ARCHDIOCESE OF PORTLAND IN OREGON

LIFE EVENT CHANGE WORKSHEET 2018-2019

Before completing this worksheet, be sure that you have read and understand the details of your Health Benefit Plans and the list of qualifying events on pages 8 & 9. Use this sheet to complete your benefit change selections. All changes are due within **30 days** of your qualifying event.

If you are adding dependents to your Health Benefits, you must submit approved documents to validate these dependents. The list of approved validation documents are listed on page 8.

Attach the documents required to this change sheet and submit to your Business Manager. Your dependents will remain in pending status until all documentation is validated.

Remember, you can waive medical only if you have other medical coverage and you must submit proof of coverage. You must select a Dental Vision plan.

All coverage begins on the 1st day of the month following the event, unless the event date is the 1st of the month, then coverage begins immediately on the 1st.

Status Change Guidelines

Please note:

- Some insurance carriers do not allow enrollment changes for all of the examples listed here. All changes are subject to carrier approval.
- Loss of eligibility for Indian tribal government coverage allows enrollment of family members, but your premium payroll deduction will be after-tax for the rest of the plan year.
- Family members you want to cover must meet the eligibility requirements on pages 5 and 6.
- Dental/vision coverage is required for all eligible employees; where dropping coverage is indicated, it does not apply to employee coverage.
- If you are on an unpaid OFLA/FMLA or other leave of absence, special rules apply to making changes before, during, and upon return from your leave, in addition to the options listed in the chart for OFLA/FMLA. Contact your employer for details.

Tax Consequences of Retroactive Changes

To avoid tax consequences when the following changes are made retroactively (after the event date), you must sign and submit a new enrollment form by these deadlines:

- If enrolling in an Archdiocesan health plan because other coverage is ending due to a qualifying event, on or before the last day the previous coverage is in effect
- If you get married, on or before your marriage date

- If terminating participation in an Archdiocesan health plan because of eligibility for another employer-sponsored plan, Medicare, or Medicaid, before the other plan becomes effective

If you submit an enrollment form after the above deadlines, but within 30 days (except for Medicaid or CHIP coverage, which allows 60 days) of the event, your payroll adjustments will be affected in these ways:

- If you were receiving unused flex credits as cash back, a change in coverage will not change your amount of cash back or before-tax credits.
- If you already have a before-tax deduction, a change in coverage will not change the before-tax deduction amount.
- Any additional premium cost will be deducted after taxes.
- If you waive your own medical coverage or stop coverage for family members who are still eligible, the premium and coverage change will become effective the first of the month after the form is signed and submitted (this could result in a brief period of double coverage).

This treatment of before and after-tax earnings will continue until the next plan year, unless another status change occurs and you submit a new form by the deadlines listed above.

Turn all documents in to your Business Manager

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Employee Life Event Change Request

Employee name		ID Number	
Location Name		BAS Number	
Qualifying Event		Qualifying Event Date	

Dependent Information

Name	Relationship	SSN	Birthdate	Add/Drop

Turn in to your Business Manager

You may not change your benefit selections outside of an open enrollment period unless you have an event that qualifies as a change in status under IRS regulations and our

contracts with insurance carriers. This form must be completed and submitted to your employer **within 30 calendar days** of the event date. When terminating coverage, you may have to forfeit premiums if you do not report the status change before the event date.

Mark all that apply and attach copies of decrees or court documents if applicable, including adoption.

The change in status marked below affects: ▯ Self ▯ Spouse ▯ Child(ren)

Marital status: ▯New marriage ▯Spouse's death ▯Annulment▯ ▯Divorce

New dependent: ▯Biological child ▯Child adopted/placed for adoption
▯Legal guardianship ▯Stepchild

Lost other coverage or obtained new coverage due to:

- ☐ My other employment
- ☐ Loss of Medicare, Medicaid, or other state plan
- ☐ Other employer's open enrollment
- ☐ Eligible for Medicare or Medicaid
- ☐ Spouse's or parent's employment
- ☐ Loss of Indian tribal government coverage
- ☐ Child's employment
- ☐ Exhaustion of COBRA
- ☐ Exhaustion of state continuation
- ☐ Loss of foreign government plan

