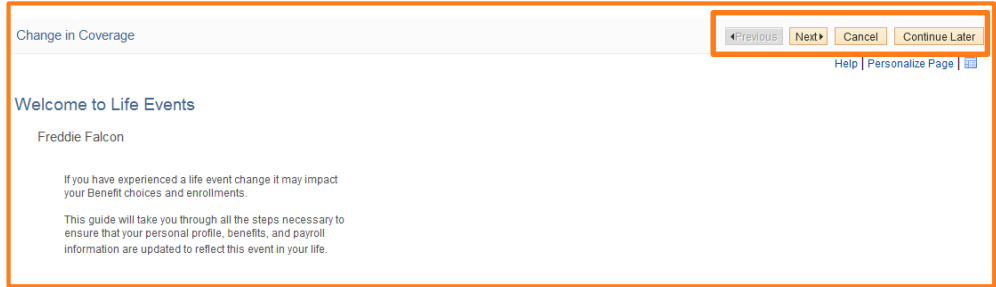
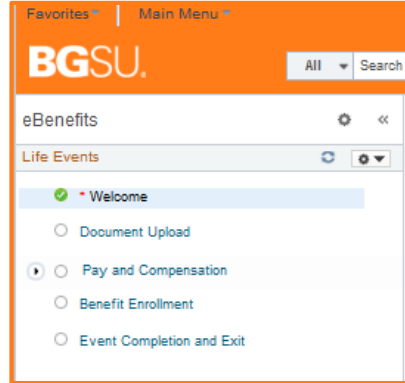
The **Activity Guide**, (located on the left side of the event) – will guide you through each step that is needed in order to complete Change in Coverage Life Event.

Navigational buttons:

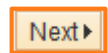
The **Next ▶** button, located in the right hand corner of the page will also navigate you through each step.

The **Cancel** button allows you to cancel the transaction at any time when clicked upon. Nothing will be saved if this button is pressed.

The **Continue Later** button allows you to logout of the event and save any information you have already entered. You are able to return at any point to complete and submit your event to the Benefits Department.



Step 2: Click **Next ▶** to begin the Change in Coverage Life Event



Life Event – Change in Coverage – Employee, Spouse, Dependent

SECTION IV DOCUMENT UPLOAD

Step 1: The **Document Upload** page allows you to attach your Proof of Loss or Addition of other coverage statement or any other supporting document and submit it to the Benefits Department.

Note: You MUST provide proof of loss or addition of coverage.

Step 2: Click on

Add Attachment

Change in Coverage Previous

Life Events - Document Upload New

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Change in Coverage

Add Attachment Add Note

Step 3: Enter a description of the Change in Coverage in the **Subject** field.

e.g. **Proof of Change in other coverage**

Note: You MUST enter a description.

Step 4: Click

Add Attachment

Change in Coverage Go To

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description	Change in Coverage
-------------	--------------------

*Subject Proof of Change in Other Coverage

Attachment

Add Attachment

Save

Go To Life Events - Document Upload

Step 5: Click **Browse** to locate your proof of Change in Coverage document on your computer.

File Attachment Help

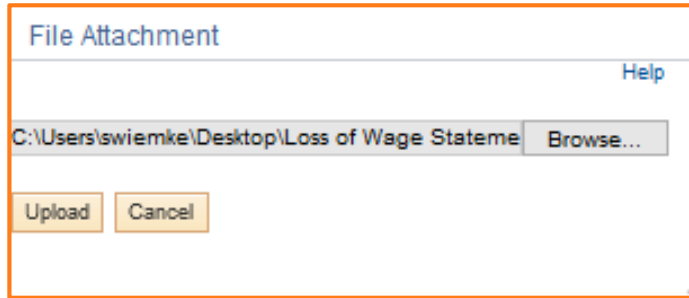
Browse...

Upload Cancel

Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 6: Once the document has been located, Click on the **Upload** button.

*Note: If the wrong file is attached, you may click **Cancel** and start over with the Document Upload Activity.*



Step 7: Once you have uploaded the proof of Change in Coverage, you may now view the attachment if you wish.

Click **View Attachment**

After reviewing the attached document

Click **Save**

Change in Coverage

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Change in Coverage

*Subject Proof of Change in Other Coverage

Attachment Loss of Other Coverage - Falcon.docx

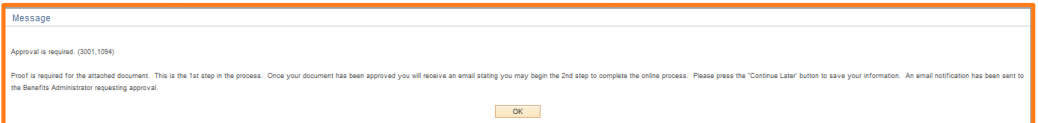
View Attachment

Save

Go To [Life Events - Document Upload](#)

Step 8: You will receive a message stating the Benefits Department must approve your Change in Coverage proof in order to complete your Life Event.

