**Birth B**enefit Officeto te Benefit Change Formand nyour Campu Senefit Office within ntil the nextannualen roll ment.

qualifyingstatus:hangeoccursluringtheyear. Formsareavailableat the end of this document.

Birthofa childisa "qualifyingstatuschange" In termsofyour benefits. This means that you can change most of your benefit elections without waiting until the annual NUF lexenrollment period. Once your Benefit Change Form has been submitted of the Campuse nefit of

The effective date of coverage for a dependent hild who is added as a result of birth is the date of birth. The applicable premium will be gin on the first day of the month following the date of birth.

#### <u>Medicalnsurance</u>

- x YoumustcontactheCampusenefitsOfficewithin6Odaysofadependent'slateofbirth toaddanewbornchildtoyourmedicalinsurancepolicy.
- x You may enroll for coverage or addyour newborn baby, your spouse eligible dependent children and any step children nderage 26 to your existing overage As state above, coverage for the newborn child begins at birth; if you are also adding dependent that were already eligible, coverage for all others seffective he first of the month following he birth. When newly enrolling in the medical plan, coverage for all members (including he newborn) snote ffective in tilthe first of the month following he birth.
- x Youmaycancecoveragenly whencoverage ecomes ffective inderyour spouse's employer's plan. Proof of the new coverage will be required.
- x If newlyenrolling in the medical coverage or a change in "coverage category to your existing plants needed (Employe Only to Employe Childor Employe Spouse to Employe Family), you must complete Benefit Change Form.
- x A Dependent information Requestorm must be completed to add the newborn dependent hild to your medical insurance olicyeven if you are currently in rolled for Employee Childor Employee Family coverage. This form is also required fadding

- otherpreviously ligible dependent soyour medical coverage. While Blue Cros Blue Shield of Nebraska will provide coverage from the dependent state of birth, the coverage change will be effective the first of the month following the dependent state of birth.
- x Youmayonlychangeamedical/coverageategory". Changesbetweemmedicalplan "options" are not allowed (i.e., you cannot move from the High Option to the Basic Option).
- -x For a newborn child's dependent verification documentation, our benefit sofficemust receive a photocopy of the birth certificat within 60 days of the birth, and the social security number within six monthsofthed at each of birth. For all or, dependent

#### VisionCareInsurance

- x YoumayaddyoumewbabynoworwaituntilthenextannualNUFlexenrollmenperiod.
- x Dependentswhowerepreviouslyeligibleforcoveragenaybeaddedtoyourpolicy. As statedabove, coverage for the newbornchild begins at birth; if you are also adding dependent that were already eligible, coverage for all others seffective the first of the month following the birth.
- x You cannot add vision coverage fyou are not already enrolled n the plan.
- x Youmaycancecoveragenly whencoverage ecomes effective underyour Spouse's employer's plan. Proof of the new coverage will be required.
- x To adddependent(st) by our coverage you must submit a Benefit Change Form, Dependent information Requestormand dependent verification documentation.
- -x For a newbornchild 'sdependent verification documentation your benefit of fice must receive a photocopy of the birth certificate within 60 days of the birth, and the social security number within six months of the date of birth. For all other dependent being added to the coverage yours through the dependent verification document when you submitthe Benefit Change Formand Dependent Information Requestorm, within 60 days of the baby 'sbirth.

### VoluntaryLifeInsurance

- x Youmayenroll,increasedecreasercancelvoluntarlyifeinsuranceoverageand/omake changestoyourtobacco/nicotidesignation.
- x If you enrollor increas coverage you must complet can Assurity if elnsuranc statement of Health Form.
- x To make a change to your coverage you must submit a Benefit Change Form.
- x Coverage hange slue to the birth of a child will be effectiven the first day of the month following the date of the child sbirth.

### AccidentaDeath& DismembermenInsuranceAD&D)

- x Youmayenroll,increasedecreasercanceAD&D coveragevithouproofofinsurability.
- x To make a change to your coverage you must submit a Benefit Change Form.
- x Coverage change solue to the birth of a childwill be effectiven the first day of the month following the date of the child's birth.

# <u>DependentifeInsuranc&pouse</u>

x Youmayenroll,increasedecreasercanceDependentifeInsurancepousecoverage providedtheyarenotlegallydisabled.

- x If you enrollin or increas coverage you must complet an Assurit Life Insurance Statemen of Health Form.
- x To make a change to your coverage you must submit a Benefit Change Form.
- x Coverage hange sue to the birth of a child will be effectiven the first day of the month following the date of the child shirth.

## DependentifeInsuranc@hild

- x Youmayenroll,increasedecreasercanceDependentifeInsuranc@hildcoverage.
- x You may add cover age for your newborn in the amount of \$5,000 r \$10,000 with no proof of insurability. Cover age for a child age 14 days to 6 months is equal to 10 percent of the above option amounts. There is no life insurance over age for a child 13 days or less.
- x You may provided ependentife in surance over age or previously ligible dependent children and/ostepchildren der the age of 26 providing they are not legally disabled.

a g e inin youmu

# $\underline{\textit{Dependent} \textit{CareFlexibleSpendingAccoun}} t$

- ${\bf x} \quad {\bf Youmay enroll,} cancel princre as {\bf g} our {\bf Dependent Care Flexible Spending Account contribution.}$
- x Youmayalsodecrease