## Making Mid-Year Changes to Benefits

Outside of your initial benefit enrollment and the Annual Enrollment period, you may make changes your benefit package within **30-days** following a family status event, including one of the following:

Adoption

insurance plan.

- Birth of Child
- Establish Legal Guardianship
- Death of Dependent

- Dependent Gains/Loses Other Coverage
- Divorce/Legal SeparationEmployee Gains/Loses Other Coverage

• Enrollment in Health Exchange

- Gain of CHIPRA Coverage
- Marriage
- Spouse Gains/Loses Other Coverage

All information you need to know to make an informed decision is in the Forms & Plan Documents Section of Benefits in UKG or on D-Web under Human Resources, in Benefits.

	TYPES OF REQUIRED DOCUMENTS	<b>How to submit a Life Event:</b> To begin your enrollment, you will need to access the benefits section in UKG, and then select Life Event. You			
B. The docu	SPOUSE d to submit the item from List A and one item from List ment from List B must be dated within the last 6 months dependent's name on it.	will use the <b>date of the event</b> as the effective date. This event will go to a pending status until the required documentation is submitted. <b>Documentation:</b> For mid-year events, you will need to submit documentation showing the loss or gain of coverage with the effective date of change. If you are adding dependents, you will need to provide the documentation listed on this page.			
List A	List B				
Marriage Certificate	Bank or Credit Card Statement with a Common Address	All mid-year events and applicable dependent changes will remain a <u>pending</u> status until all verification documents are received			
	Mortgage or Lease Statement with a Common Address	by Dependent Verification Services. If all documents are not received within 30 days from when the event is declared, your			
	Motor Vehicle Statement with a Common Address	elected changes will be denied. If you do not experience one of the above events during the plan year,			
	Current Federal Tax Return w/Spouse Listed (you can hide any financial information)	you may <b>NOT</b> make changes to your benefit elections. The next opportunity to make changes to your benefit elections will be the follow ing August for an effective date of October 1. If you have any			
	Utility Bill with a Common Address	questions as to what constitutes a family status change or what written proof is required, please contact the Benefits Office at 812-450-2025.			
<b>CHILD</b> You will need to submit the item from List A. If your Child is a stepchild, you will need to submit your marriage certificate with Spouse listed as well as an item from List B for spouses.		Important Notes: • The Provider Network is location based on primary residence of the employee; all dependents need to have the address they generally reside written under their information in UKG.			
List A		<ul> <li>Once enrollment is complete, the Benefits Office recommends that a copy of the summary confirmation page be saved for your personal</li> </ul>			
Adoption Certificate or Adoption Placement Agreement		records. <ul> <li>Wellness Program - Be sure to mark your calendar to complete your</li> </ul>			
Birth Certificate with Parent's NameListed		<ul> <li>Annual Wellness Visit with your Primary Care Provider.</li> <li>If you are unable to enroll online, please contact the Benefits Office at 450-2025 before your 30-day deadline!</li> <li>In the event of separation of employment or reduction in hours to a non-benefit eligible status, all insurance coverage ends at midnight the last day physically w orked.</li> <li>Any change in coverage elections shall be effective as of the date of the change in status, change in coverage, or change in cost; unless otherwise required bylaw.</li> </ul>			
Documentation of Legal Custody					
Documentation of Legal Guardianship					
Hospital Birth Record (within 90 Days of Birth)					
Qualified Medical Child Support Order		Documentation is required within 30 days of the family status change in order to fulfill the Consolidated Omnibus Budget Reconciliation Act (COBRA) requirements.			
Budget Reconc	fits Corporation will notify the dependent regarding the Consolidated Omnibus iliation Act. Under COBRA, coverage may be continued for dependent 6 months if they no longer qualify as the employee's dependent under the				

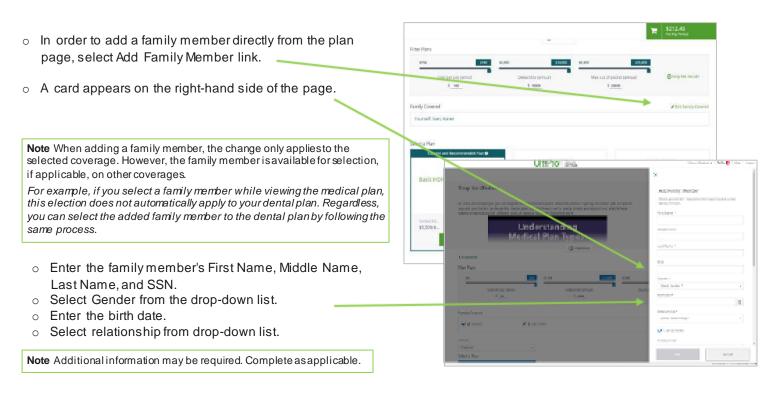
# **UKG Benefit Enrollment Instructions**

