

## Mid-Year Benefit Changes

If you experience a change in your personal or work life that impacts your State Employee Health Plan (SEHP) benefit elections, KU Benefits is ready to help you navigate the change process. Please see the notes below to help you make Mid-Year changes to your benefit elections. **All changes require you to enter your request into the Membership Administration Portal (MAP) within 30 calendar days from the date of family status change.**

### Required documentation to request a Mid-Year Change:

The following items are appropriate supporting documentation required to be uploaded into MAP with the Enrollment or Change Request when adding or removing eligible individuals. Listed below you will find the most common Mid-Year Changes. Additional Changes can be found in the [State Administration Manual](#) starting on page 37.

Change in Family Status	Type of Documentation	Documentation to add person(s) to Insurance
Marriage	Marriage License Completed in English	Spouse and stepchild
Birth	Birth certificate or hospital birth announcement in English	Newborn
Adoption	Petition for adoption or placement agreement completed in English for dependent child Court order completed in English for dependents who are not biological or adopted children of the primary member	Adopted Child(ren)
Adoption of a Grandchild(ren)	Certificate of birth completed in English and Dependent Grandchild Affidavit for children born to a covered dependent (grandchild), along with copy of current years filed Federal tax return for proof of financial dependency and residency.	Grandchild(ren)
Divorce	First and last pages of the final divorce decree including court recorded date stamp and judge's signature	Spouse, Child(ren)
Continuation of Coverage for a Disabled Child(ren)	An Application for Coverage of Permanent and Totally Disabled Dependent Child affidavit for covered dependent children aged 26 or older and copy of current years filed Federal tax return for proof of financial dependency and residency.	Disabled Child(ren) over age 26
Loss of Other Coverage	A certificate of credible coverage stating that you have been removed from your previously occupied plan	Entire Family, Spouse, Child(ren)
Death of a Dependent	Death Certificate	Spouse, Child(ren)

**NOTE:** In order to match documentation for a spouse or dependent(s) to the appropriate primary member, the documentation must be legible. Documentation is uploaded through the primary member's record in MAP.

## Uploading Documentation into MAP

Member Portal Account Overview Logout

**Add Family Member**

Prefix

First Name

Middle Name

Last Name

Suffix

Date of Birth

Social Security Number

Gender

Relationship

Marital Status

Race

Ethnicity

Dependent Documentation

Only the following document types will be allowed. PDF, PNG, JPG, GIF, TIFF.

[What documents do I need to upload?](#)

Scan the required documentation and login to [MAP](#). After you enter your login information, scroll to the bottom of the Member and Family Tab. You will see the image below; select browse and upload all required documents.

**Document Upload**  
Upload Documents to Attach to Your Membership Record

Please click on the "Browse" button to select documents from your computer that can be securely uploaded to your member record. Please only upload documents as requested by the State Employee Health Plan.

**Multiple Documents:** If you need to upload several documents you can select and upload them all at the same time or individually.

Only the following document types will be allowed. PDF, PNG, JPG, GIF, TIFF.

After you have uploaded the required documentation, follow the steps below to complete your mid-year status change:

1.) Click Mid-Year Benefit Changes Tab as indicated below:

The screenshot shows the Member Portal interface. At the top, there is a blue header with "Member Portal" on the left and "Account Overview" and "Logout" on the right. Below the header is a dark blue bar with "Account Overview" in white. Underneath is a navigation menu with several tabs: "Mid-Year Benefit Changes", "Enrollments & Events", "Forms", "Billing", "Documents", and "Payment History". A red arrow points to the "Mid-Year Benefit Changes" tab. Below the navigation menu is a light blue section titled "Member & Family Information" with the subtitle "Add and Edit Family Members". Under this section is a table with columns: "Family Member (click to view)", "Relationship", "On Benefits", and "Eligible". Below the table are two green buttons: "Add Family Member" and "Edit Your Information".

2.) Then select start a New Request.

The screenshot shows the Member Portal interface with the "Mid-Year Benefit Changes" tab selected. The header is the same as in the previous screenshot. Below the navigation menu, the "Mid-Year Benefit Changes" tab is highlighted. Underneath is a light blue section titled "Mid-Year Benefit Changes" with the subtitle "Change Requests". Below this section is a table with columns: "Request Type", "Request Date", "Status", and "Actions". The table contains one row with the text "No Active Requests". To the left of the table is a text box that says: "The table to the right contains a list of all your currently active change requests. These requests may have been submitted by you, or may have been submitted on your behalf by your Human Resources representative." A red arrow points to a blue button labeled "Start a New Request" located below the text box.

3.) Choose one of the four options listed below:

- Newly Eligible Dependent (Adoption, Birth, Marriage, Gained Custody)
- Add/Drop a Dependent due to a Change in Coverage (Marriage, Loss of other coverage)
- Death of Spouse or Dependent
- Remove Ineligible Dependent (Divorce)

## Mid-Year Benefit Change Request

[Cora Alviren Blew](#) > [Mid-Year Benefit Change](#) > Choose a Request Type

## Choose a Request Type

- Member Requests**
- Member Waive Coverage (Mid-Year)
  - HSA Mid-Year Change
  - FSA (Health Care / Limited Scope) Mid-Year Change
  - FSA (Dependent Care) Mid-Year Change
  - Communication Form
- Dependent Requests**
- Newly Eligible Dependent
  - Add/Drop a Dependent due to a Change in Coverage
  - Death of Spouse or Dependent
  - Remove Ineligible Dependent

 I have read and agree to the [User Agreement and Attestation](#) 

Select the applicable option as listed below, enter in the date of the event and include any necessary notes. Then select the green Submit Request button to complete your enrollment.

## Newly Eligible Dependent

- Reason for Dependent Eligibility**
- Marriage
  - Birth of Dependent
  - Adoption of Dependent
  - Gained Custody of Dependent

Date of Event

Please select the Dependent(s) you wish to add to benefits

[Not seeing the dependent you wish to add?](#)

Request Note

 [What happens when I submit a request?](#)**Premium Adjustment**

Once this request has been processed, the SEHP will send an update request to KU. Depending on the timing of this request, KU Benefits may need to request a Payroll adjustment based on when the coverage is effective which will result in a prorated premium adjustment or refund.

**Premium Rates**

To verify premium rates, please visit 2018 Booklet (Rates are on pages 22-23):

<http://www.kdheks.gov/hcf/sehp/download/SEHP2018ActiveNonStateBook.pdf>

**Updating Beneficiaries**

[Visit Changes & Life Events page](#) to access a beneficiary form to change your Basic or Optional Group Life Insurance beneficiary. After the form is completed please forward to the HR Benefits office by either fax 785-864-5200 or by campus mail to “Human Resources – Benefits”.

**Need Help?**

KU Benefits is here to assist you.

*Hotline:* 785-864-7402 to speak to a Benefits Specialist (Monday - Friday, 8:00 am - 5:00 pm CST)

*In Person:* 150 Carruth-O'Leary, 8:00 a.m. to 5:00 p.m., M-F

*Email:* [benefits@ku.edu](mailto:benefits@ku.edu)