

# How to Complete COBRA Information in My Life Events

1. Return to the Main Open Enrollment Page after you have submitted your final Open Enrollment choices.

The screenshot shows the 'My Open Enrollment Checklist' page in the PeopleSoft system. The page title is 'My Open Enrollment Checklist' and it includes a sub-header: 'Please review the items in this checklist, completing required items first. A check mark will automatically appear as you complete each item.' The checklist items are:

- 2010 Benefits Change** **Required**  
Please review benefit changes that will take effect January 1, 2010.
- Current Benefits**  
This benefit summary shows the benefits you will receive in 2010 if you do not make any changes during 2010 Open Enrollment. Reviewing this summary may help you make decisions about your benefits during Open Enrollment.
- Update Emergency Contact Info**  
Now is the time to update your emergency contact information. The county's Human Resources Division needs this information to notify a contact in an emergency.
- Review Sign-On Information**  
Set up or change the e-mail address that is used to e-mail a new password to you in case you forget your password.

Below the checklist, there is a yellow button labeled 'Proceed to Open Enrollment' with the text 'Open until November 22' and a 'Refresh' button. Underneath, there is a section titled 'Your Open Enrollment Alerts' with three items:

- FSA:** If you want your Health Care FSA to continue in 2010, you must re-enroll during Open Enrollment.
- Aetna (KingCare) plan:** will change in 2010 (see the '2010 Benefits Change' checklist item for details).
- Open Enrollment Status:** Open

At the bottom left of the page, there is a 'Need Help?' link with a question mark icon.

2. From the Menu Bar on the left side of the page, click on "My Life Events."

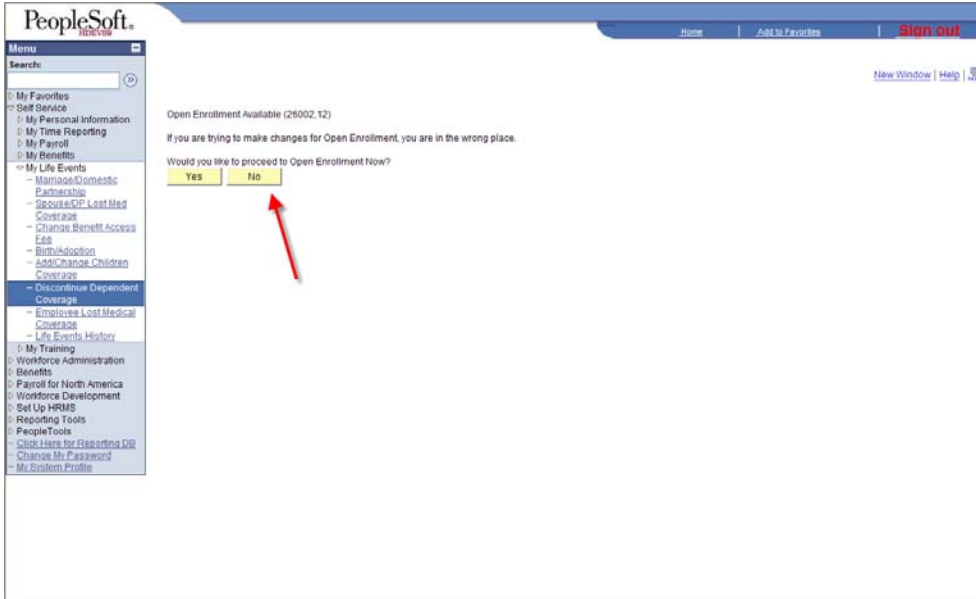
The screenshot shows the 'My Life Events' page in the PeopleSoft system. The page title is 'My Life Events' and it includes a sub-header: 'Make Changes to Dependent and Employee Benefit Coverage during Qualifying Life Events'. The page displays a grid of seven options for life events:

<b>Marriage/Domestic Partnership</b> Add Spouse or Domestic Partner Coverage	<b>Spouse/DP Lost Med Coverage</b> Spouse or Domestic Partner Lost Medical Coverage	<b>Change Benefit Access Fee</b> Change Benefit Access Fee when Spouse/DP Gains Coverage or Open Enrollment Malake
<b>Birth/Adoption</b> Add New/Born or Adopted Child	<b>Add/Change Children Coverage</b> Add/Change Children Coverage	<b>Discontinue Dependent Coverage</b> Discontinue Dependent (Spouse, Domestic Partner, Children) Coverage
<b>Employee Lost Medical Coverage</b> Employee Lost Medical Coverage from Another Employer/Other Provider	<b>Life Events History</b> Unprocessed pending Life Events	

The left side of the page shows a menu bar with the following items:

- My Favorites
- Self Service
- My Personal Information
- My Time Reporting
- My Payroll
- My Benefits
- My Life Events (selected)
- Workforce Administration
- Benefits
- Payroll for North America
- Workforce Development
- Set Up HRMS
- Reporting Tools
- PeopleTools
- Click Here for Reporting DB
- Change My Password
- My System Profile

3. Click on the “Discontinue Dependent Coverage option. When the screen below appears, click “No” as you have already finalized your Open Enrollment choices.



4. Complete form and hit “Submit” button.

**Discontinue Dependent Coverage**

Howard Hughes  
11223 S. 237th St.  
Kent, WA 98038

\*Date Event Occurred:  \*Employee's Contact Phone:

Reason for Event:

Death  Qualified Medical Child Support Order ended (Documentation Required)

Divorce  I self pay to cover this dependent and opt not to continue

Dissolution of Domestic Partnership  Avoid paying Benefit Access Fee

Child no longer dependent  Other

Discontinued Dependent Information: (required for COBRA notification)

\*Dependent's Name:  Date of Birth:

Dependent's New Address:  City:  State:  Zip:

Discontinue the following coverage(s):

Medical  Dental  Vision  Life Insurance  AD&D

Current FSA Health Account: Flex Health Acct Biweekly Annual Pledge: \$1000.00

Change current FSA Health annual pledge amount?

Current FSA DCAP Account: N/A Annual Pledge: \$0.00

Change current FSA DCAP annual pledge amount?

Verification of Information

I declare under penalty of perjury under the laws of the State of Washington, that all of the information I have provided on this form, is true and correct. I further understand that I may be disciplined, up to and including termination, for providing false information on this form. I understand that my information is subject to random audits by the King County Benefits and Retirement Operations Section for verification.

By submitting your benefits information you are authorizing King County to take deductions from your paycheck to pay for your benefits costs if applicable. You are also authorizing the Benefits and Retirement Operations Section to send necessary personal information to your providers based on your benefits information.

If documentation is required, this request will be processed after documentation is received and accepted by the Benefits and Retirement Operations Section. Mail any required documentation to:

King County  
Benefits & Retirement Operations Section (BROS)  
Department of Executive Services  
MLKES-0241  
401 - 5th Ave  
2nd Floor, Suite 234  
Seattle, WA 98104  
Phone: 206-684-1556

I accept and understand the terms as displayed in the Verification of Information.

You must click the Submit button to confirm your selection and attest to the accuracy of the information you have provided.