### LIFE EVENT USER GUIDE

# When Life Changes

When your life changes — you get married, divorced or have a baby — your benefits need to change too. This is known as a qualifying life event. And it's the only time, outside of annual Open Enrollment, you can make changes to your benefits.





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**1.** Log in to PlanSource at benefits.plansource.com.

If you forgot your username or password, select **NEED HELP?** 



Health and Insurance Coverage for Residents and Fellows

2. Select Update My Benefits under the welcome message. You can also select Update your current benefits.



### **KEEP IN MIND:**

- To change your benefits, you must report life events within 30 days of the event.
- If both you and your spouse/domestic partner are in a UC training program, you cannot cover each other as dependents. You must each enroll in your own coverage.
- The premium that UC pays to cover your domestic partner is considered **imputed income**, which is **taxable**.



- 3. Select the applicable life event from the list.
- 4. Complete the required information and select Continue.

You'll need to provide your GME office with supporting documentation in order to add or remove a family member from coverage.

e made outside of standard benefit enrollment ar hen selecting a particular Life Event, you will be	te could be relies. For example, when you have a baby you may want to add minime to your nearth coverage. Changes like these to re called Life Events. First, select the type of Life Event from the drop down list to indicate the reason you are making the change. given additional information on the type of change for the Life Event.
Select Life Event	Birth
Adoption	Congratulations and best wishes to you and the newest member of your family. Birth is a qualified change in status, so you may make certain changes to your benefits. The coverage changes must be consistent with you change in status. Example: When you have a baby, you may change your medical coverage from single to fam
Annulment	coverage.
Birth	PLEASE NOTE: When adding a new dependent, the new dependent won't be added to your benefits automatically. You will need to add the new dependent to any applicable benefits.
Death of Dependent	
Dependent Student Status Change	
Divorce	Event Date *
Domestic partnership creation	Notes
Gain Custody of Dependent	
Legal Separation	



## Verify Your Personal Information



## Verify Your Personal Information

- 1. Edit as needed.
- 2. Once you verify the information is accurate, navigate to the bottom of the page and select Next: Review My Family.

<ul> <li>reporting to the benefit</li> <li>to issue your ID cards a</li> <li>to process your payroll,</li> <li>If any of the information is in number submitted is true and</li> </ul>	carriers and process your claims , taxes, etc. incorrect and you are unable to change it on this correct.	s page, please contact your Human Resources rep	resentative. You also certify each Social Security
			🖋 EDIT INF
Basic Informatic	on	Contact Informatio	on
First Name * Johnny	Middle Name	Address 1 * 123 Main Street	Address 2
Last Name * Appleseed	SSN * XXX-XX-9678	City * Anytown	State * California
		Zip * 12345	Country United States
Personal Inform	ation	Home Phone * 123-456-7890	Cell
Birthdate * 01/02/1996	Gender * Male	Office Phone	E-mail * email@email.com
Marital Status * Unreported		Alternate E-mail email1@email.com	Preferred Mode Of Communication Email
		I Consent To Receiving Text Messages No	:
		Other	
		Hire Date 08/19/2021	



**1.** Review your current dependents' information.

Update any current dependent's information, if necessary.

To remove a current dependent, create another life event.

2. Add a new dependent.

To add a dependent, select + Add Family Member.

ou may:			
<ul> <li>Add New Dependents</li> </ul>			
Edit Existing Dependent Inform     Bomovo Existing Dependent	ation		
<ul> <li>Remove existing Dependent</li> </ul>			
adding a dependent, you are confi	ming that this a legal dependent, eligible for be	enefits under one or more of your available plans. You	also certify each Social Security
mber submitted is true and correc	. When adding a new baby and the Social Secur	rity number field is left blank you will need to add it to t	he system as soon as it is available
EASE NOTE: When adding a deper	dent and/or spouse, the dependent and/or spo	ouse won't be added to your benefits automatically. You	will need to add the dependent
d/or to any applicable benefits.			
urrent Family Members			
& Roncal Test	🛊 Elena Test		
Spouse	Child		
Born 03/30/1987	Born 08/31/2022	Add Family Member	
View Details	View Details		
Cannot Remove Ed	t Cannot Remove Edit		



# 3. Enter your new dependent's information.

Enter all requested information. When you're done, select **Save**.

### **KEEP IN MIND**

Adding a dependent's information registers them in the system but **does not enroll them in coverage.** 

Select **Save**, then continue to the next page to choose the plans you want to cover your dependent under.

case enter your i	Dependent	inioimation			
adding a dependent, you nber submitted is true a	are confirming nd correct. Whe	that this a legal dependen n adding a new baby and	ent, eligible for ben d the Social Security	fits under one or more of your available plans. You also certify each Social ! number is left blank you will need to add it to the system as soon as it is av	security ailable.
ASE NOTE: When addir befits.	ng a new depend	ent, the new dependent	t won't be added to	your benefits automatically. You will need to add the new dependent to any	applicable
Basic Info				Additional Info	
First Name * Roncal	8	Middle Name		Cives At Home	
Last Name * Appleseed		SSN XXX-XX-6798			
Gender * Male	*	Birthdate * 03/30/1987			
Relationship * Spouse	•				

4. You should see all dependents listed — any existing dependents plus those you just added. Confirm the information shown and then select Next: Shop for Benefits.