Step 9: Click **OK**



Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 10: (Optional) You may **Add a Note** to your attachment if you would like.

If so desired, click on the

Add Note

If you **do not want** to add a note, proceed to **Step 14**.

Change in Coverage

Life Events - Document Upload

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Change in Coverage

Add Attachment Add Note

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	5	04/07/2015 10:28AM	Freddie Falcon	Change in Coverage	Proof of Change in Other Coverage	Needs Approval

Select All Deselect All

Delete

Step 11: Enter a description of the note in the **Subject** field.

e.g. **Change in Coverage - Falcon**

Step 12: Enter in note information in the **Note Text** field.

Step 13: Click **Save**

Change in Coverage

Document Definition - New Note

Instructions

You have chosen to enter a new note.

Selection Criteria

Change in Coverage

*Subject Loss of Other Coverage Explanation

*Note Text Explanation as to why I need to change my coverage for my dependent.

Save

Go To Life Events - Document Upload

Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 14: Review that your attachment and your note (if you added one) have a **Status** of **Needs Approval and Submitted**.

Step 15: You have now completed the first portion of the process.

Continue Later

Click **To save** your information.

You will be notified by email when your documentation has been approved by the Benefits Department.

Change in Coverage

Life Events - Document Upload

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Change in Coverage

Add Attachment Add Note

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	5	04/07/2015 10:29AM	Freddie Faloon	Change in Coverage	Proof of Change in Other Coverage	Needs Approval

Select All Deselect All Delete

Step 16: A message will appear asking if you would like to Continue Later.

OK

to **Save** and **Continue Later**

OR

Cancel

Click **if you need to** add additional information.

Message from webpage

Are you sure you want to exit and continue this Life Event later? Select Cancel to go back, or OK to continue.

OK Cancel

Life Event – Change in Coverage – Employee, Spouse, Dependent

SECTION V APPROVAL FROM BENEFITS DEPARTMENT

You have received an email from the Benefits Department stating that your Change in Coverage proof has been approved.

You may now proceed with the second phase of the process.

Step 1: Navigate to the Self Service Life Event page.

**Follow Section 1:
Steps 1-4**

MyBGSU > Employees >
Benefits Enrollment > Family
Status Change > Life Event

Life Events

Select Your Event

Review the choices and select the appropriate Event. Then enter the date of your event.

Employee

- I had a Baby
- I Adopted or gained legal custody/guardianship of a child
- I got Married
- I got Divorced

Other Life Events

- Change in Coverage - Employee, Spouse, Dependent ...(event in progress)
- Death of a Covered Dependent

Continue my Life Event

Step 2: Click

Continue my Life Event

Note: Change in Coverage Event states that the Event is in Progress.

You will now be directed back to the Life Event

Life Events

Select Your Event

Review the choices and select the appropriate Event. Then enter the date of your event.

Employee

- I had a Baby
- I Adopted or gained legal custody/guardianship of a child
- I got Married
- I got Divorced


