UNIVERSITY OF DENVER

Benefits Enrollment for Qualifying Event: Add Dependents

Faculty & Staff

For Maximum Functionality
Download this form and complete on your computer

Important Information

- **When to Use This Form** – Use this form to add your new child and other dependents to your *current* voluntary benefits plans within 30 days of the child's birth or adoption or other qualifying event.
  If you plan to make other changes to your benefit plans or with this qualifying event, you must complete the full Benefits Enrollment/Change Form available in Fresh Desk.
- **Documentation for Qualifying Event** – Submit documents supporting your qualifying event with this form.
- **Dependent Verification Documentation** – If you enroll dependents for any benefit, you must upload dependent documentation via MyDU (Employee Resources> Benefits Information > My Benefits > Upload Dependent Documentation).
- **Complete the Form in its entirety** – This form will be returned to you if it is not filled in completely.
- **DEADLINE – Submit this form within 30 days of your qualifying event. Do not forget to sign this form because it cannot be processed without a signature.**
- **Confirmation of Benefits Enrollment** – Human Resources Benefits will send an email when the enrollment is completed. Please review your paycheck stubs to ensure your benefit premiums are deducted.

Employee Information

First Name: ____________________ Middle Initial: ________ Last Name: ____________________

DU ID Number (Required): ____

Home Telephone: ____________________ Campus Telephone: ____________________

Email Address: ____

Enrollment Reason

☐ **IRS Qualifying Event** **Date of Event:** ______________ (mm/dd/yyyy) **Benefits Effective Date:** ______________ (mm/dd/yyyy)

You have 30 days from the date of the qualifying event to complete and return this form. Benefits effective date will be the 1st of the month following the event **except in cases of childbirth, the benefits will be effective on the child's date of birth.**

Type of Event:

☐ Marriage / Divorce
☐ Birth / Adoption of Child
☐ Custody Change
☐ Other: ________________________________
☐ Ineligible Dependent
☐ Death of Spouse / Partner / Child
☐ Loss of Coverage through Employer / Spouse

Section 1: New Dependent Coverage Information

List only dependents you are adding to coverage **at this time.** Please provide dependent verification documentation for spouse/partner (i.e. marriage license, common law affidavit, domestic partner affidavit, etc.) and children (birth certificates).

Circle One	Coverage	Name: First, M.I., Last	DOB	Gender	SSN
☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision	Spouse / Partner		☐ M ☐ F	
☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision	Child		☐ M ☐ F	
☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision	Child		☐ M ☐ F	
☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision	Child		☐ M ☐ F	
☐ Add ☐ Remove	☐ Medical ☐ Dental ☐ Vision	Child		☐ M ☐ F	

See next page for authorization, signature, and instructions on how to submit your form.

Section 2: General Fraud Statement

Any employee, employee's dependent(s), or other individual(s) who knowingly provides false, incomplete, or misleading facts or information on any Benefits Enrollment/Change Form, benefits enrollment website, affidavit, or other document for the purpose of defrauding or attempting to defraud the university's benefits plans hereto commits a fraudulent act. Any such person will be subject to civil and/or criminal penalties, fines, denial of enrollment in any or all of the university's benefits plans, or as provided in regulations, statutes, and applicable written directives.

Section 3: Authorization and Signature – READ, SIGN, AND DATE

☐ I certify that by completing, signing, and returning this form, I agree to abide by the eligibility, enrollment, and election procedures for the University of Denver benefits as outlined in the Benefits Guide, which is available at https://www.du.edu/human-resources/benefits/index.html.

☐ I and/or my dependent is enrolling in a medical plan:

> ☐ As a Cigna Plan enrollee, I agree, for myself and my covered dependents, that , in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person, I will fully inform the health plan and will execute such assignments, liens or other documents which may be necessary to enable the health plan to recover the value of the services provided. I further agree that in the event I or any of my covered dependents collect benefits or damages from any other party who has primary responsibility for services provided by the health plan, I will immediately reimburse the health plan to the extent permitted by state law.
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> Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

☐ I hereby authorize the University of Denver to deduct the necessary premiums, if any, from my paycheck. I understand that my contributions for premiums and/or Flexible Spending Account shall be taken from my salary prior to the calculation of taxes, thus reducing my gross taxable salary. I understand that there will be no withholding of Federal Income Tax or State Income Tax amounts reported as income to me on my W-2 statement.

By taking advantage of these tax savings, I understand that I am not eligible for the tax credits and/or deductions offered for such benefits on IRS Form 1040 and these elections are irrevocable during the plan year except for qualified changes in status as defined by the IRS.

Signature *(If using electronic signature, please return this form using your @du.edu email address)* Date

How to Submit Your Benefits Enrollment/Change Form

The preferred method is to complete this form electronically, and email it to: Benefits@du.edu By fax: Attention: Benefits, Human Resources 303-871-3656 Keep a copy of the fax transmission report with your form for your records.	In Person Keep a copy for yourself and bring your completed original form to: Mary Reed Hall 4th Floor 2199 S. University Blvd Denver, CO 80208	By US Mail – *Not Preferred* Make a copy for your records and send originals to: Benefits, Human Resources Mary Reed Hall 2199 S. University Blvd Denver, CO 80208 By Campus Mail – *Not Preferred* Benefits, Human Resources Mary Reed Hall 4th Floor

Internal Use Only

Date	Action	Initials
	PDADEDN Entered	
	PDABENE Update	
	PDABCOV Linked	
	D00 in BCOV	
	Required Certification Add/Replace & Notes Added	

Notes/Instructions