Job Aid: Reporting a Midyear Benefit Change or Qualifying Life Event

Document Name: Qualifying Life Events / Midyear Benefit Changes Click here to enter text.		
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Date Revised: 6/5/2019	**Written by:** Danielle Tofaeono	**Approved by:** Click here to enter text.

Overview

Niagara offers FT team members pre-tax benefits. The IRS requires you remain in your benefit plans for the duration of the Plan Year unless you experience a qualifying life event or family status change. **All midyear changes must be reported within 30 days of an IRS Qualifying Life Event (QLE). Once you submit your QLE you must submit supporting documentation in Workday, please see the page 13-15.**

You can visit niagarabenefits.com or check out our user friendly benefits counselor tool "Meet Alex" to learn more about your Benefits!

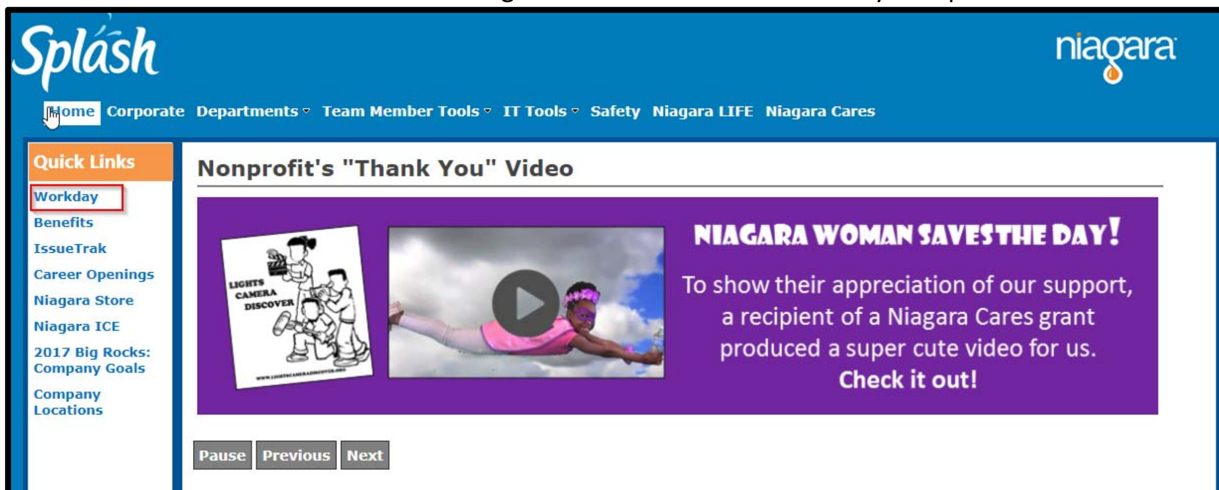
Here is a list of QLEs.

- **Birth or Adoption**
- **Change in Martial Status or Domestic Partnership**
- **Dependent Gains/Loses other Coverage**
- **Team Member Gains/Loses other Coverage**
- **Medicare or Medicaid Eligibility Change**

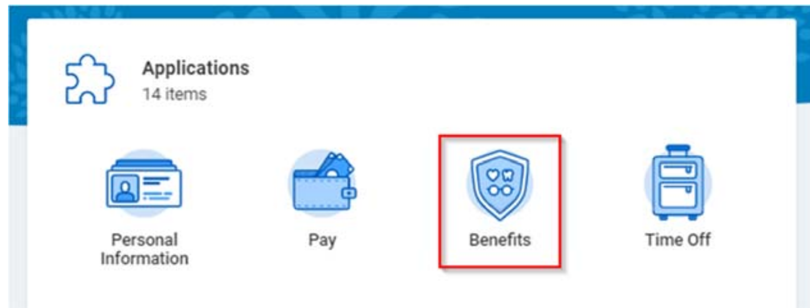
Procedure

[PART 1]