Other Life Events

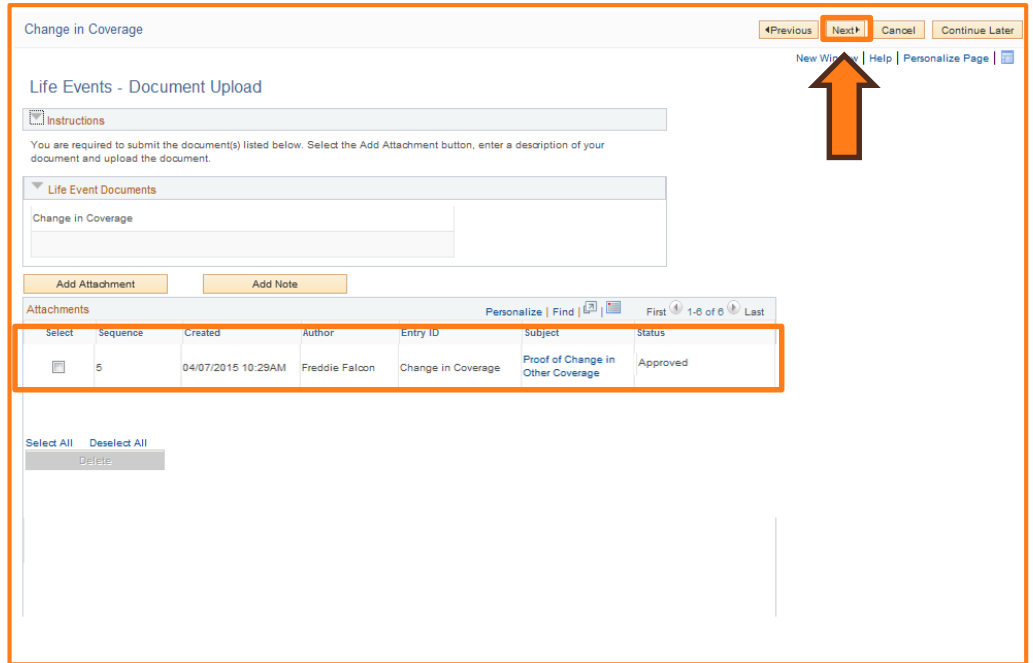
- Change in Coverage - Employee, Spouse, Dependent ...(event in progress)
- Death of a Covered Dependent

Continue my Life Event

Life Event – Change in Coverage – Employee, Spouse, Dependent

The Document Upload page appears. You will notice that the Status has now changed for the Change in Coverage. It has been approved.

Step 3:  to begin Phase 2 of the Live Event.



Change in Coverage

Life Events - Document Upload

[Instructions](#)

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Change in Coverage

[Add Attachment](#) [Add Note](#)

Attachments

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	5	04/07/2015 10:29AM	Freddie Falcon	Change in Coverage	Proof of Change in Other Coverage	Approved

Select All Deselect All


Delete

SECTION VI PAY AND COMPENSATION

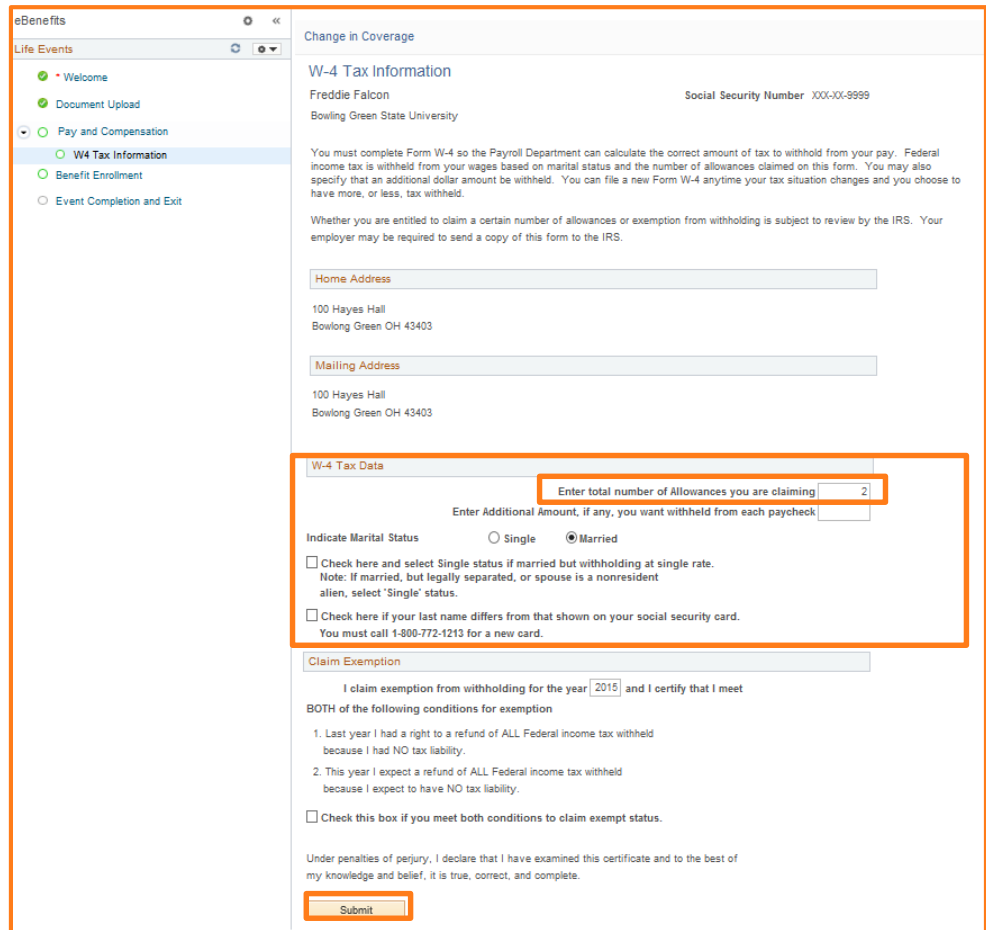
Due to your recent Change in Coverage, you are eligible to make changes to your W-4 Tax Information.

