

Qualifying Life Event Instructions

What is a Qualifying Life Event (QLE)?

Certain changes in your life situation are known as qualifying life events – things like a loss or gain of other group insurance coverage, marriage, divorce, birth of a child, etc. These qualifying events give you the opportunity to make benefit election changes coinciding with the event, outside of Open Enrollment.

Open enrollment is held annually, typically in the month of October. Changes made at open enrollment are effective January 1st of the following calendar year.

Submission Deadlines

Qualifying Life Event changes must be submitted within 31 days of the effective date of the event, with the exception of life events for Newborn, Adoption, or Medicaid/CHIP eligibility which allow a 60-day limit.

Your request is not complete without the supporting documentation. Supporting documentation is due within 60 days of the effective date of the event.

If changes are approved after the effective date, new/revised premium contributions may be applied retro-actively to the date of the event and applied to your upcoming paycheck(s).

Before starting the Enrollment Process, you will need the following information:

Be prepared with the following information:

- **Decisions on the changes you want to make (must coincide with the life event).**
- **If adding new dependents: Names, dates of birth, addresses and Social Security numbers (SSN).** SSNs are required. For newborns, SSNs may be left blank and provided to the Employee Benefits Division when available.
- **Supporting documentation, if available at time of entry.** You do not need to have the supporting documentation to submit your life event. Supporting documentation may be submitted up to 60 days from the event date.

Enrollment Process:

Login Information

Go to the Employee Benefits Portal from OnlinEnroll: umr.workterra.net. You will need to turn off your pop-up blocker or add this site to your allowed pop-ups.

Enter the information below and click LOGIN:

USERNAME– Your six (6) digit employee/user ID

PASSWORD –First four (4) digits of your Social Security number or the password you previously selected

COMPANY – El Paso County (must enter spaces)

Life Event Details

Once logged in, click the “Initiate Life Event(s)” button from the menu at the left or right of the screen.

Select your **Event Name**.

Enter the **Event Date**.

[CLICK HERE FOR GUIDANCE ON EVENT NAME AND EVENT DATE](#)

You will be taken to Qualifying Event start page. Please read the information and accept agreements.

Demographics

Review your personal data for accuracy. If changes/corrections are needed to your (employee's) information, please contact the Employee Benefits Division.

Dependents

If applicable, add and/or review dependent information. Social Security numbers (SSN) are required. For newborns, SSNs may be left blank and provided to the Employee Benefits Division when available.

- If adding or updating, be sure to click the “Save & Continue” or “Add Another Child” button to save your entered data.
- If no changes, click the “Skip” button to move forward without saving.

Benefit Selections

Review the available benefit plans and make selections for each, applying changes to coincide with your life event.

After selections have been applied, click the “Continue” button.

Note regarding changes to Voluntary Life, Voluntary Accidental Death and Dismemberment (AD&D), Accident Insurance, Critical Illness Insurance, and Hospital Indemnity Insurance: Coverage may only be changed, if you are already enrolled, to add a newly eligible dependent such as a new spouse or newborn, or to decrease or cancel the coverage. New employee enrollment or any increases to these plans are not allowed with a life event. Decreases or cancellations may be requested at any time, but new enrollment or increases can only be submitted during open enrollment.

If the Medical Plan was elected, the next screen will be informational only, Employee Health Center information, click the “Continue” button.

Upload Documents

If you have supporting documentation available, you may attach it here. Click the icon under the Action column and upload your document(s), then click the “Save & Continue” buttons. Documents may be up to 4096 KB/4 MB in size.

If you do not yet have documents or cannot attach in the enrollment process, you may e-mail them to the Employee Benefits Division at employeebenefits@elpasoco.com.

[CLICK HERE FOR GUIDANCE ON REQUIRED SUPPORTING DOCUMENTATION](#)

Beneficiaries

Life Insurance beneficiary designations must be listed. Update beneficiary information, if needed, or if no beneficiaries are listed, please add your beneficiaries. You may apply the same beneficiaries to all life/AD&D plans by checking the “Assign same beneficiaries to all plans” box.

Once reviewed/updated, click the “Save & Continue” button.

Confirmation Statement

Review the Confirmation Statement and, if accurate, save or print a copy of the Confirmation Statement for your records.

Then, click the “**FINISH**” button at the bottom of the page to complete the enrollment process.

Editing Your Submission

If you need to edit your life event submission, you may do so for 24 hours after initial entry. On the Employee Benefit Portal homepage, click the “My Benefits” drop down menu at the top of the screen, then click “Enroll Now.”

At the top, select the Event from the drop down menu and then the plan(s) you would like to edit from the other drop down menu. There will not be a “Finish” or submission option, so be sure that the selection you make is accurate as it will automatically be submitted.

Benefits Enrollment Assistance

OnlinEnroll Customer Service is available Monday through Friday from 9 a.m. to 6 p.m. (Mountain) to assist you with the enrollment process by calling 1-888-604-5329 or e-mailing customerservice@workterra.com.