Change in status of dependent child:

- ☐ Child's marriage
- ☐ Child's death
- ☐ Court order for another person to provide coverage
- ☐ Court order for myself to provide coverage
- ☐ Child no longer meets eligibility requirements in current DMG

Coverage area:

▯ Other group plan newly available in my area ▯Group plan no longer available in my area

▯ **Significant change in Archdiocesan program premium cost or coverage during Archdiocesan plan year**

▯ **Family Medical Leave Act event**

Turn in to your Business Manager

Use this sheet to complete your benefit change selections (circle new choices).
All changes are due within 30 days of event.

HEALTH BENEFITS COST PER EMPLOYEE 2018-2019

Use this sheet to complete your benefits selections. Go to www.myenroll.com and input all information.
Basic monthly benefits. Rates are net.

Basic Monthly Benefit Rate for Employees per month

Medical Plans – required unless you have other current medical coverage				
	Employee Only	**Employee + spouse**	**Employee + children**	**Employee + family**
Kaiser DEPO 500-1-st-CO	No cost	$230	$128	$352
Kaiser EPO	$30	$329	$209	$487
UHC PPO 1,000-2 ***(NEW)***	No cost	$250	$145	$400
UHC PPO 750-2	$22	$301	$188	$460
UHC PPO 500-2	$34	$360	$235	$539
Dental/Vision - Required				
Reta Delta Dental	$10	$44	$24	$64
Willamette Dental	No cost	$10	$5	$25
Kaiser Permanente Dental	$10	$44	$24	$64
Vision – RETA VSP	Included	No cost	No cost	No cost
Healthcare Flexible Spending Account "FSA" - *Optional*				
If you elect this coverage, a pro rata portion of your annual election will be deducted from each of 12 remaining pay periods in the plan year 2018.				
Maximum election is $2,650.00 per year. Write in the amount of your monthly election.				
Pre-tax costs – Medical, Dental/Vision, and Healthcare FSA				
Add medical, dental/vision, and FSA and enter total here				

Dependent Care Reimbursement Plan – "DCRP" - *Optional*

If you elect this coverage, a pro rata portion of your annual election will be deducted from each of 12 remaining pay periods in the plan year 2018.	
Maximum election is $5,000.00 per year. Write in the amount of your monthly election	

Optional Post-tax benefits

Additional Life/AD&D - *Optional*

To enroll family members, you must select coverage for yourself. See rate sheet for premiums and the schedule of age-based premium increases.

Employee coverage amount $_____ (cannot exceed lesser of $500,000 or 5x annual wages. Do not include your basic Life/AD&D amount here). After tax – enter cost here	
Spouse coverage amount $_____ (cannot exceed 100% of employee coverage). After tax – enter cost here	

Child(ren) coverage amount (cannot exceed 100% of employee coverage)	$1.80 ($6,000)	$2.40 ($8,000)	$3.00 ($10,000)	After tax – enter cost here	

Short-Term Disability - *Optional*

OPT OUT No cost	$3.02 44-day elimination	$5.19 30-day elimination	$7.34 14-day elimination	After tax – enter cost here	

Buy-up Long-Term Disability - *Optional*

$6.09 LTD - 60% of wages	$8.97 LTD – 66 2/3% of wages	After tax – enter cost here	

Total Post-tax costs

Add amounts in shaded boxes above and enter here	

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Reta Trust Dependent Validation Approved Documents

Dependent Type	Approved Documents Requirement
Spouse	Marriage certificate **plus** one piece of documentation dated within the past 60 days to establish a common residence or financial interdependence – Examples of secondary documentation: ▯ Jointly filed Form 1040 ▯ Separately filed Form 1040 with the same address ▯ Financial documents in both parties name ▯ Utility bill in both parties' name
Child to age 26	Birth certificate listing the employee's name Hospital Birth Record (newborns only)
Stepchild	Birth certificate naming spouse as the child's biological parent **and** Marriage Certificate **and** Jointly filed 1040* Separately filed 1040 with same address* Financial document in both names Utility bill in both names
Disabled Dependent	Birth certificate **and** a copy of the employee's recent Form 1040 claiming the individual as a dependent OR the dependent's Form 1040 filed from the employee's address OR SSDI documentation
Adoption/placed for adoption	Appropriate court document
Legal Guardianship/Foster Child	Court document establishing employee or the employee's spouse is the legal guardian