Step 1: Click on the **Pay and Compensation** link

Step 2: Click on the **W-4 Tax Information** link

- Review the Total number of Allowances you are claiming
- Make changes to the W-4 Tax Data if needed
- Certify the withholding year
- Click 

Note: If no changes are needed, you still must click Submit



eBenefits

Life Events

- Welcome
- Document Upload
- Pay and Compensation**
- W-4 Tax Information
- Benefit Enrollment
- Event Completion and Exit

Change in Coverage

W-4 Tax Information

Freddie Falcon Social Security Number XXX-XX-9999

Bowling Green State University

You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on marital status and the number of allowances claimed on this form. You may also specify that an additional dollar amount be withheld. You can file a new Form W-4 anytime your tax situation changes and you choose to have more, or less, tax withheld.

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Home Address

100 Hayes Hall
Bowling Green OH 43403

Mailing Address

100 Hayes Hall
Bowling Green OH 43403

W-4 Tax Data

Enter total number of Allowances you are claiming

Enter Additional Amount, if any, you want withheld from each paycheck

Indicate Marital Status Single Married

Check here and select Single status if married but withholding at single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, select 'Single' status.

Check here if your last name differs from that shown on your social security card.
You must call 1-800-772-1213 for a new card.


Claim Exemption

I claim exemption from withholding for the year and I certify that I meet BOTH of the following conditions for exemption

1. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability.
2. This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

Check this box if you meet both conditions to claim exempt status.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.



Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 3: Verify Identity

- Enter your network **Password**
- This will verify that you have made the changes to your W-4 Tax Information
- Click 

Verify Identity

To protect your privacy, verify your identity by typing your password. If you are not this user, click [Sign Out](#).

User ID: FREDDIE

Password:





Step 4: A **Submit Confirmation** will appear stating the changes were successfully submitted

Click 

Change in Coverage

Submit Confirmation



The Submit was successful.

However, due to timing, your change may not be reflected on the next paycheck.



Step 5: A copy of your **new W-4** will appear.

Click 

Change in Coverage

[Previous](#)
[Next](#)
[Cancel](#)
[Continue Later](#)

W-4 Tax Information
Social Security Number XXX-XX-9999

Freddie Falcon
Bowling Green State University

Home Address

100 Hayes Hall
Bowling Green OH 43403

Mailing Address

100 Hayes Hall
Bowling Green OH 43403

W-4 Tax Data

Enter total number of Allowances you are claiming

Enter Additional Amount, if any, you want withheld from each paycheck

Indicate Marital Status Single Married

Check here and select Single status if married but withholding at single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, select 'Single' status.

Check here if your last name differs from that shown on your social security card.
You must call 1-800-772-1213 for a new card.


Claim Exemption

I claim exemption from withholding for the year and I certify that I meet BOTH of the following conditions for exemption

1. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability.
2. This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

Check this box if you meet both conditions to claim exempt status.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.



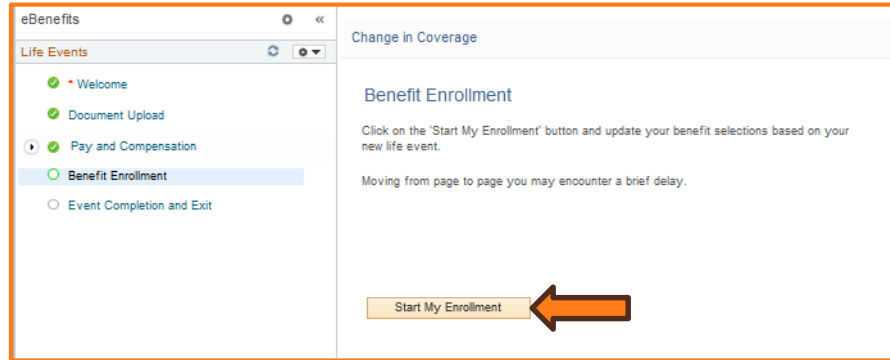
Life Event – Change in Coverage – Employee, Spouse, Dependent

SECTION VII BENEFIT ENROLLMENT

The Benefit Enrollment section will allow you to make changes to your existing benefit elections.