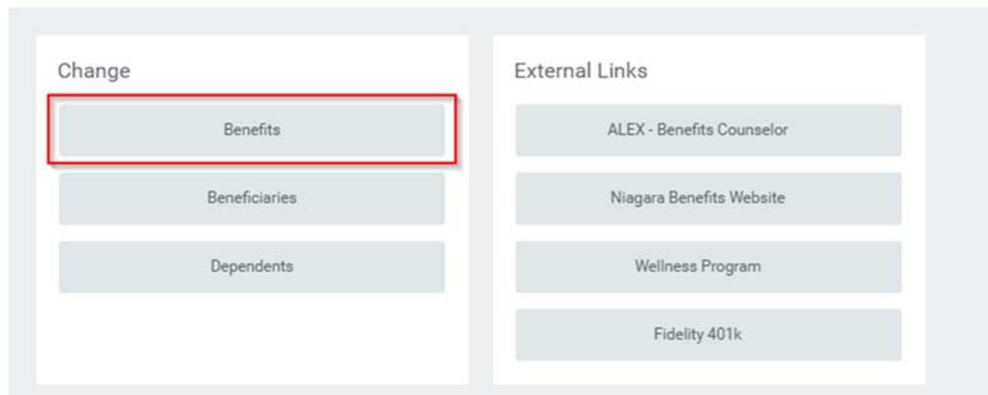
1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash.



2. From the Workday home page, select the Benefits Worklet

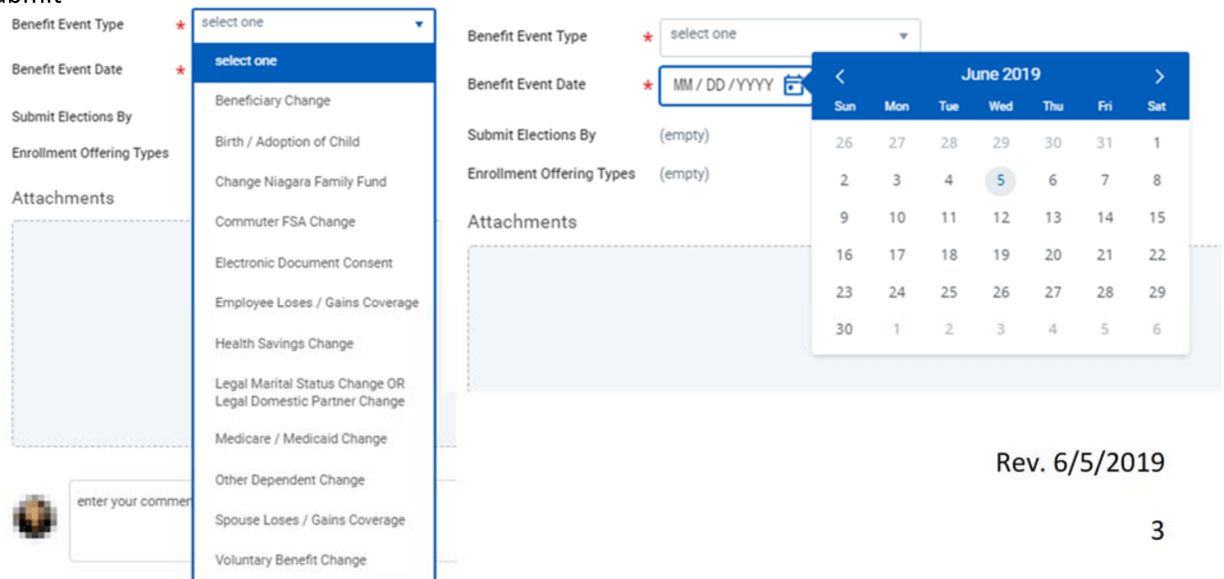


3. Select Change Benefits from the left navigation area



4. Select the Benefit Event Type closest to your qualifying event. When in doubt, email benefits@niagarawater.com

5. **Benefit Event Date: [IMPORTANT]**
   a. For Marriage or Birth – **enter the date of the event** (your wedding date, baby's birthdate or adoption date)
   b. For Gain or Loss of coverage – **enter the last day you are covered under the other plan**. Niagara Benefits will begin on the first of the month following that date.
   c. Click Submit



6. Find the event in your INBOX (Go to your picture or cloud in the upper right to find your inbox). Open the enrollment event.

7. From your Inbox, you can start selecting your healthcare elections. Hover over and select the “Elect” button on the medical, dental, vision or GAP coverage you wish to select.
    a. **IMPORTANT**: If you are **WAIVING** Niagara Medical, you must select the ***Medical Opt Out*** plan and provide a reason. **If you do not pick a medical plan, you will receive an error message on the last page of the enrollment process that requires you to restart.**

Health Care Plan Dependencies

Health Care Elections 12 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Team Member Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Be (Se
Medical - Aetna HMO	Elect Waive					
Medical - Aetna HMO Low	Elect Waive					
Medical - Aetna PPO HSA	Elect Waive	Test Adopted Kid	Employee + Child(ren)	$100.00	$391.26	
Medical - Kaiser Permanente HMO Southern CA	Elect Waive					

8. Add your new dependents. Click in the Enroll Dependents area for the benefit you wish to add your new family member to. Select the Menu button. Select Add Dependent.
    a. If your Dependent is already added to Workday, choose Existing Dependents instead and skip to Step 11.

