

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



<b>Document Name:</b> Qualifying Life Events / Midyear Benefit Changes <a href="#">Click here to enter text.</a>		
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## 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 mid-year 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 12-14.

You can visit [niagarabenefits.com](https://niagarabenefits.com) or check out our user friendly benefits counselor tool "[Meet Alex](#)" to learn more about your Benefits!

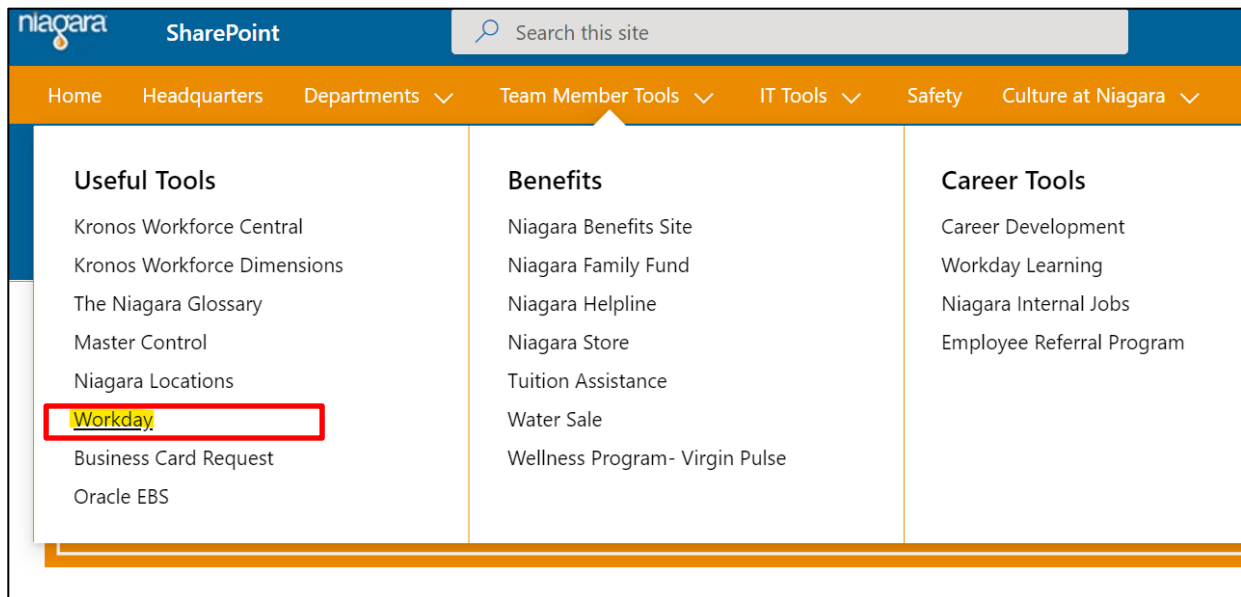
Here is a list of QLEs.

