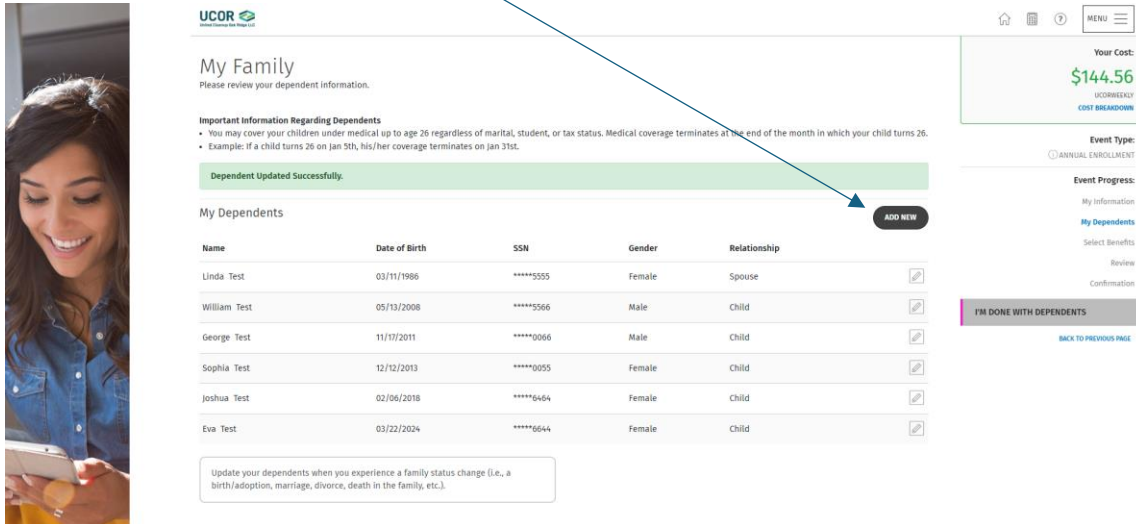


ADDING DEPENDENTS TO EACH BENEFIT PLAN:

After you have confirmed your information, the next screen will list Dependents. Here, you can add any new dependents.



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My Family

Please review your dependent information.

Important Information Regarding Dependents

- You may cover your children under medical up to age 26 regardless of marital, student, or tax status. Medical coverage terminates at the end of the month in which your child turns 26.
- Example: If a child turns 26 on Jan 30, his/her coverage terminates on Jan 31st.

Dependent Updated Successfully.

My Dependents

Name	Date of Birth	SSN	Gender	Relationship	
Linda Test	03/11/1986	*****5555	Female	Spouse	
William Test	05/13/2008	*****5566	Male	Child	
George Test	11/17/2011	*****0666	Male	Child	
Sophia Test	12/12/2013	*****0555	Female	Child	
Joshua Test	02/06/2018	*****6454	Female	Child	
Eva Test	03/22/2024	*****6644	Female	Child	

Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.).

