

REPORT A LIFE EVENT



What Is A Life Event?

A Life Event, otherwise known as a Qualifying Life Event or QLE, is an event that when it occurs, allows you to make changes to your benefits. Below are examples of QLEs.

- Marriage
- Birth or adoption
- Attainment of legal guardianship
- Divorce or annulment
- Loss of spouse's job
- Becoming eligible for Medicare
- Loss of dependent status
- Death of a spouse or dependent
- Gain/loss of Medicaid or CHIP

Through the Online Benefits Center, you can quickly and easily report your QLE and make allowable dependent/benefit changes. **Please keep in mind:**

- You will only be allowed to make changes that are consistent with the QLE you are reporting.
- You must report your QLE and provide the supporting documentation within the specified timeframe – 31 days (or 60 days if related to Medicaid or CHIP coverage changes).

To get started, follow the steps below and on the following page. If you need any help along the way, please contact the Employee Benefits Center at 1-800-307-0230.

1 Log into the Online Benefits Center.

- Go to **MyInframarkBenefits.com** and click on “ENROLL”.
- Enter your secure Login ID and Password.
- If you do not know your Login information, check your Pay Stub for your 6 digit Employee ID number or ask your manager.
- If you cannot remember your password, you can reset it by clicking on the “Forgot Your Password?” link.

2 Click On “Report A Qualifying Life Event”



3 Enter Specific Details About Your QLE

- Choose the type of QLE you are reporting from the drop-down menu.
- Enter the date on which your QLE occurred.
- You are **required** to submit documentation for the QLE you are reporting. You have the option to upload your documentation online by clicking the “Browse” button, or you can submit your documentation via fax at 1-866-406-6946 or by mail to the Employee Benefits Center, 1200 Abington Executive Park, Clarks Summit, PA 18411.
- Check the acknowledgement box and click the “Proceed” button.

Please enter the Qualifying Life Event Date in the format MM/DD/YYYY.

Qualifying Life Event Reason:

Qualifying Life Event Date:

Upload Proof of Qualifying Life Event (optional):

I acknowledge that the information I provided above is true and complete. I understand that changes to my dependent and benefit information will be pending until the information above and required supporting documentation have been received and approved.

4 Make Your Dependent Changes

In order to make your dependent changes, you must have the following information ready for each of your dependents: Date of Birth and Social Security Number (SSN)*.

- Click “CHANGE” to update the information on file for an existing dependent.
- Click “DELETE” if you no longer want to cover a dependent under your benefits.
- Click “ADD A DEPENDENT” if you are newly enrolling a dependent in coverage.

If you do not need to make any changes to your dependent information, click the “Proceed” button.

**For newborns, if a SSN isn't available at the time you are reporting your QLE, enter another generic SSN (for example, 123-45-6789) and notify the Benefits Center as soon as it is received to ensure the information is updated.*

Dependents						
Name	Relationship	Sex	SSN	Date of Birth	Disabled?	
JANE SAMPLE	SPOUSE	FEMALE	578-42-2222	01/01/1960	NO	
Medical	Dental	Vision				
NO	YES	YES				<input type="button" value="CHANGE"/> <input type="button" value="DELETE"/>
TEST CHILD	CHILD	MALE	245-87-5555	07/07/2012	NO	
Medical	Dental	Vision				
NO	YES	YES				<input type="button" value="CHANGE"/> <input type="button" value="DELETE"/>
TEST CHILD2	CHILD	MALE	254-78-5555	12/10/2012	NO	
Medical	Dental	Vision				
YES	NO	NO				<input type="button" value="CHANGE"/> <input type="button" value="DELETE"/>
<input type="button" value="ADD A DEPENDENT"/>						

5 Make Your Benefit Changes & Submit Your Elections

- Click the “ENROLL” link next to any benefit option that you would like to newly elect, change, or waive.
- Once you have reviewed your benefit elections, click on the “Submit These Elections” button (on the bottom of the page), or your changes **will not** be saved. A confirmation statement will be generated once your elections have been recorded. Please print a copy of this statement.

Health Benefits EXAMPLE ONLY					
Current Coverage	Carrier	Plan Type	Coverage	Pay Period Deduction	Action
Medical	ABC	MEDICAL POS	Employee and Spouse/Partner	\$57.00	
Dental	ABC	DENTAL DMO	Employee and Spouse/Partner	\$9.00	
Vision	N/A	WAIVE VISION COVERAGE	NA	\$0.00	
Future Election	Carrier	Plan Type	Coverage	Pay Period Deduction	Action
Medical	ABC	MEDICAL PPO	Employee and Child(ren)	\$115.00	<input type="button" value="ENROLL"/>
Dental	ABC	DENTAL PPO	Family	\$16.00	<input type="button" value="ENROLL"/>
Vision	ABC	VISION	Family	\$9.00	<input type="button" value="ENROLL"/>

Flexible Spending Accounts				
Current Coverage	Description	Annual Target	Pay Period Deduction	Action
FSA	Medical Flexible Spending Account	No Benefit Selected	NA	