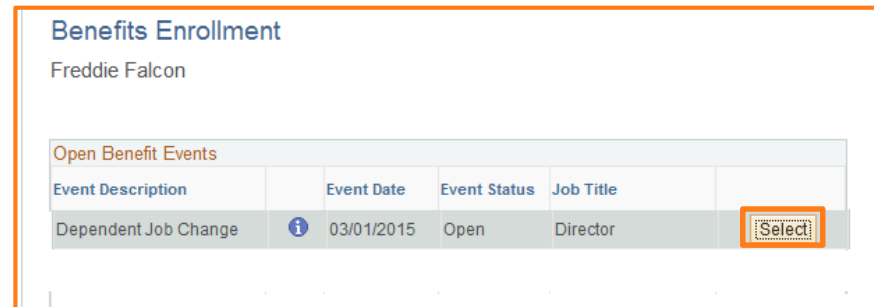
Step 1: Click

Start My Enrollment



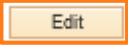
Step 2: Click
To begin your enrollment

Select



Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 3: Current Benefit enrollment appears

- Review your current benefit enrollments
- To make changes to your plans, Click 
- The plan will open with your new options

Change in Coverage

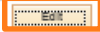







Benefits Enrollment

Dependent Job Change

Freddie Falcon

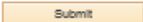
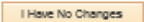
i Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

Enrollment Summary

	Before Tax	After Tax	
Medical			
Current: Medical Plan A:Empl+Deps			
New: Medical Plan A:Empl+Deps	159.35		
Dental			
Current: Dental:Empl+Deps			
New: Dental:Empl+Deps	15.48		
Vision			
Current: Vision:EE + Fam			
New: Vision:EE + Fam		25.44	
Dependent Life			
Current: Waive			
New: Waive			
Long-Term Disability			
Current: LTD: 60.00% of Salary			
New: LTD: 60.00% of Salary		0.00	
Flex Spending Health - U.S.			
Current: Waive			
New: Waive	0.00		
Flex Spending Dependent Care			
Current: Waive			
New: Waive	0.00		
Health Savings Account			
Current: No Coverage			
New: No Coverage			
Retirement Plans			
Current: ARP OPERS Nationwide			
New: ARP OPERS Nationwide			

This table summarizes estimated pay period costs for your new benefit choices.

Election Summary			
Cost Summary	Total	Before Tax	After Tax
Costs	200.27	174.83	25.44
Your Costs	200.27	174.83	25.44


Click **Submit** to send your final choices to the Benefits Department.

Or click the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

i Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 4: Add/Update Dependents

- Review your current options
- To add your eligible dependent(s) to your plan, mark  in the **Enroll** box next to their name.
- When finished updating your selection, click

Continue

Benefits Enrollment

Medical

Freddie Falcon

Contributions below are listed per pay period. Medical contributions for employee, spouse and dependents through age 28 are on a pre-tax basis. Medical contributions for employee, same-sex domestic partner, same-sex spouse and older adult children are a combination of pre-tax and after-tax. The employer portion for same-sex domestic partner and same-sex spouse is taxable.

If you are electing to cover a same-sex domestic partner, same-sex spouse and/or older adult child (27-28), we recommend you contact your tax advisor.

Important Your current coverage is: Medical Plan A with Employee Only coverage. If you do not make a choice, your coverage will be: Medical Plan A with Employee + Spouse coverage

Your enrollment on this page may affect your choices for the following type(s) of coverage:

Health Savings Account

Complete your enrollment on this page [before](#) enrolling in the benefit plans listed above.

Select an Option

Here Are Your Available Options With Your Costs:
(Your share = Full benefit cost - BGSU's share)

[Overview of all Plans](#)

Select one of the following plans:

Medical Plan A

Plan A is a PPO that will pay many in network services at 85% after your deductible has been met. You may choose out of network providers; however your covered expenses will have a 60% coinsurance after a higher deductible has been met.