- 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

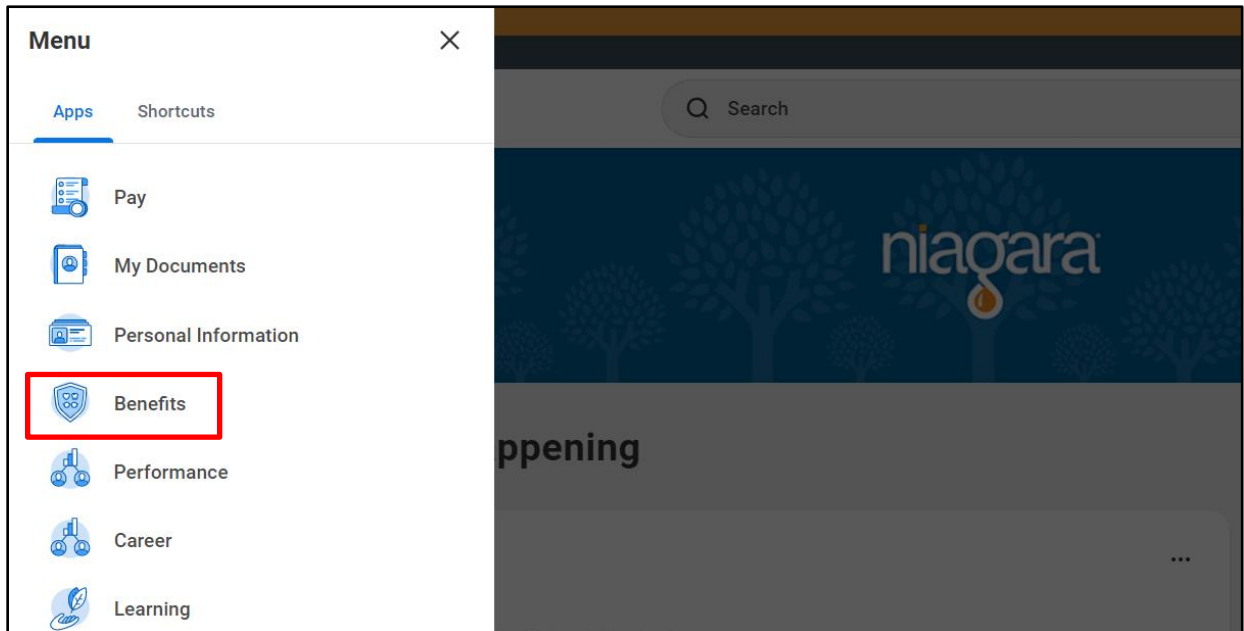
## Procedure

### [PART 1]

1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash located under Team Member Tools.



2. From the Workday home page, find the Menu tab on the top left corner. Find the Benefits worklet from the list.



3. Select Change Benefits from the left navigation area.

The screenshot shows a 'Change' section with three buttons: 'Benefits', 'Beneficiaries', and 'Dependents'. The 'Benefits' button is highlighted with a red rectangular box. To the right, there is an 'External Links' section with four buttons: 'ALEX - Benefits Counselor', 'Niagara Benefits Website', 'Wellness Program', and 'Fidelity 401k'.

4. Select the Benefit Event Type closest to your qualifying event. When in doubt, email [benefits@niagarawater.com](mailto:benefits@niagarawater.com).

The screenshot shows a form with a 'Benefit Event Type' dropdown menu. The dropdown is open, displaying a list of options: Beneficiary Change, Birth / Adoption of Child, Change Niagara Family Fund, Commuter FSA Change, Electronic Document Consent, Employee Losses / Gains Coverage, Health Savings Change, Legal Marital Status Change OR Legal Domestic Partner Change, Medicare / Medicaid Change, Other Dependent Change, Significant Change in Dependent Care Expenses, Spouse Losses / Gains Coverage, and Voluntary Benefit Change. The 'Benefit Event Date' field is also visible, with a 'select one' dropdown. Below the dropdown is an 'Attachments' section and a comment field labeled 'enter your comment'.


5. **Benefit Event Date:** **[IMPORTANT]**


- For Marriage or Birth – **enter the date of the event.** (your wedding date, baby’s birthdate or adoption date)
- 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.
- Click Submit.

The screenshot shows the 'Change Benefits' form. The 'Change Reason' dropdown is set to 'Employee Losses / Gains Coverage'. The 'Benefit Event Date' field is set to 'MM/DD/YYYY' and is open to a calendar for January 2023. The calendar shows the date '3' (January 3rd) selected. The 'Submit Elections By' field is empty. There is also a comment field labeled 'enter your comment'.

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 enroll in 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 and Accounts

**Medical**  
Waived  
[Enroll](#)

**Medical Opt-Out**  
Niagara Water - California  
Cost per paycheck Included  
Coverage I'm eligible for coverage elsewhere at no cost to me (i.e. dependent on another group plan)  
[Manage](#)


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 New Dependent**.

### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage **\* Employee**

Plan cost per paycheck

[Add New Dependent](#) 

- a. If your Dependent is already added to Workday, choose Existing Dependents instead and skip to Step 11.

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

### Add My Dependent From Enrollment

Use as Beneficiary ☐

**Qualifying Event Rule Change**  
In July 2020, the US Department of Labor, Employee Benefits Security Administration (EBSA) lifted the 30 day reporting requirement for Qualifying Life Events (QLEs). The EBSA notice allows for team members to report retroactive changes in coverage on or after 3/1/2020 up to 90 days after the end of the National Emergency.