*Not required of marriage less than 90 days

Life Event Status Change Chart

Event	**Medical/Prescription Drug & Dental/Vision**	**HCSA**	**Additional Life/AD&D STD & Buy-up LTD**
Marriage	Add self/family members if adding new spouse or new dependents Drop self or dependents whose coverage starts under new spouse's employer Switch medical plans if adding new family	Add or increase contributions Drop or decrease contributions if family members become covered under a spouse's employer's health care or HCSA plan	Add, increase, decrease, or drop
New dependent (birth, adoption, placement for adoption)	Add self/family members if adding new dependent Drop family members whose coverage starts under spouse's employer Switch medical plans if adding new dependent	Add or increase contributions	Add, increase, decrease, or drop
Divorce, annulment	Add self/dependents whose coverage ends under former spouse's employer Must Drop former spouse Drop family members whose coverage starts under former spouse's employer Switch medical plans if	Add or increase contributions if health coverage or HCSA is lost under former spouse's employer Drop or decrease contributions	Add, increase, decrease, or drop
Spouse dies	Add self and dependents losing coverage under spouse's employer Must drop deceased spouse Switch medical plans if adding dependents who lost coverage under spouse's employer	Add or increase contributions if health coverage or HCSA is lost under deceased spouse's employer Drop or decrease contributions	Add, increase, decrease, or drop
Child dies or loses eligibility	Must drop child	Drop or decrease contributions	Add, increase, decrease, or drop
You, your spouse, or child becomes covered under other employer plan	Drop self/family members who become covered under other employer (employee cannot waive own dental/vision coverage)	Drop or decrease contributions if health coverage or HCSA starts under other employer	Add, increase, decrease, or drop
You, your spouse, or child has change in employment status resulting in loss of other employer plan, or you lose coverage under a parent's employer plan	Add self/family members losing coverage under other employer Switch medical plans if adding family members	Add or increase contributions if health coverage or HCSA is lost under other employer	Add, increase, decrease, or drop
Election to terminate coverage under another employer plan during other employer's open enrollment or special election period	Add self/family members losing coverage Switch medical plans if adding family members	None	None

Event	Medical/Prescription Drug & Dental/Vision	HCSA	Additional Life/AD&D STD & Buy-up LTD
Medicare, Medicaid, or CHIP coverage change	Add family members losing coverage Switch medical plans if adding family members Drop family members who become covered under Medicare Part A, B, or D or Medicaid	Add or increase contributions if family members lose eligibility Drop or decrease contributions if family members become covered	None
Any family member moves into or out of health plan's coverage area	Add family members losing coverage under other plan who have no other benefit option Switch plans if adding family members Drop family members outside of area Waive own coverage if eligible for another	None	None
Court order to add coverage	Add children covered by order Drop if court orders coverage by another person	Add or increase contributions if required to provide health coverage Drop or decrease contributions if other person required to	None
Significant change to Archdiocesan program such as premium increase or dropping or adding plans during the plan year	Drop family members Switch plans Waive own coverage if enrolling in another plan	None	Drop or decrease
Loss of medical coverage due to exhaustion of COBRA or state continuation period	Add family members losing coverage Switch medical plans if adding family members	Add or increase contributions	None
Wage increase or decrease	None	None	Must reduce life/AD&D coverage if wage-based maximum would otherwise be exceeded
Any family member loses coverage under state health benefits pool, Indian tribal government coverage, or foreign government plan	Add family members losing coverage Switch medical plans if adding family members	None	None
Unpaid leave protected by Family Medical Leave Act	Stop contributions Prepay coverage during leave	Stop contributions Prepay coverage during leave	Increase or decrease