### Once logged into UKG...

#### Step 1: Navigation: Menu > Myself > Benefits > Manage My Benefits

The	Inual Enrollment Annual enrollment period is your opp geste your benefits for the upcoming 1. please click on the "Ewell - Annual"	plan year. To	Get Started		ince last year.		
<b>Step 2:</b> From the <b>My Profile</b> page, review and verify that all of your profile information is correct.			State sure we have it right           Make sure we have it right           This information is used for your paycheds, laxes and ID cards. If the information below is incorrect, you may make changes to your profile under the Myself tab in URPhyself.				
Step 3: Scroll to the bottom of the page Next: Review My Family.	and select	Basic Information	bobble Pourse T	, no harra Baker			
<ul> <li>The Dependent Information page appears. At a Current Family Members section, you can:</li> <li>Review or edit the dependent information on current family members.</li> </ul>		Upringer Nouker(2)2.9 Concast Information					
<ul> <li>Remove a family member from receiving ben through your plan.</li> <li>Add a family member as a dependent.</li> </ul>	efits	List Littleton vorus Propo 4155557735	Citta e Broom	-Con- -Conterado	78 97444		
Step 4: Select Next: Shop for Benefits. The Current Benefit Elections page appears.			Rodes Briefs     Exception your enrollment, cli	Confirm Deptors S Review and Checkout at the bottom of the pape	1013.00           Technologie		
In the <b>New Enrollment</b> section, select the <b>She</b> button for each of the benefit plans available to example, Medical, Dental, Vision), as applicable	o you (for le.	o aetna or	en Access Value \$1580	\$720.00 Per No Period	Here Dr. (Songa Harr		
The <b>Shop for Plan</b> page appears.		0 Metulie	Inter Pans enter Cost ser pan pend <u>8 milio</u> anthy Covered	542.00 0 55000 DRUGISE (STUAL) § 1000	I JULIA L Of pool of prevail I JULIA I JULIA		
Additional information for the selected benefit type appears. Select <b>View More</b> to expand the information. Additional Content, when available, provides additional general information.	9		Vourself, Ivan, Karee elect a Plan Corres el trosmensele Plan @ Basic HDHP \$10,000 Deductible \$153,46 rer Hay Period Statute Statut	Actna Open Access Value \$1500 \$159.23 Dentar/resol 2004/164 \$1,500 004/07 004/07 0040/07	eetna Enhanced HDHP \$5000 Deductible \$156.92 HerRy Pend S2.507. KOWLINE. Builden. S2.507. KOWLINE. Builden. None		
	8		Corpare	compare	compare .		

## UKG Benefit Enrollment Instructions (cont'd)



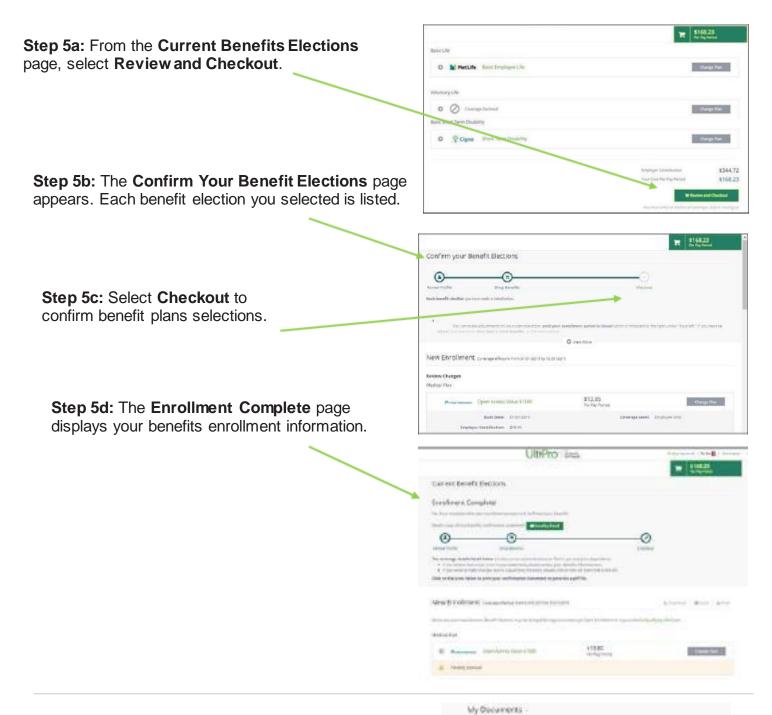
- $\circ~$  Select Add. The family member appears in the Family Covered section.
- $\circ~$  Shop for a benefit plan by viewing available plans in the Filter Plans section.
- o View plans by:
  - + Adjusting the available filters to view the benefit plans available to you that match the filtered criteria.
  - + Selecting **Help Me Decide** to navigate through questions to help you select a benefit plan. This feature is only available when you have three or more benefit plans available for selection.

**Note** For benefits that require a beneficiary, select one or more Primary Beneficiaries. A beneficiary can be a current dependent or you can add a new beneficiary, as needed. The total allocation amount for Primary Beneficiaries must add up to 100%.

- When you have the choice of more than one plan, each plan displays on a separate card that summarizes key parts of the plan. Select a plan to view details, such as coverage levels and per pay period amounts and to access benefits and coverage information.
  - + Check the **Compare** box below two or more benefit plans to review the details of the selected plans.
  - + Select **Compare**. The **Compare Plan Benefits** page displays the selected plans.
  - + Select View Plan to review a plan in more detail.
- From the selected plan details page, select Update Cart to add a benefit plan to your Annual Enrollment cart. You must select or decline all coverages to complete the Annual Enrollment process.



## UKG Benefit Enrollment Instructions (cont'd)



**Step 6:** From the **Documents** menu, select **My Documents** to review documents regarding your benefits or any documents required for benefits enrollment.

When documents are required, a red exclamation mark displays next to the **Documents** menu.

t den en gelen men de la ser an en en entre des personnes en en des engeneses des referentes de se normen en de any fallen.							
BALANDA T	Arright a						
	Appendix to every 1. If the operation of the second						
	The first of the second s						
The second se	ALCONG FOR THE STREET						