Coverage Level	Your Costs	Tax Class
Employee Only	\$91.72	Before-Tax
Employee + Spouse	\$273.34	Before-Tax
Employee + Dependents	\$159.35	Before-Tax
Employee+Domint+Adult Child	\$404.98	Before/After Tax
Employee + Adult Child	\$337.35	Before/After Tax
Employee+Family	\$318.37	Before-Tax
Employee+Family+Adult Child	\$664.00	Before/After Tax
Employee+Spouse+Adult Child	\$518.97	Before/After Tax
Employee + Domestic Partner	\$273.34	Before/After Tax
Family (with Domestic Partner)	\$318.37	Before/After Tax
Employee+Domestic Partner+AC	\$518.97	Before/After Tax
Employee+DP Family+Adult Child	\$664.00	Before/After Tax
Employee + Same-Sex Spouse	\$273.34	Before-Tax
Family (with Same-Sex Spouse)	\$318.37	Before-Tax
Employee+SS Spouse+Adult Child	\$518.97	Before/After Tax
Family(SS Spouse)+Adult Child	\$664.00	Before/After Tax

Waive

Enroll Your Dependents

The following list below displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click the [Add/Review Dependents](#) button below to determine why they are not eligible. You may also use this button to add new dependents to your list.

For more information regarding who is eligible to be your covered dependents under the health care plan, please review [dependent eligibility information](#). It includes definition of dependents, their eligibility and the required documents for adding them for coverage.

You will be required to provide the birthdate and social security number for each covered member of your family, especially your spouse, same-sex domestic partner or same-sex spouse. Before you continue, please make sure that you have this information available.

To add dependents and same sex domestic partner or same-sex spouse to the plans for which they are eligible will require completing and returning all required documents to the Office of Human Resources within 90 days of the event date in order for these dependents to be covered.

Required Documents

If you are adding eligible dependents for the first time, all of the documents that you may be required to complete are available below. You will also be required to provide proof of dependency such as birth certificate or adoption finalization papers or marriage certificate.

[Older Adult Child Certification 26-28 years of age](#)
[Other Insurance Information Certification](#)
[Primary Coverage Certification](#)
[Same-Sex domestic partner Affidavit](#)

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Freddie Falcon	Spouse

Add/Review Dependents

Continue **Cancel**

Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click Cancel to return to the previous page.

Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 5: Changes to your plan will appear.

- Notice that your coverage now reflects your change.

(In this example, Freddie only covered himself. His spouse lost coverage and now he is adding Frieda to his plan. His medical coverage is now for Employee + Spouse.)

Step 6: Repeat steps 3-4 until you have updated your plans.

Step 7: Click

Benefits Enrollment

Medical

Freddie Falcon



Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

Your Choice

You have chosen Medical Plan A with Employee + Spouse coverage.

In order for Medical Mutual to apply appropriate benefits to treatment and services provided to me and or my dependent, I consent to any medical professional, clinic, or other medical or medically related facility, government agency or other provider of care to provide Medical Mutual information including copies of medical records (if needed) concerning care of treatment, information relating to mental illness or use of drugs or alcohol. I understand that this health care coverage I am enrolling in contains coordination of benefits, workers' compensation and subrogation provisions and I acknowledge Medical Mutual's right on behalf of BGSU to enforce these provisions.

Your Estimated per-pay-period Cost

Your Cost \$273.34

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
Freida Falcon	Spouse

Notes

Once submitted, this choice will take effect on 03/01/2015. Deductions for this choice, if applicable, will start with the pay period which includes 03/01/2015.

Click OK to store your choices.

Click Edit to go back and change your choices.

Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 8: Review all changes to current options.

Step 9: Click **Submit**

Benefits Enrollment
Dependent Job Change
 Freddie Falcon

Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

Enrollment Summary

	Before Tax	After Tax	
Medical			<input type="button" value="Edit"/>
Current: Medical Plan A:Empl Only			
New: Medical Plan A:Empl+Spous	273.34		
Dental			<input type="button" value="Edit"/>
Current: Dental:Empl Only			
New: Dental:Empl+Spous	12.72		
Vision			<input type="button" value="Edit"/>
Current: Vision:Empl Only			
New: Vision:Empl + 1		15.82	
Dependent Life			<input type="button" value="Edit"/>
Current: Waive			
New: Waive			
Long-Term Disability			
Current: LTD: 60.00% of Salary			
New: LTD: 60.00% of Salary		0.00	
Flex Spending Health - U.S.			<input type="button" value="Edit"/>
Current: No Coverage			
New: No Coverage			
Flex Spending Dependent Care			<input type="button" value="Edit"/>
Current: No Coverage			
New: No Coverage			
Health Savings Account			<input type="button" value="Edit"/>
Current: No Coverage			
New: No Coverage			
Retirement Plans			<input type="button" value="Edit"/>
Current: ARP OPERS Nationwide			
New: ARP OPERS Nationwide			

This table summarizes estimated pay period costs for your new benefit choices.

