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 18.

<table>
<thead>
<tr>
<th>Change in Family Status</th>
<th>Type of Documentation</th>
<th>Documentation to add person(s) to Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage</td>
<td>Marriage License Completed in English</td>
<td>Spouse and stepchild</td>
</tr>
<tr>
<td>Birth</td>
<td>Birth certificate or hospital birth announcement in English. <em>Note:</em> If you add a newborn to coverage, you will need to provide a Social Security Number. Until you receive the actual SSN, you can use the number 777-77-7777 when adding family member information in MAP.</td>
<td>Newborn</td>
</tr>
<tr>
<td>Adoption</td>
<td>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</td>
<td>Adopted Child(ren)</td>
</tr>
<tr>
<td>Adoption of a Grandchild(ren)</td>
<td>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.</td>
<td>Grandchild(ren)</td>
</tr>
<tr>
<td>Divorce</td>
<td>First and last pages of the final divorce decree including court recorded date stamp and judge’s signature</td>
<td>Spouse, Child(ren)</td>
</tr>
<tr>
<td>Continuation of Coverage for a Disabled Child(ren)</td>
<td>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</td>
<td>Disabled Child(ren) over age 26</td>
</tr>
<tr>
<td>Event Description</td>
<td>Required Documentation</td>
<td>Family Members Affected</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Loss of Other Coverage</td>
<td>A certificate of credible coverage, or a letter from the employer on the employer’s letterhead, stating that you (and listing any covered dependents) who have been removed from the plan you were previously covered under and the date that coverage will end.</td>
<td>Entire Family, Spouse, Child(ren)</td>
</tr>
<tr>
<td>Death of a Dependent</td>
<td>Death Certificate</td>
<td>Spouse, Child(ren)</td>
</tr>
</tbody>
</table>

**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**

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.
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:

2.) Then select start a New Request.

3.) Choose one of the four options listed below:
   a. Newly Eligible Dependent (Adoption, Birth, Marriage, Gained Custody)
   b. Add/Drop a Dependent due to a Change in Coverage (Marriage, Loss of other coverage)
   c. Death of Spouse or Dependent
   d. Remove Ineligible Dependent (Divorce)
Select the applicable option as listed below, enter in the date of the event and include any necessary notes. **If you make changes to dependent coverage, you will need to provide specific instructions in the Request Note box about whether the dependent(s) will keep or be removed from medical, dental and/or Surency Vision coverage.**

Then select the green Submit Request button to complete your enrollment.

**Premium Adjustment**
Employees who make changes in coverage because of life events, may see a delay from the time they enroll or initiate a change in MAP to when the premium is deducted from their paychecks. Premium
changes will be reflected on paychecks after the SEHP processes the enrollment or change and sends that information to KU.

- As employees generally have 30 days in which to request a change because of a life event, the premium change could be retroactive and result in multiple premiums deducted from a paycheck.
- If the retroactive premium adjustment will be greater than $500, the Benefits Office will send an email to inform you.
- To minimize retroactive premium deductions, you are encouraged to enroll or make mid-year changes as early in the 30 day period as possible.

**Premium Rates**
For rates information, please visit the active employee booklet located at:
http://humanresources.ku.edu/your-sehp-benefits

**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