# **Divorce or Legal Separation**

Should you and your spouse get a divorce, the following should be considered. As with any status change, **you have 31 days** after your divorce or legal separation to make adjustments and/or changes to your benefits (see specific effective dates below).

Divorce or legal separation is a "qualifying status change" in terms of your benefits. This means that you can change most of your benefit elections without waiting until the annual NUFlex enrollment period. You will be required to furnish a copy of the divorce decree (for divorce) or court order or separation agreement (for legal separation) to verify the Permitted Election Change Event. Contact your Campus Benefits Office for assistance with any benefit elections.

Below are the benefit changes and effective dates that may be made as a result of a divorce or legal separation.

#### **Medical Insurance**

Nebraska:

#### Divorce

Coverage changes due to a divorce will be effective the first day of the month following the date the divorce decree is final (6 months after date the decree is entered).

## Legal Separation

Coverage changes due to a legal separation will be effective the first day of the month following the date of the court order or separation agreement.

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#### Divorce

Coverage changes due to a divorce will be effective the first day of the month following the date the divorce decree is final.

#### Legal Separation

Coverage changes due to a legal separation will be effective the first day of the month following the date of the court order or separation agreement.

#### Benefits Changes You May Be Able to Make

• You must cancel your former spouse's and stepchildren's (if applicable) coverage.

- You may enroll in one of the medical options.
- You may enroll a dependent child who loses eligibility under your former spouse's plan.
- You may enroll previously eligible dependents so long as at least one dependent has lost coverage under your former Spouse's employer's plan.

# Dental, Vision, Health Care FSA, Dependent Care FSA, Life, AD&D, Long Term Disability, and Long Term Care benefits

Nebraska:

#### Divorce

Coverage changes due to a divorce will be effective the first day of the month following the date the divorce decree is entered.

#### Legal Separation

Coverage changes due to a legal separation will be effective the first day of the month following the date of the court order or separation agreement.

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#### Divorce

Coverage changes due to a divorce will be effective the first day of the month following the date the divorce decree is final.

#### Legal Separation

Coverage changes due to a legal separation will be effective the first day of the month following the date of the court order or separation agreement.

#### **Dental Insurance**

#### Benefits Changes You May Be Able to Make

- You must cancel your former spouse's and stepchildren's (if applicable) coverage.
- If your former spouse is providing your dental insurance coverage, you may enroll for dental coverage if you provide a letter from your former spouse's employer or insurance company stating when the insurance terminated and specifically listing who was covered.
- Dental insurance may not be added if you are <u>not</u> currently enrolled for your spouse's coverage.
- You may enroll previously eligible dependents so long as at least one dependent has lost coverage under your former Spouse's employer's plan.

#### **Vision Care Insurance**

## Benefits Changes You May Be Able to Make

- You must cancel your former spouse's and stepchildren's (if applicable) coverage.
- If your former spouse is providing your vision insurance coverage, you may enroll for vision coverage if you provide a letter from your former spouse's employer or insurance company stating when the insurance terminated and specifically listing who was covered.
- Vision insurance may not be added if you are <u>not</u> currently enrolled for your spouse's coverage.
- You may enroll previously eligible dependents so long as at least one dependent has lost coverage under your former Spouse's employer's plan.

#### **Voluntary Life Insurance**

### Benefits Changes You May Be Able to Make

- You may enroll, increase, decrease, or cancel your voluntary life insurance coverage and/or change your tobacco/nicotine designation.
- If you increase coverage, you must complete an Assurity Life Insurance Statement of Health Form.

#### Accidental Death & Dismemberment Insurance (AD&D)

#### Benefits Changes You May Be Able to Make

You may enroll, increase, decrease or cancel your AD&D coverage.

#### **Dependent Life Insurance Spouse**

#### Benefits Changes You May Be Able to Make

• You must cancel your former spouse's coverage.

#### **Dependent Life Insurance Child**

#### Benefits Changes You May Be Able to Make

- You must cancel your former stepchildren coverage.
- To add coverage for a dependent child that was previously eligible, you must complete an Assurity Life Insurance Statement of Health Form.

## **Long Term Disability Insurance (LTD)**

# Benefits Changes You May Be Able to Make

- You may enroll, cancel, or change your LTD option.
- If you are increasing LTD coverage, or enrolling for the first time, benefits are subject to the 3-12 month pre-existing condition exclusion.

# **Health Care Flexible Spending Account**

#### Benefits Changes You May Be Able to Make

- You may enroll or increase the amount you contribute to the Health Care Flexible Spending Account.
- Contributions <u>may not</u> however, be decreased at this time. Only those expenses incurred after the effective date of the change will be covered or reimbursable.

## **Dependent Care Flexible Spending Account**

#### Benefits Changes You May Be Able to Make

- You may enroll, increase, decrease or cancel your Dependent Care Flexible Spending Account contribution.
- Only those expenses incurred after the effective date of the change will be covered or reimbursable.

Benefit forms needed to make a benefits change due to divorce or legal separation:

Benefits Change Form
Dependent Information Request Form
Dependent Verification Documentation
Assurity Life Insurance Statement of Health Form

**NOTE:** This is intended to be a summary of benefits, services and procedures. For full details, contact your Campus Benefits Office.