Election Summary

Cost Summary	Total	Before Tax	After Tax
Costs	301.88	286.06	15.82
Your Costs	301.88	286.06	15.82

Click **Submit** to send your final choices to the Benefits Department.

Important: Your enrollment will not be complete until you **Submit** your choices to the Benefits Department at the end of the enrollment process.

Step 10: Message

Once Submitted, you will receive a message stating you are not finished yet

Click

Message

Reminder (2000.433)

Reminder: You are not finished with the enrollment process. Please continue on to the next page. You must check the employee agreement box and click the submit button on the next page or your enrollment will not be submitted to Human Resources.

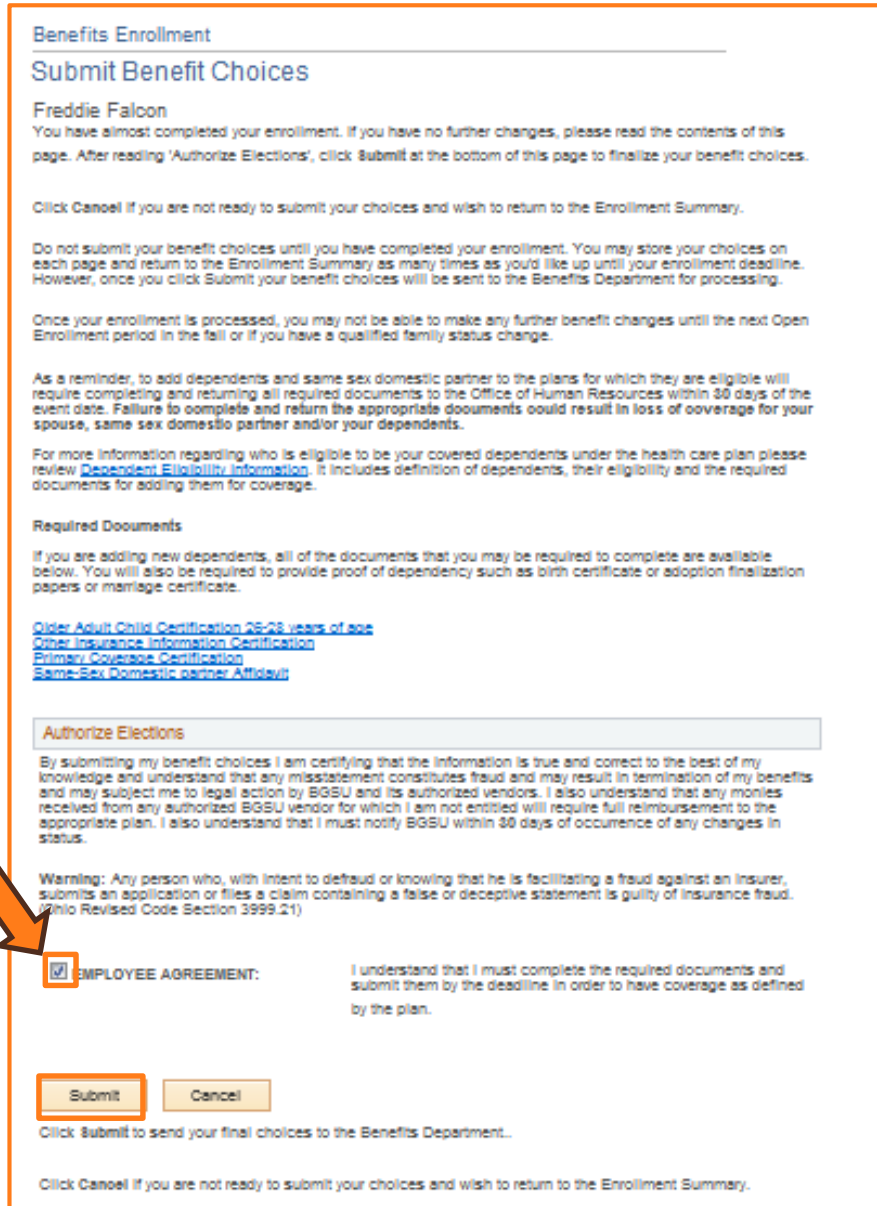
Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 11: Authorize Elections/Benefit Enrollment page

The Benefit Enrollment page returns with a section for **Authorizing Elections**

- Check off the **Employee Agreement** box

- Click 



Benefits Enrollment
Submit Benefit Choices

Freddie Falcon
You have almost completed your enrollment. If you have no further changes, please read the contents of this page. After reading 'Authorize Elections', click **Submit** at the bottom of this page to finalize your benefit choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click **Submit** your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period in the fall or if you have a qualified family status change.