ADD NEW

Your Cost: \$144.56
UCOR WEEKLY COST BREAKDOWN

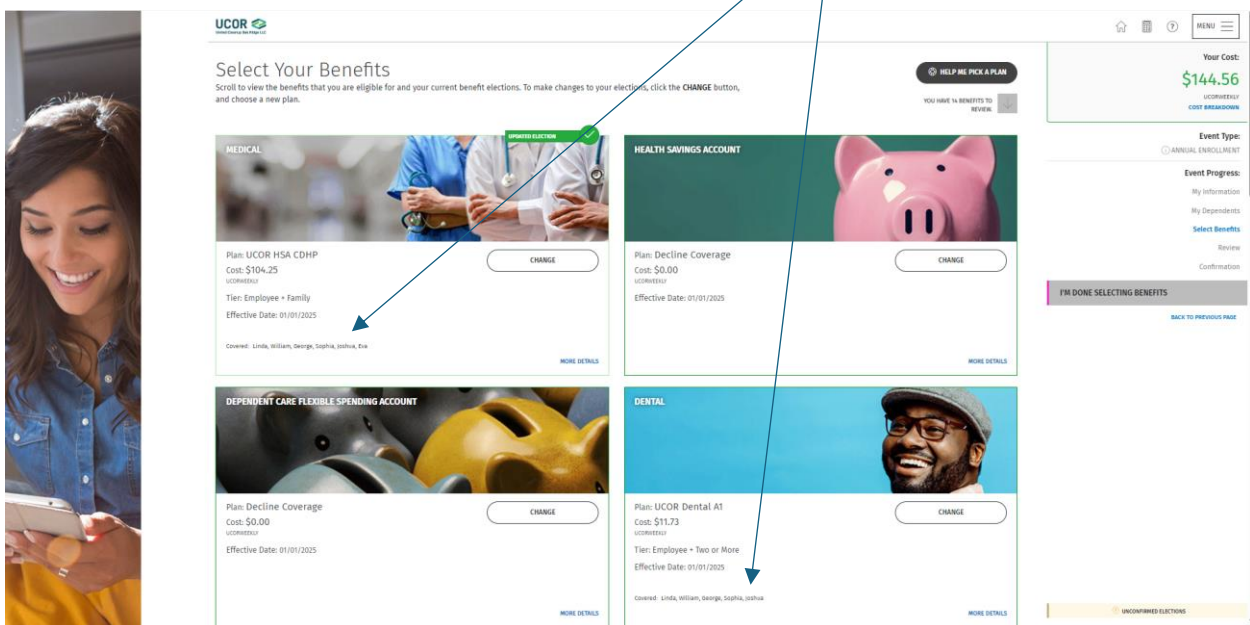
Event Type:
ANNUAL ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE WITH DEPENDENTS
BACK TO PREVIOUS PAGE

Once you have added new dependents, or confirmed existing dependents, the next screen will list the Benefit options available to you.

Within each Benefit window, it will list each dependent added to the plan.



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Select Your Benefits

Scroll to view the benefits that you are eligible for and your current benefit elections. To make changes to your elections, click the **CHANGE** button, and choose a new plan.

HELP ME PICK A PLAN
YOU HAVE 16 BENEFITS TO REVIEW

Medical
Plan: UCOR HSA CDHP
Cost: \$104.25
UCOR WEEKLY
Tier: Employee + Family
Effective Date: 01/01/2025
Covered: Linda, William, George, Sophia, Joshua, Eva
CHANGE
MORE DETAILS

HEALTH SAVINGS ACCOUNT
Plan: Decline Coverage
Cost: \$0.00
UCOR WEEKLY
Effective Date: 01/01/2025
CHANGE
MORE DETAILS

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
Plan: Decline Coverage
Cost: \$0.00
UCOR WEEKLY
Effective Date: 01/01/2025
CHANGE
MORE DETAILS

DENTAL
Plan: UCOR Dental A1
Cost: \$11.73
UCOR WEEKLY
Tier: Employee + Two or More
Effective Date: 01/01/2025
Covered: LINDA, William, George, Sophia, Joshua
CHANGE
MORE DETAILS

Your Cost: \$144.56
UCOR WEEKLY COST BREAKDOWN

Event Type:
ANNUAL ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE SELECTING BENEFITS
BACK TO PREVIOUS PAGE

UNCOMPLETED ELECTIONS

If a dependent is not listed here, it means they are not covered by the Plan.

To make changes to Dependents covered under the plan, click the “Change” button.

DENTAL

Plan: UCOR Dental A1

Cost: \$11.73
UCORWEEKLY

Tier: Employee + Two or More

Effective Date: 01/01/2025

Covered: Linda, William, George, Sophia, Joshua

[CHANGE](#)

[MORE DETAILS](#)

You will then be able to add dependents to the plan.

UCOR

Select Your Dental Plan

Your Dental Plan is available through Cigna. This plan determines your in-network and out-of-network coverage and costs for routine cleanings and check-ups, office visits, surgeries, and other procedures and services provided under the care of a dentist or applicable oral specialist.