Health Care Elections 15 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - Aetna HMO Low	Elect Waive		
Medical - Aetna PPO HSA	Elect Waive	search Existing Dependents Add My Dependent From Enrollment	Employee
Medical Opt-Out - Niagara Water	Elect Waive		

9. Next step, Choose Existing Beneficiary (if already in Workday but not a dependent) or more commonly, choose New Dependent. Decide if the dpeendent will also be a Life Insurance beneficiary.

Add My Dependent From Enrollment

21 second(s) ago - Effective 06/04/2019

Use your new dependent as a beneficiary?

Yes

No

10. On the next screen, fill in all of the required fields.
    a. Make sure you add an address for your dependent
    b. Under National ID, enter your dependent's SSN

11. Once you have entered your dependent's demographic data, select the OK button.
    a. You will then be redirected to the healthcare selection page. Once you have completed this, repeat Step 8 by adding your dependent to each line of coverage (Medical, Dental, Vision)

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12. If you elected the Aetna PPO HSA medical plan, you will be asked if you want to contribute pre-tax $ to the HSA. If you do, please click Elect and select the annual or per paycheck amount that you want to contribute. If you want to opt out, select Waive and click the **Yellow *Continue* button**.
    a. Your next options are Flexible Spending Accounts - Traditional FSA, Limited Purpose FSA or Dependent Care FSA.

Change Benefit Elections
Legal Marital Status Change OR Legal Domestic Partner Change for Test Employee - Step 2 of 7
Actions

Total Cost	Total Credits	Total Team Member Cost/Credit
$345.81 Semi-monthly Cost	$50.00 Semi-monthly Credit	$295.81 Semi-monthly Cost

Event Date
07/22/2017
Initiated On
07/24/2017
Submit Elections By
08/20/2017
7 minute(s) ago - Effective 07/22/2017

When you elect HSA, changes to your contribution amount can be made at any time via Workday by following steps 2-6 and selecting "Health Savings Change."

Health Savings Account Plan Dependencies

Health Savings Election 1 item

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
HSA - Payflex	Elect (selected) / Waive	Your number of remaining payroll deductions for the year 14 Your estimated contributions made this year 300.00 How much do you want to contribute for the total year? 2,400.00	Minimum Contribution (Annual) $100.00 Maximum Contribution (Annual) $6,750.00

    b. To elect, choose the Elect button near the benefit coverage you want. To the right, please be sure to select either your annual or per paycheck election. Once you are ready to move on, click the **Yellow *Continue* button** at the bottom.

Change Benefit Elections
Legal Marital Status Change OR Legal Domestic Partner Change for Test Employee - Step 3 of 7
Actions

Total Cost	Total Credits	Total Team Member Net Cost/Credit
$345.81 Semi-monthly Cost	$50.00 Semi-monthly Credit	$295.81 Semi-monthly Cost

Event Date
07/22/2017
Initiated On
07/24/2017
Submit Elections By
08/20/2017
7 minute(s) ago - Effective 07/22/2017

When you elect FSA, you are required to remain enrolled for the duration of the Plan Year unless you experience a change in status.

Spending Account Plan Dependencies

Spending Account Elections 4 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
FSA Health - Discovery	Elect / Waive (selected)	Your number of remaining payroll deductions for the year 14 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00	Minimum Contribution (Annual) $100.00 Maximum Contribution (Annual) $2,600.00

13.

The next page is in reference to your life and disability options. Select the Supplemental Life options you would like for yourself, spouse and child(ren).

a. **NOTE:** If selecting Supplemental Life for your Spouse or Child(ren), it is recommended that you select yourself as a beneficiary. Add yourself in the prompt by choosing **Create→Add Beneficiary**

b. Choose relationship “OTHER” and enter your information

14. If you elect Supplemental Life coverage, please designate your beneficiaries.

a. If you intend to use your current dependents as beneficiaries, select ***Beneficiary Persons***. Choose the dependents from the pick list.
b. If you would like add additional beneficiaries, select ***Create***.
c. Decide who you’d like to designate as your primary and contingent beneficiaries.
   - Primary Beneficiaries receive the benefit first.