As a reminder, to add dependents and same sex domestic partner to the plans for which they are eligible will require completing and returning all required documents to the Office of Human Resources within 30 days of the event date. Failure to complete and return the appropriate documents could result in loss of coverage for your spouse, same sex domestic partner and/or your dependents.

For more information regarding who is eligible to be your covered dependents under the health care plan please review [Dependent Eligibility Information](#). It includes definition of dependents, their eligibility and the required documents for adding them for coverage.

Required Documents
If you are adding new dependents, all of the documents that you may be required to complete are available below. You will also be required to provide proof of dependency such as birth certificate or adoption finalization papers or marriage certificate.



[Older Adult Child Certification 26-28 years of age](#)
[Other Insurance Information Certification](#)
[Primary Coverage Certification](#)
[Same-Sex Domestic Partner Affidavit](#)

Authorize Elections

By submitting my benefit choices I am certifying that the information is true and correct to the best of my knowledge and understand that any misstatement constitutes fraud and may result in termination of my benefits and may subject me to legal action by BGSU and its authorized vendors. I also understand that any monies received from any authorized BGSU vendor for which I am not enrolled will require full reimbursement to the appropriate plan. I also understand that I must notify BGSU within 30 days of occurrence of any changes in status.

Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)

EMPLOYEE AGREEMENT: I understand that I must complete the required documents and submit them by the deadline in order to have coverage as defined by the plan.

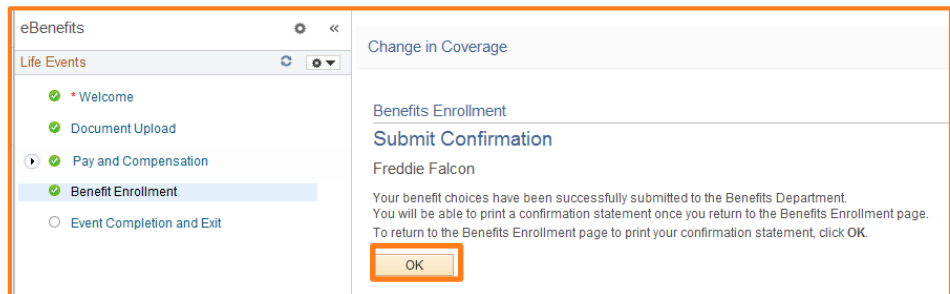
Click **Submit** to send your final choices to the Benefits Department.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Step 12: Submit Confirmation

After submitting your new benefit elections, you will receive a Submit Confirmation.

- Click 



eBenefits

Life Events


- Welcome
- Document Upload
- Pay and Compensation
- **Benefit Enrollment**
- Event Completion and Exit

Change in Coverage

Benefits Enrollment
Submit Confirmation

Freddie Falcon

Your benefit choices have been successfully submitted to the Benefits Department. You will be able to print a confirmation statement once you return to the Benefits Enrollment page. To return to the Benefits Enrollment page to print your confirmation statement, click **OK**.

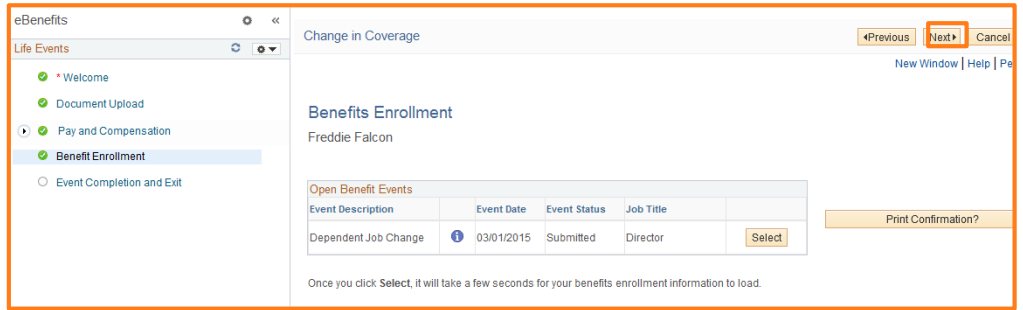


Life Event – Change in Coverage – Employee, Spouse, Dependent

Step 13: Open Benefit Events


The **Open Benefits Event** page will now indicate that your Change in Coverage Event has been submitted to the Benefits Department.

Click 



SECTION VIII EVENT COMPLETION AND EXIT

You have completed the Change in Coverage Life Event.

Click  to end the event.