1. Select who you want to cover for your Dental.
Choose the dependent(s) that will be covered by this plan.

<input checked="" type="checkbox"/> Employee Test (You) DOB: 04/17/1982	<input checked="" type="checkbox"/> Linda Test (Spouse) DOB: 03/11/1986	<input checked="" type="checkbox"/> William Test (Child) DOB: 05/13/2008	<input checked="" type="checkbox"/> George Test (Child) DOB: 11/17/2011	<input checked="" type="checkbox"/> Sophia Test (Child) DOB: 12/12/2013
<input checked="" type="checkbox"/> Joshua Test (Child) DOB: 02/06/2018	<input type="checkbox"/> Eva Test (Child) DOB: 03/22/2024			

[SELECT ALL](#)

[ADD DEPENDENTS](#)

2. Review and select your plan

Your Current Benefit Plan: UCOR Dental A1, Employee + Two or More

CURRENT

UCOR Dental A1

TIER: EMPLOYEE + TWO OR MORE

\$11.73
UCORWEEKLY

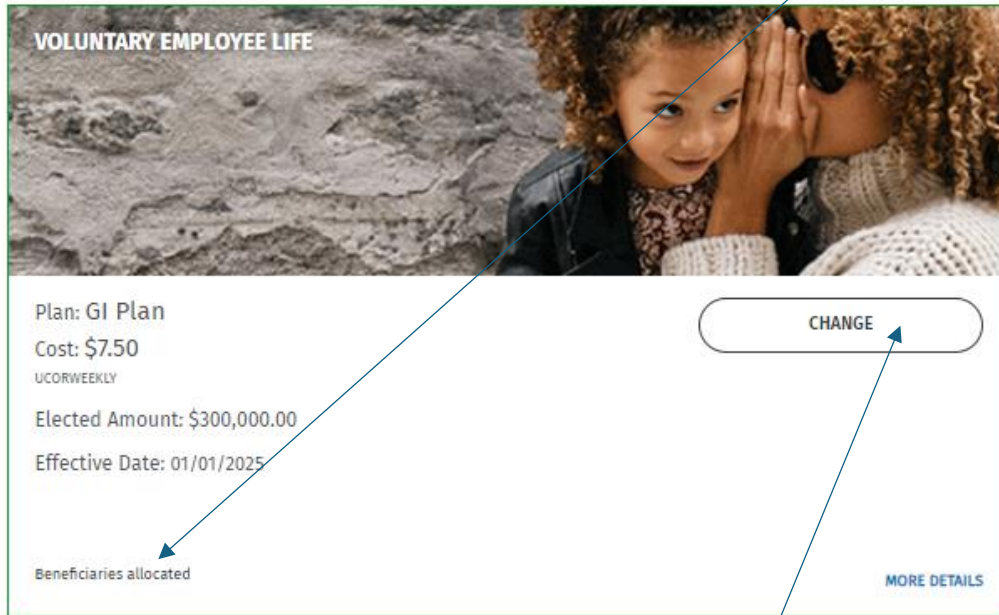
Your Selection

Decline Coverage Select This Plan To Waive Coverage. [Select](#)

[I'M DONE WITH MY SELECTION](#) [BACK TO PREVIOUS PAGE](#)

ADDING BENEFICIARIES AND BENEFICIARY ALLOCATIONS:

Within each plan box, it will show if Beneficiaries have been allocated.



VOLUNTARY EMPLOYEE LIFE

Plan: GI Plan
Cost: \$7.50
UCORWEEKLY
Elected Amount: \$300,000.00
Effective Date: 01/01/2025

