Important Information About Your Flex Benefits and...

Ending a Marriage or Domestic Partnership

When a relationship ends – whether a marriage or domestic partnership – there are things you should do to take care of yourself. Updating your Flex benefits is an important “must do.” Here’s what you’ll need to consider.

Who’s Eligible

If you are not enrolled in Flex health coverage because you had coverage through your spouse or domestic partner’s employer, you can enroll yourself and your eligible dependent children within 30 calendar days of the date you lose other coverage. To be eligible, children must be:

- Your dependent children up to age 26
- Your grandchildren up to age 26 – if you have legal custody and provide the Employee Benefits Division with copies of court papers
- Your grandchildren if the parent is your dependent child up to age 19 – or up to age 26 for a full-time student with valid proof of dependent status
- Your disabled child age 26 or older who is dependent on you for support if disabled before age 18 and certified as disabled each year by the insurance company for your health plan.

Changing Your Benefits

**What Benefits You Can Change**

- Drop health and dental coverage for your spouse/domestic partner and dependent children or enroll yourself and dependent children if you lose coverage through a spouse/domestic partner
- Enroll in, increase or decrease Healthcare Flexible Spending Account and Dependent Care Reimbursement Account contributions
- Enroll in or change your amount of accidental death and dismemberment (AD&D) and enroll in or drop supplemental disability insurance
- Change your amount of supplemental life insurance and change your amount or drop dependent life insurance

The benefit changes you are allowed to make depend on your benefit choices at the time of your family status change.

**When You Can Enroll and Make Benefit Changes**

- Within 30 calendar days of the date your marriage ends through divorce or legal separation (with loss of other coverage) or your domestic partnership ends.
- If you don’t enroll within 30 calendar days, you will have to wait until the next annual enrollment, October 1–31, to change your benefit choices and you and your dependent child(ren) will not have Flex coverage until the next January unless you experience another qualifying family status change.

**How To Enroll and Make Benefit Changes**

- Call the Benefits Service Center at 1-800-778-2133
- Go online via the Internet at www.myflexla.com

**When Changes Are Effective**

- Health and dental coverage – date you report the end of the marriage or domestic partnership, with your contributions for coverage effective that same date
- Life insurance – generally, date of enrollment; if proof of good health is required, changes are effective when Evidence of Insurability is approved by the insurance company
- Healthcare Flexible Spending Account or Dependent Care Reimbursement Account – date of enrollment

If your coverage cost or account contributions change, your new contributions through payroll deductions will begin one to three pay periods from the date you enroll or make changes.

Resources

- To enroll yourself and dependent children, go to www.myflexla.com or call 1-800-778-2133.
- For questions, call the Employee Benefits Division at 213-978-1655 Monday through Friday, 8 a.m. to 4 p.m. Pacific time – or send an email to per.EmpBenefits@lacity.org.
- For forms – including statement of termination of domestic partnership and reimbursement account claims – go to www.myflexla.com.
Things To Think About When You Enroll

Health and Dental Coverage
You will need to select a primary care physician (PCP) if you enroll in the Anthem Blue Cross HMO and a primary care dentist (PCD) if you enroll in the DeltaCare USA DHMO dental plan. If you don’t select a PCP or PCD when you enroll, one will automatically be assigned by Anthem Blue Cross or DeltaCare based on your home zip code.

In some cases, a judge may require you to continue to provide medical or dental coverage for a former spouse or domestic partner. Former spouses and domestic partners are not eligible for Flex benefits. You will be financially responsible for providing coverage through COBRA or an individual policy.

Former spouses, domestic partners and their dependent children may choose to continue health and dental coverage through COBRA. COBRA materials will be sent to your former spouse/domestic partner at your address after you call or go online for the family status change – unless you or your former spouse/domestic partner call the Employee Benefits Division and provide a new address.

Life Insurance
- You must have supplemental life insurance for yourself to choose dependent life insurance coverage of $5,000 for your dependent child.
- If proof of good health is required, you may need to provide Evidence of Insurability to the insurance company.
- You are automatically the beneficiary of dependent life insurance. If your former spouse/domestic partner is your beneficiary for basic and supplemental life insurance, you must complete a new beneficiary form online to change that. See Resources on page 1 for how to obtain forms.

Accounts for Saving on Healthcare and Dependent Care Expenses
You can increase or decrease pre-tax contributions or begin contributing to a:
- Healthcare Flexible Spending Account – to reimburse yourself for eligible healthcare expenses for you and your dependents
- Dependent Care Reimbursement Account – to reimburse yourself for day care expenses for your eligible dependents (generally, your dependent children under age 13 or a disabled dependent who is incapable of self-care).

If you choose to contribute to either or both accounts, an administrative fee of $2.25 will automatically be deducted from your paycheck, and you must file claims by the claims deadline for the year or you forfeit any money left in your account. See “Know Your Benefits” at www.myflexla.com for more information.

Providing Proof of Your Family Status Change
- You have 60 days from the date on your confirmation statement to provide either a copy of the divorce decree or legal separation papers – or to file the statement of termination of domestic partnership.
- If you do not submit the required documents by the deadline, any benefit changes you made – including any health and dental coverage you selected for yourself or child – will be canceled effective the 61st day after the date on your confirmation statement. Any medical or dental expenses you or your dependent has after coverage is canceled will be your financial responsibility.

Date of family status change

Confirmation statement mailed showing changes and documents you must provide

Date on confirmation statement

You call or go online

30 calendar-day deadline to make changes

60 calendar-day deadline to provide documents

If documents are not provided within 60 days from the date on your confirmation statement, your benefit changes – including any health and dental coverage selected for a dependent – will be canceled effective the 61st day.

This summary is published by the City of Los Angeles Joint Labor Management Benefits Committee. It provides only highlights of family status changes and the Flex program. It does not change the terms of your benefit plans or the official documents that control them. If there are any inconsistencies between this summary and the official plan documents, the plan documents will govern. Plan documents are the legal papers that describe the benefit plan rules in detail. They may include insurance policies and similar kinds of contracts.