- Contingent beneficiaries receive the benefit in the event the primary beneficiaries are not eligible for payment (examples: death or under age 18)

d. You will also allocate a percentage to each beneficiary. The total per benefit must be 100%.

Change Benefit Elections
Legal Marital Status Change OR Legal Domestic Partner Change for Test Employee - Step 5 of 7
Actions

Total Cost	Total Credits	Total Team Member Net Cost/Credi
$346.88 Semi-monthly Cost	$50.00 Semi-monthly Credit	$296.88 Semi-monthly Cos

Event Date
07/22/2017

Initiated On
07/24/2017

Submit Elections By
08/20/2017

14 minute(s) ago - Effective 07/22/2017

Beneficiary Designations 2 items

	Provider Website	Requires Beneficiary	Beneficiaries		
				*Beneficiary	*Primary Percentage / Contingent Percentage
nd AD&D -	www.aetna.com				
				Test Spouse	Primary Percentage 100 Contingent Percentage 0
and AD&D	www.aetna.com				
				Test Spouse	Primary Percentage 100

15. Next up, Electronic Distribution Consent, Legal Shield and Pet Assure.

a. You must choose to **Elect** Electronic Distribution Consent, and then choose a Coverage. You can modify this choice anytime.

Yes, I authorize Niagara to send me important benefit information via email

No, I would like to receive all benefit information through the US Mail at my home

b. Select Elect or Waive for the Legal Shield or Pet Assure coverages you want. Then, click the **Yellow *Continue* button**.

Change Benefit Elections Benefit Elections Review for Birth / Adoption of Child - Step 7 of 7

› Details

Evidence of Insurability
Increases in coverage above the Guarantee Issue or elections from Waive to Coverage may require Evidence of Insurability (EOI) or *Proof of Good Health.* I

If you are required to complete EOI, Aetna will contact you by email or mail to your home.

Evidence of Insurability

1 item

Benefit Plan
Supplemental Employee Life and AD&D - Aetna (Employee)

Important: You have Evidence of Insurability pending for a previous enrollment. Your insurance elections may be affected based on that process.

Elected Coverages 12 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents
Medical - Aetna PPO HSA	06/04/2019	06/04/2019	Employee + Child(ren)		Test Child
Dental - Delta PPO High	03/01/2018	03/01/2018	Employee		
Vision - VSP Low	03/01/2018	03/01/2018	Employee		
Health Advocate - Health Advocate	03/01/2018	03/01/2018	Employee		
EAP - Aetna	05/22/2017	05/22/2017	Employee		
Critical Illness Qualifier - Question -- Before you can enroll in a Critical	01/01/2019	01/01/2019	Yes		

Submit | Save for Later | Go Back | Cancel

16. Review all elections and verify accuracy. Select the ***Go Back*** button at the bottom to correct any mistakes.
17. If your elections are as you intend, scroll to the bottom of the page and review the Legal Acknowledgements. Select ***I Agree.***
    a. Note: It is always recommended to print or save an electronic copy of your elections for future reference.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, **you may not change your benefit elections during the calendar year unless you experience a qualified change in status.**
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds $50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 daysafter your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.
- You understand and you attest that your Life and or Disability coverage has not previously been while employed at Niagara. Failure to notify Aetna of previous denial will be subject to termination of coverage.
- In accordance with HIPAA, you understand that if you enroll in a PPO plan, Niagara may disclose information to third parties in connection with plan administration, through executed enrollment forms, or in another manner which satisfies applicable law.

I Agree

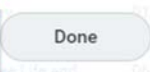
b. Select the I Agree button

c. At the bottom, select the **Yellow Submit.**

18. Print your Confirmation Statement and store a copy on your computer.

Elected Coverages 12 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical - Aetna PPO HSA	06/04/2019	06/04/2019	Employee + Child(ren)
Dental - Delta PPO High	03/01/2018	03/01/2018	Employee
Vision - VSP Low	03/01/2018	03/01/2018	Employee
Health Advocate - Health Advocate	03/01/2018	03/01/2018	Employee
EAP - Aetna	05/22/2017	05/22/2017	Employee
Critical Illness Qualifier - Question -- Before you can enroll in a Critical Illness plan, we need to know if you are covered by a medical plan. If you are electing a Niagara medical plan, or you will be covered by your spouse's (or parent's) medical plan, or you are purchasing a private medical policy, Select Yes. If No, choose Waive	01/01/2019	01/01/2019	Yes
Critical Illness - Chubb $10,000	01/01/2019	01/01/2019	Employee
HSA - Payflex	01/01/2019	01/01/2019	$3,250.00 Annual