Anyone experiencing a Qualifying Life Event (QLE) on or after 3/1/2020 with proof of change in coverage for themselves (the team member) or an eligible dependent may retroactively start coverage. Coverage is always effective on the first day of lost coverage. Team Members are responsible for any missed premium from the effective date of the QLE through the current payroll period. **All retroactive premiums are collected in one lump sum within 1-2 payroll periods of approval. This could result in one or more \$0 paychecks.**

OK

Cancel

On the next screen, fill in all of the required fields.

- Make sure you add an address for your dependent (you can either use your existing address or enter a new address information below)
- Under National ID, enter your dependent's SSN

### Add My Dependent From Enrollment

**Name**

Country \* United States of America

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

**Personal Information**

Relationship \*

Date of Birth \* MM/DD/YYYY

Age (empty)

Gender \* select one

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

**National IDs**

Click the Add button to enter one or more National Identifiers for this dependent.

[Add](#)

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**Address**

Use Existing Address

Country \* United States of America

Address Line 1

Address Line 2

City

State

Postal Code

County

**Phone & Email**

Use Existing Phone

Country Phone Code United States of America (+1)


Phone Number (909) 518-3713

Phone Extension

Email Address

10. Once you have entered your dependent's demographic data, select the OK button.
  - a. You will then be redirected to the dependents page. Go ahead and click on the dependents you would like to include in your plan. Your new dependent will be listed to each line of coverage (Medical, Dental, Vision) so you would simply have to select the dependent(s) from the list and hit "save" for each plan.
11. If you elected the **Cigna HSA** medical plan, you have an option to select the annual or per paycheck amount that you want to contribute through Fidelity and click the save button to complete.

**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."**



**HSA**  
Waived

[Enroll](#)

**HSA**

Projected Total Cost Per Paycheck  
\$66.73

**Plans Available**

Select a plan or Waive to opt out of HSA.

1 item

*Selection	Benefit Plan Details	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Fidelity Health Savings Account		

## HSA - Fidelity Health Savings Account

Projected Total Cost Per Paycheck  
\$66.73

### Contribute

Your estimated contributions made this year 0.00

Per Paycheck

Annual

Remaining Paychecks 22


Maximum Annual Amount: \$7,250.00

### Summary

Total Annual HSA Contribution \$0.00


- a. If you wish to opt out, select Waive.
- b. Your next options are **Flexible Spending Accounts** - Traditional FSA, Limited Purpose FSA or Dependent Care FSA.
- c. To elect, find the FSA cards on the page. Once you select the one you would like, please be sure to select either your annual or per paycheck election.

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



**FSA Health**  
Waived

Enroll



**Limited FSA**  
Waived

Enroll

12. 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).

### Insurance

#### Basic Life

Unum - with AD&D (Employee)

Cost per paycheck	Included
Coverage	\$25,000

[Manage](#)

#### Supplemental Employee Life and AD&D

Unum (Employee)

Cost per paycheck	\$8.65
Coverage	\$100,000

[Manage](#)

#### Supplemental Spouse Life and AD&D

Waived

[Enroll](#)

#### Supplemental Child Life and AD&D

Unum (Child)

Cost per paycheck	\$0.83
Coverage	\$10,000

[Manage](#)

#### Long Term Disability

Waived

[Enroll](#)

- 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 clicking the plus sign below “**Primary Beneficiaries**” → **Add Beneficiaries** → enter the percentage amount.

### Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

**\*Primary Beneficiaries** 0 items

	Beneficiary	Percentage
No Data		

**Secondary Beneficiaries** 0 items

	Beneficiary	Percentage
No Data		



- b. Choose relationship from the drop-down menu and enter your information.

### Add New Beneficiary or Trust

Relationship \*

Use as Beneficiary ☒

Date of Birth

Age (empty)

Gender

Allow Duplicate Name ☐

Legal Name

Contact Information

National IDs

Additional Government IDs

Other IDs

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

- If you intend to use your current dependents as beneficiaries, select **Existing Beneficiary Persons** from the drop-down menu when selecting Primary Beneficiaries. Choose the dependent(s) from the pick list.
- If you would like add additional beneficiaries, select **Add New Beneficiary or Trust**.
- Decide who you'd like to designate as your primary and secondary beneficiaries.
  - Primary Beneficiaries receive the benefit first.
  - Secondary beneficiaries receive the benefit in the event the primary beneficiaries are not eligible for payment (examples: death or under age 18)
- You will also allocate a percentage to each beneficiary. The total per benefit must be 100%.

### Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

\*Primary Beneficiaries 1 item


Beneficiary

Percentage

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

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

### Additional Benefits



**Electronic Document Consent**  
Niagara

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

Manage

### Electronic Document Consent

Projected Total Cost Per Paycheck


### Plans Available

You must select a plan.

1 item


*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Niagara

- b. Select enroll for the Legal Shield or Pet Assure coverages you want, if not, simply **skip**. After this step, click **“Review and Sign”** button at the very bottom to review your new benefits one last time.



**Legal Assistance**  
Waived

Enroll



**Pet Discount Plan**  
Waived

Enroll

#### Enrollment Instructions

##### Things to Know About Your Qualifying Life Event

Because Niagara offers pre-tax benefits, you are required to remain enrolled in your plans through the end of the Plan Year, unless you experience a **Qualifying Life Event**. The IRS requires you provide proof of the event before Niagara will finalize your request.

1. Proof of a **Qualifying Event** and/or **New Dependent Verification** is due within 30 days of submitting this event.
2. You may upload QLE Documentation to your event in the last step OR email to [niagarabenefits@onesourcevirutal.com](mailto:niagarabenefits@onesourcevirutal.com). Include your name and Team Member ID on all pages.
3. Carefully review each benefit and add/drop dependents as you wish.
4. Once you have submitted the event, review the coverage effective date.

For more information on midyear changes, review <https://www.niagarabenefits.com/FT/changes.php>.

15. Review all elections and verify accuracy. Select the **Cancel** button at the bottom to correct any mistakes.
16. If your elections are as you intend, scroll to the bottom of the page and review the Legal Acknowledgements. Select **I Accept**.

- a. Note: It is always recommended to print or save an electronic copy of your elections for future reference.

(attach docs here) refer to part 2 with required documents.

## 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 Accept" 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.**
- 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, typically within **30 days** after 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 **30 days** after the marriage, birth or adoption.
- You understand that you will not pay income tax or FICA tax on 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 Open Enrollment period, you will have the option to change certain coverage, whether or not you have had a qualified change in status event during the calendar year.
- In accordance with HIPAA, you understand that if you enroll in a Medical 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.
- You understand if you enroll in a Niagara medical plan, covered Team Members will be asked to voluntarily participate in the Hydrate Your Health 2.0 Wellness program. **Failure to complete wellness activities by stated deadlines will result in additional payroll contributions** through the Wellness Surcharge, beginning in April. Wellness Rewards are treated as taxable income upon redemption.

b. Select the I Accept button

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

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

## Submitted

**You've submitted your elections.**

**Thank you for completing your Benefit Elections.**

Select **PRINT** and save a copy of your **Confirmation Statement** to your computer.

[View 2023 Benefits Statement](#)

## 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
- Dependent verification can also be satisfied by providing **the first page of a Team Member's prior-year income tax return** listing the spouse, child(ren), disabled, or adopted child(ren) as a **tax dependent**. Please omit any private, or financial information, by blacking out the sections before sending documentation."

Event	Proof Due
<b>Marriage</b>	<ul style="list-style-type: none"> <li>• Government Issued Marriage License</li> </ul>
<b>Divorce</b>	<ul style="list-style-type: none"> <li>• Court signed Divorce Decree</li> </ul>
<b>Dependent Gains or Loses Other Coverage</b>	<ul style="list-style-type: none"> <li>• HIPAA Certificate of Creditable Coverage OR</li> <li>• 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).</li> <li>• Must include all family members requesting a change to midyear elections</li> </ul>
<b>Employee Gains or Loses Other Coverage</b>	<ul style="list-style-type: none"> <li>• HIPAA Certificate of Creditable Coverage OR</li> <li>• 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).</li> <li>• Must include all family members requesting a change to midyear elections</li> </ul>
<b>Medicare or Medicaid Eligibility</b>	<ul style="list-style-type: none"> <li>• Letter from Medicare or Medicaid indicating the date coverage begins</li> </ul>
<b>Birth</b>	<ul style="list-style-type: none"> <li>• Government issued birth certificate (Including Parent's Name)</li> </ul>
<b>Adoption</b>	<ul style="list-style-type: none"> <li>• Adoption Placement Agreement Including Child's Birth Date OR</li> <li>• Petition for Adoption Including Child's Birth Date OR</li> <li>• Adoption Certificate Including Child's Birth Date</li> </ul>