#### Review the Dependent Information on file below

Dependents must be listed on this page to be enrolled in coverage.

You may:

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

By adding a dependent, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans. You also certify each Social Security number submitted is true and correct. When adding a new baby and the Social Security number field is left blank you will need to add it to the system as soon as it is available. **PLEASE NOTE**: When adding a dependent and/or spouse, the dependent and/or spouse won't be added to your benefits *automatically*. You will need to add the dependent and/or to any applicable benefits.

& Roncal Apples	seed	* Julia Appl	leseed	* Elena Apples	eed	
Spouse		Child		Child		
Born 03/30/19	87	Born 01/07	//2020	Born 08/31/20	22	📥 Add Family Member
View Details		View Det	tails	View Details		
annot Remove	Edit	Remove	Edit	Cannot Remove	Edit	

## **Choose Benefits**



## **Choose Benefits**

 Choose View or Change to make your selections.
 You must select each family member you wish to be covered under the plan, including yourself.

Once you have selected the dependents you would like to cover for that benefit, select **Update Cart**.

Repeat this for all coverage you want to enroll this dependent in.

Review Profile	Q Review Benefits		Confirm Elections
Current Benefit	IS Plan Year Effective from 07/01/2022	2 to 06/30/2023	
Nedical			
• Anthe Health. Jo	m. 🥺 Anthem Blue Cross PP	O 281636	View or Change
ental			
			♥
Medical: Anthe	m Blue Cross PPO 281636		
Medical: Anther	m Blue Cross PPO 281636		•
Medical: Anther <b>&lt;</b> TO BENEFITS Family Covered	m Blue Cross PPO 281636	+ ADD FAMILY MEMBE	ER
Medical: Anther TO BENEFITS Family Covered Yourself	m Blue Cross PPO 281636	+ ADD FAMILY MEMBE	ER Health: Join In
Medical: Anther COBENEFITS Family Covered Yourself	m Blue Cross PPO 281636	+ ADD FAMILY MEMBE Julia Appleseed \$0.00 Per Pay Period	ER Health.Join In Anthem Blue Cross PPO 281636
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## **Choose Benefits**

2. You'll receive an alert message indicating you have made a change. If the change is incorrect, select CANCEL CHANGE.

When you're done selecting coverage, select **Review and Checkout**.

Current Benefit Elections		
<b>0</b>	O	
Review Profile Shop Benefits	Checkout	
Current Benefits Plan Year Effective from 07/01/2022 to 06/30/2023		
Aedical		
Anthem Blue Cross PPO 281636     Health. Join In.		View or Change
• You are changing from: Anthem Blue Cross PPO 281636		× CANCEL CHANGE
Dental		
Delta Dental PPO 19301		View or Change
Vou are changing from: Delta Dental PPO 19301		× CANCEL CHANGE
rision		
• VSP VISION. VSP Vision Plan 30081855		View or Change
	You must select or decline all coverages before moving on	Review and Checkout



## **Review and Check Out**



## **Review and Check Out**

This section will show who is enrolled in which benefits.

1. Review the information to ensure your dependents have the coverages you intended.

If the information is correct, select **Checkout**.

This is your last opportunity to review your changes.

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Review Profile	Shop B	enefits	Checkout	E.
ach benefit election you h	have made is listed bel	low.		
our enrollment will be cor	mplete when you click	Checkout at the bottom of the page.		
Current Benefits	Plan Year Effective fr	om 07/01/2022 to 06/30/2023		
teview Changes				
fedical				
Anthem.	Anthem Blue Cro	iss PPO 281636		View or Change
Anthem.	Anthem Blue Cro Start Date:	08/19/2021	Coverage Level:	View or Change Employee + 2 or more Dependents
Anthem.	Anthem Blue Cro Start Date: Family Covered:	08/19/2021 Roncal Appleseed, Elena Appleseed, Julia Appleseed	Coverage Level: Employer Contribution:	View or Change Employee + 2 or more Dependents \$2,681.38
Medical	Anthem Blue Cro Start Date: Family Covered:	08/19/2021 Roncal Appleseed, Elena Appleseed, Julia Appleseed	Coverage Level: Employer Contribution:	View or Change Employee + 2 or more Dependents \$2,681.38
Health. Join In	Anthem Blue Cro Start Date: Family Covered: Delta Dental	oss PPO 281636 08/19/2021 Roncal Appleseed, Elena Appleseed, Julia Appleseed PPO 19301	Coverage Level: Employer Contribution:	View or Change Employee + 2 or more Dependents \$2,681.38 View or Change



## **Review and Check Out**

2. Email the required documentation necessary to process the qualifying life event to your GME office or HR at UCSF.

A final review of your request will be made before approving the pending changes.

You can email, print or download a copy of the benefits confirmation statement.

If you need to make corrections, select **View or Change**.

Curre	ent Benefit Elections	
_ife ′ou hav	Event Changes Complete! ave completed the life event changes to your benefits.	
leed a	a copy of your benefits confirmation statement? 🔤 Send by Email	
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Review	w Profile Shop Benefits	Checkout
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Aedica	are your new elections. Benefit elections may be changed during your company's Open Enrollr al Anthem Blue Cross PPO 281636 Pending Life Event Approval	nent or if you've had a Qualifying Life Event. View or Change
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## **Questions?**

Visit <u>PlanSource</u> or contact your GME office or <u>HR at UCSF</u>.

