

WHAT HAPPENS WHEN YOUR SPOUSE/PARTNER LOSES INSURANCE?

A spouse or domestic partners employment change is a "qualifying event" in terms of your benefits. This means that you can change most of your benefit elections. Please be sure to make your changes by completing and submitting the appropriate forms to Human Resources within **31 days** of the date your spouse/partner loses insurance coverage. If the loss occurred prior to the 16th of the month your changes will be retroactive to the first of the month. If the loss occurred on or after the 16th of the month, your premium changes will be effective the first day of the month following your change. If you do not notify Human Resources within **31 days** of the event, you will need to wait until the next Open Enrollment period to make your changes.

Spouse/Partner Loses Insurance

☐ [Marriage/Domestic Partner Affidavit](#)

Please complete the affidavit for your benefit file as documentation of your spouse/partner's benefit eligibility.

☐ [Medical, Dental, Vision, Flexible Spending Account](#)

- a. **Will you be adding your spouse/partner to your benefits?** If you are already enrolled in a College medical and/or dental plan, you may want to add your spouse/partner and/or dependents as a result of your spouse/partner losing his/her insurance coverage. If you are not currently enrolled in a College health plan, you may elect coverage for yourself, spouse/partner, and other dependents. In both instances, you will need to provide a letter from your spouse/partner's employer stating the date his/her insurance coverage was terminated.
- b. **Do you need to make changes to your Health Care and/or Dependent Care Flexible Spending Accounts (FSA)?** You may want to reconsider your participation in Health Care and Dependent Care Flexible Spending Accounts by either signing up now or if already participating, changing your contribution amount. You may need to increase your Health Care FSA contributions to pay for your spouse/partner and/or child(ren)'s out-of-pocket health care expenses and/or begin, stop, increase, or decrease contributions to a Dependent Care FSA.

You will need to complete the Benefit Enrollment/Change form within 31 days of the change.

Also required is a letter from employer with the termination date of benefits.

☐ [Life Insurance](#)

This is a good time to reevaluate your [life insurance](#) coverage and determine if you want [dependent life insurance](#) for your spouse. You may also choose to update or change your life insurance beneficiary(ies). This change will require a letter from you for your employee benefits file.

☐ [Retirement](#)

This is a good time to review your retirement programs, investment elections, and contribution amount to make sure they reflect your financial goals. You may update or change your beneficiary(ies). This may be done by calling TIAA-CREF at 800-842-2776 or [Log in online](#).

☐ [W-4](#)

To update your Tax withholding status, if you choose to change it.

☐ **Employee Assistance Program**

A job loss can be stressful in many ways. EASE offers confidential, professional counseling and referral services to help you and your family with any issues that may arise including free financial planning, and legal consultation. Please contact info@easeeap.com or 503-228-3223 to get started.

Questions?

Contact the Office of Human Resources at hr@clark.edu or 503-768-6235. For assistance with any benefit elections please visit the [benefits website](#). You can also set up an individual consultation with a Benefit Specialist to go over your coverage and options.