## Adding a new family member/dependent

New Dependent	Proof Due
<b>Legal Spouse</b>	Government Issued Marriage License
<b>Domestic Partner</b>	Notarized Affidavit of Domestic Partnership
<b>Biological Child</b>	Government issued birth certificate (Including Parent's Name)
<b>Disabled Biological Child</b>	Government issued birth certificate (Including Parent's Name) Age 26 and over <ul style="list-style-type: none"> <li>• Must be medically certified as disabled</li> <li>• Must be the Employee's child</li> </ul>
<b>Step Child</b>	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate (if married in the last 12 months) Age 26 and under <ul style="list-style-type: none"> <li>• Must be biological child of Employee's spouse.</li> </ul>
<b>Disabled Step-Child</b>	Government issued birth certificate (Including Parent's Name) Government Issued Marriage Certificate Age 26 and over <ul style="list-style-type: none"> <li>• Must be medically certified as disabled</li> <li>• Must be the Employee's spouse's child</li> </ul>
<b>Domestic Partner Child</b>	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership <ul style="list-style-type: none"> <li>• Age 26 and under</li> <li>• Must be EE's Domestic Partner's Child</li> </ul> <p>For the child(ren) of your domestic partner to be covered, you must also enroll your Domestic Partner in the same lines of coverage as the child.</p>
<b>Domestic Partner Disabled Child</b>	Government issued birth certificate (Including Parent's Name) Notarized Affidavit of Domestic Partnership <ul style="list-style-type: none"> <li>• Age 26 and over</li> <li>• Must be medically certified as disabled</li> <li>• Must be the Employee's Domestic Partner's child</li> </ul>
<b>Adopted Child</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Age 26 and under</li> </ul>
<b>Disabled Adopted Child</b>	Adoption Certificate Including Child's Birth Date <ul style="list-style-type: none"> <li>• Age 26 and over</li> <li>• Must be medically certified as disabled</li> <li>• Must be Employee or Spouse's Adopted Child</li> </ul>

<b>Foster Child</b>	Foster Care Placement Authorization Including Child's Birth Date & EE listed as Child's Caregiver <ul style="list-style-type: none"> <li>• Age 26 and under</li> <li>• Must be EE or spouse's foster child</li> </ul>
<b>Legal Ward</b>	Government Issued Birth Certificate & Court Ordered Document of Legal Custody <ul style="list-style-type: none"> <li>• Age 26 and under</li> <li>• Must be the legal ward of the Employee or spouse</li> </ul>
<b>Disabled Legal Ward</b>	Government Issued Birth Certificate & Court Ordered Document of Legal Custody <ul style="list-style-type: none"> <li>• Age 26 and over</li> <li>• Must be Medically Certified as disabled</li> <li>• Must be the legal ward of the Employee or spouse</li> </ul>

*\*Dependent verification can also be satisfied by providing the first page of a Team Member's prior-year income tax return listing the spouse, child(ren), disabled, or adopted child(ren) as a tax dependent. Please omit any private, or financial information, by blacking out the sections before sending documentation.*

- Submit proof of the Qualifying Life Event (QLE) to Niagara's benefit administrator. Scan & email documents to [niagarabenefits@onesourcevirtual.com](mailto:niagarabenefits@onesourcevirtual.com).
- Visit [niagarabenefits.com](http://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
<b>Birth /Adoption</b>	<b>Date of Birth /Adoption</b>	Date of Birth/Adoption
<b>Marriage</b>	<b>Date of Marriage</b>	Date of Event
<b>Divorce</b>	<b>Date Divorce is Finalized</b>	1 <sup>st</sup> of the Following Month
<b>Team Member/Dependent Gains Coverage</b>	<b>The last day of coverage desired under Niagara</b>  Example: If new coverage starts 11/1, enter 10/31	1 <sup>st</sup> of the Following Month
<b>Team Member/Dependent Loses Coverage</b>	<b>The last day of active coverage</b>  Example: if the old coverage ends 11/1, enter 10/31	1 <sup>st</sup> of the Following Month
<b>Medicare or Medicaid Changes</b>	<b>Date prior to Medicare/Medicaid beginning or ending</b>	1 <sup>st</sup> of the Following Month 1 <sup>st</sup> of the Following Month