



ADDING COVERAGE FOR SELF, SPOUSE, OR DEPENDENT(S) DUE TO LOSS OF OTHER COVERAGE

You have 30 days from the date of loss to add yourself, spouse, and/or dependents to coverage(s). You will need your spouse/dependent's SSN and dates of birth to add them to coverage.

YOU MUST ALSO HAVE THE FOLLOWING DOCUMENTS IN ORDER TO COMPLETE THIS PROCESS:

**LOSS OF COVERAGE DOCUMENTATION WITH LAST DAY OF COVERAGE
COURT STAMPED/FILED MARRIAGE CERTIFICATE, *NOT MARRIAGE LICENSE*
MOST RECENT 1040 TAX FORM, *FRONT PAGE ONLY* WITH FINANCIAL INFORMATION REDACTED
DEPENDENTS BIRTH CERTIFICATES NAMING YOU OR YOUR SPOUSE AS THE PARENT**

Log into your Benelogic account at <https://epc-online.benelogic.com>.

- Select "**Make a Change**"
- Select "**Add Someone to Coverage**"
- The Reason for Change will be "**Loss of Coverage**."
 - Click on the Next button
 - Message will populate with documentation reminder

Add Self and/or Dependent(s) Due to Loss of Coverage



Before you proceed with this enrollment, you will need the following:

- Proof of Loss of Coverage
- Valid Social Security Number for any new dependents

If you do not have this information, please collect it before you proceed. If you have the information with you, select **Next** to continue.

- Click Next
- Date of the Event is the Day **AFTER** the last day of Coverage.
 - Click on the Next Button
- Click on the Blue Plus Sign to "**Add New Dependent**".
 - Add your spouse/dependent's personal information.
 - Click on the Submit Button
 - Click on the Next Button



You must provide a loss of coverage letter or documentation indicating the last day of coverage.

Provide Documentation

If you have documentation to support this change, please upload it now. If your employer requires documentation, you will not be able to continue past this point without supplying it. In the case of loss of other coverage, a document proving loss of coverage only needs to be uploaded once. It will apply to all people covered by the loss and noted on the documentation. When you are finished, click **Next**.

Name	Documentation	Delete
	Upload Document or Attach from File Cabinet	

- Click on **Upload Document** to attach your documentation located on your computer or **Attach from File Cabinet** to attach a previously uploaded document located in your file cabinet.

YOU MUST COMPLETE THE NEXT STEPS TO ADD YOUR SPOUSE/DEPENDENTS TO YOUR HEALTH PLANS

- Click on your spouse/dependent's name to add to the current plan.
 - If you currently have Single coverage, you will need to use the use the drop-down menu under **"Coverage Level"** to change to Family coverage.
 - Click on the Next Button
- Repeat the prior steps to add your spouse/dependents to Dental and Vision Plans, if offered.
- If your district offers Basic Life Insurance, you will be asked to review your beneficiaries.
 - Click on your spouse/dependent's name to add as a beneficiary if desired.
 - Click on the Next Button
- If your district offers Voluntary Term Life:
 - You can elect or waive Employee coverage. To elect the coverage, use the drop-down menu under **"Total Requested Amount"** to select an amount. To waive, select the waive button.
 - Click on the Next Button
 - Elect or waive Spouse Voluntary Term Life coverage using the same steps as above.
 - Click on the Next Button
 - Elect or waive Child Voluntary Term Life coverage.
 - Click on the Next Button



- **REVIEW** – Please review your selections carefully.
 - If selections are correct, click on the Save Button
- **UPDATE RECORD** – Add Marriage **CERTIFICATE**, not Marriage License, 1040 Tax Form, Loss of Coverage Documentation, Birth Certificates:
- Scroll towards the bottom of the page to the area labeled “**Attachments**”. You can upload your documents or attach previously uploaded documents from your file cabinet. The documents will be submitted with your change request.
 - Click on the Next Button
 - Click on the Submit Button

YOUR CHANGE WILL NOT BE PROCESSED WITHOUT THE COURT FILED/STAMPED MARRIAGE CERTIFICATE, 1040 TAX FORM, LOSS OF COVERAGE DOCUMENTATION, AND BIRTH CERTIFICATES