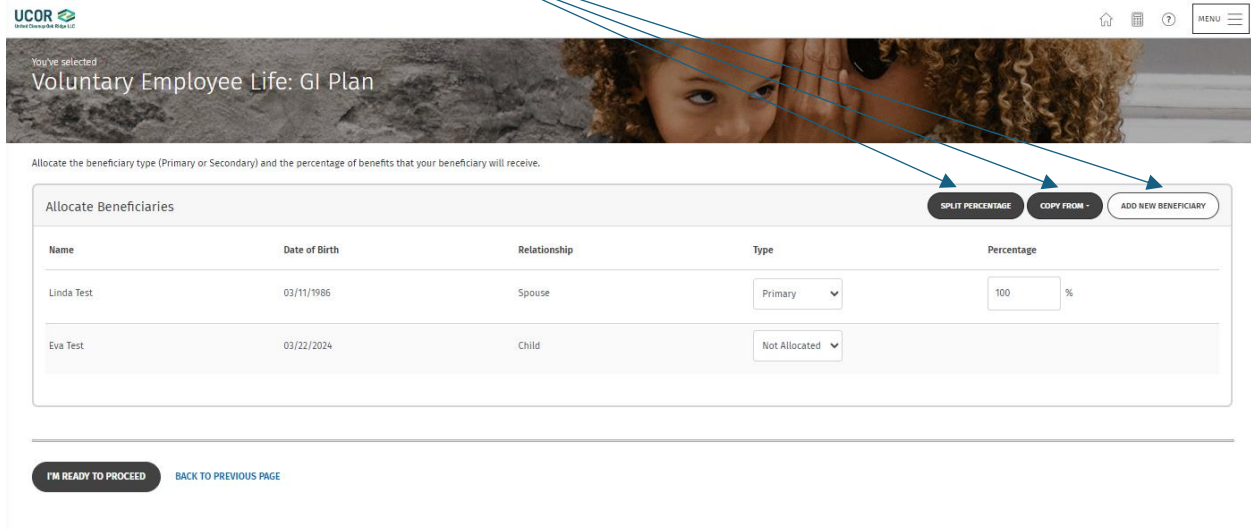
Beneficiaries allocated

CHANGE

MORE DETAILS

Click the “Change” button to view the Beneficiary allocation for each plan.

Here, you can Change the percentage split, copy the beneficiary information from another plan, or add new beneficiaries.



UCOR
You've selected
Voluntary Employee Life: GI Plan

Allocate the beneficiary type (Primary or Secondary) and the percentage of benefits that your beneficiary will receive.

Allocate Beneficiaries

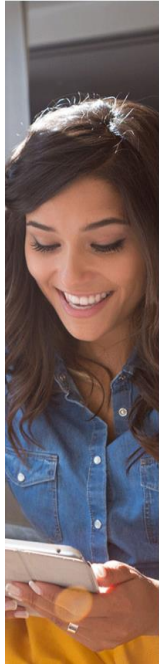
SPLIT PERCENTAGE COPY FROM ADD NEW BENEFICIARY

Name	Date of Birth	Relationship	Type	Percentage
Linda Test	03/11/1986	Spouse	Primary	100 %
Eva Test	03/22/2024	Child	Not Allocated	

I'M READY TO PROCEED BACK TO PREVIOUS PAGE

Before submitting your final Benefit elections, you will get a chance to Review Beneficiary Allocations.

From here, you can make additional changes, if needed.



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Review Beneficiary Allocation

Please review your beneficiary information. Ensure the people that are most important to you are made your beneficiaries to be provided with the coverage they need.

My Beneficiaries

Beneficiaries can be one or more individuals or organizations, such as a charity or trust. It is important to update your beneficiary designations whenever you experience a family status change.

Name	Date of Birth	SSN/EID/TIN	Type	Relationship	
Linda Test	03/11/1986		Person	Spouse	
Eva Test	03/22/2024		Person	Child	

My Allocations

GROUP LIFE CHANGE ALLOCATION

Name	Type	Percentage
Linda Test	Primary	100%

VOLUNTARY EMPLOYEE LIFE CHANGE ALLOCATION

Name	Type	Percentage
Linda Test	Primary	100%

VOLUNTARY AD&D CHANGE ALLOCATION

Name	Type	Percentage
Linda Test	Primary	100%

BUSINESS TRAVEL INSURANCE CHANGE ALLOCATION

You currently have no beneficiaries for this benefit.

Your Cost: \$144.56
UCOR BENEFIT COST BREAKDOWN

Event Type:
ANNUAL ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE WITH BENEFICIARIES BACK TO PREVIOUS PAGE