[PART 2]

Supporting Documentation for your QLE

- You are required to submit proof of the Qualifying Event
- If you are adding a new dependent, you are also required to submit proof of Dependent relationship

Event	Proof Due
Marriage	• Government Issued Marriage License
Divorce	• Court signed Divorce Decree
Dependent Gains or Loses Other Coverage	• HIPAA Certificate of Creditable Coverage OR • Letter from the Plan Sponsor certifying there is a change in benefits. Must include the effective date of the change and all lines of coverage lost (Medical, Dental, Vision, etc). • Must include all family members requesting a change to midyear elections
Employee Gains or Loses Other Coverage	• HIPAA Certificate of Creditable Coverage OR • Letter from the Plan Sponsor certifying there is a change in benefits. Must include the effective date of the change and all lines of coverage lost (Medical, Dental, Vision, etc). • Must include all family members requesting a change to midyear elections
Medicare or Medicaid Eligibility	• Letter from Medicare or Medicaid indicating the date coverage begins
Birth **Adoption**	• Government issued birth certificate (Including Parent's Name) • Adoption Placement Agreement Including Child's Birth Date OR • Petition for Adoption Including Child's Birth Date OR • Adoption Certificate Including Child's Birth Date

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Adding a new family member/dependent

New Dependent	Proof Due
Legal Spouse	Government Issued Marriage License
Domestic Partner	Notarized Affidavit of Domestic Partnership
Biological Child	Government issued birth certificate (Including Parent's Name)
Disabled Biological Child	Government issued birth certificate (Including Parent's Name) Age 26 and over • Must be medically certified as disabled • Must be the Employee's child
Step Child	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate (if married in the last 12 months) Age 26 and under • Must be biological child of Employee's spouse.
Disabled Step-Child	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate Age 26 and over • Must be medically certified as disabled • Must be the Employee's spouse's child
Domestic Partner Child	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership • Age 26 and under • Must be EE's Domestic Partner's Child
Domestic Partner Disabled Child	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership • Age 26 and over • Must be medically certified as disabled • Must be the Employee's Domestic Partner's child
Adopted Child	• Adoption Placement Agreement Including Child's Birth Date or Petition for Adoption Including Child's Birth Date OR Adoption Certificate Including Child's Birth Date. • Age 26 and under
Disabled Adopted Child	Adoption Certificate Including Child's Birth Date • Age 26 and over • Must be medically certified as disabled • Must be Employee or Spouse's Adopted Child
Foster Child	Foster Care Placement Authorization Including Child's Birth Date & EE listed as Child's Caregiver • Age 26 and under • Must be EE or spouse's foster child

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Legal Ward	Government Issued Birth Certificate & Court Ordered Document of Legal Custody • Age 26 and under • Must be the legal ward of the Employee or spouse
Disabled Legal Ward	Government Issued Birth Certificate & Court Ordered Document of Legal Custody • Age 26 and over • Must be Medically Certified as disabled • Must be the legal ward of the Employee or spouse

- Submit proof of the Qualifying Life Event (QLE) to Niagara's benefit administrator. Scan & email documents to niagarabenefits@onesourcevirtual.com. **Please do not attach documents via Workday**.
- Visit niagarabenefits.com or check out our user friendly benefits counselor tool "Meet Alex" to learn more about your Benefits!

When entering your QLE, please use these event dates:

Qualifying Life Event	Event Date	Effective Date
Birth /Adoption	**Date of Birth /Adoption**	Date of Birth/Adoption
Marriage **Divorce**	**Date of Marriage** **Date Divorce is Finalized**	1st of the Following Month 1st of the Following Month
Team Member/Dependent Gains Coverage	**The last day of coverage desired under Niagara** Example: If new coverage starts 11/1, enter 10/31	1st of the Following Month
Team Member/Dependent Loses Coverage	**The last day of active coverage** Example: if the old coverage ends 11/1, enter 10/31	1st of the Following Month
Medicare or Medicaid Changes	**Date prior to Medicare/Medicaid beginning or ending**	1st of the Following Month 1st of the Following Month