Event Name and Event Date: Options and Guidance

Click the event below to jump to additional guidance on the event.

[Death in Family](#)

[Divorce](#)

[Employee or Dependent Gains Coverage Elsewhere](#)

[Employee or Dependent Gains Medicaid or Chip Coverage Elsewhere](#)

[Employee or Dependent Loses Medicaid or Chip Coverage](#)

[Employee or Dependent Loses Other Coverage](#)

[Marriage](#)

[Newborn or Adoption](#)

[Off Cycle Changes to Life or Supplemental Benefits](#)

Death in Family

Event Date: Date of death

Required Supporting Documentation:

- Death certificate

Divorce

If you are adding yourself and/or dependent child(ren) to the County plan(s):

Event Name: Employee or Dependent Loses Other Coverage:

Event Date *may be one of the following:*

- The date the divorce decree was filed
- The date of the loss of other group coverage

Required Supporting Documentation:

- Divorce decree
- *If Event Date is the date of the loss of other group coverage, proof of past group insurance coverage:* The documentation must identify you and/or your dependent(s), show in which plan(s) each were enrolled – medical/dental/vision – and the date coverage ends. (Example: COBRA Notification)
- If you are adding a dependent(s), proof of relationship: birth certificate for a child.

If you are dropping your ex-spouse and/or ineligible step-child(ren) from the County plan(s):

Event Name: Divorce

Event Date: Date the divorce decree is filed

The effective date of your benefit changes will be the first of the month following the divorce decree filed date. Coverage must go through the end of the month of the divorce when dropping a dependent.

Required Supporting Documentation:

- Divorce decree

Employee or Dependent Gains Coverage Elsewhere

Event Date: Date other group coverage begins

The effective date of your benefit changes will be based on supporting documentation; date other group coverage begins.

Required Supporting Documentation:

- Proof of new group insurance coverage: the documentation must identify you and/or your dependent(s), show in which plan(s) each are enrolled – medical/dental/vision – and the date coverage begins.

Employee or Dependent Gains Medicaid or Chip Coverage Elsewhere

Event Date: Date Medicaid/CHIP coverage begins

The effective date of your benefit changes will be based on supporting documentation; date Medicaid/CHIP coverage begins.

Required Supporting Documentation:

- Proof of new Medicaid/CHIP coverage: the documentation must identify you and/or your dependent(s) and the date coverage begins.

Employee or Dependent Loses Medicaid or Chip Coverage

Event Date: Date Medicaid/CHIP coverage ends

The effective date of your benefit changes will be based on supporting documentation; day after end date of Medicaid/CHIP coverage.

Required Supporting Documentation:

- Proof of past Medicaid/CHIP coverage: the documentation must identify you and/or your dependent(s) and the date coverage ends.
- If you are adding a dependent(s), provide proof of relationship: marriage certificate/common law affidavit for a spouse; birth certificate for a child.

Employee or Dependent Loses Other Coverage

Event Date: Date other group coverage ends

The effective date of your benefit changes will be based on supporting documentation; day after end date of other group coverage.

Required Supporting Documentation:

- Proof of past group insurance coverage: The documentation must identify you and/or your dependent(s), show in which plan(s) each were enrolled – medical/dental/vision – and the date coverage ends. (Example: COBRA Notification)
- If you are adding a dependent(s), proof of relationship: marriage certificate/common law affidavit for a spouse; birth certificate for a child.

Marriage

If you are adding your new spouse to your County plan(s):

Event Name: *may be one of the following:*

- **Marriage - Effective as of Event Date**
- **Marriage - Effective as of First of the Month following Event Date**

Event Date: Date of marriage

Required Supporting Documentation:

- Copy of your marriage certificate

If you are dropping County plan(s), because you are enrolling on your new spouse's plan(s):

Event Name: Employee or Dependent Gains Coverage Elsewhere

Event Date: Date other group coverage begins

The effective date of your benefit changes will be based on supporting documentation; date other group coverage begins.

Required Supporting Documentation:

- Copy of your marriage certificate
- Proof of new group insurance coverage: the documentation must identify you and/or your dependent(s), show in which plan(s) each are enrolled – medical/dental/vision – and the date coverage begins.

Newborn or Adoption

Event Date: Date of birth/Date of adoption/Date of placement for adoption

For Birth

Required Supporting Documentation:

- Birth certificate

For Adoption:

Required Supporting Documentation:

- Adoption papers/court documents

For Placement for Adoption

Required Supporting Documentation:

- Court order placing child pending final adoption

Off Cycle Changes to Life or Supplemental Benefits

Event Date: Today's Date

The effective date of your benefit changes will be the first of the month following the Event Date.

Changes may only be to decrease or cancel coverage

Required Supporting Documentation:

- None