

**CLARK COUNTY SCHOOL DISTRICT**  
BUSINESS AND FINANCE DIVISION  
TECHNOLOGY & INFORMATION SYSTEMS SERVICES DIVISION  
USER SUPPORT SERVICES  
EMPLOYEE BUSINESS TRAINING DEPARTMENT



*PeopleSoft-HCM:  
ESS–Life Events: Loss of  
Coverage Elsewhere*

Revised: March 2021

## Life Events Options

**Life Events** permit employees to initiate changes to benefits which involve themselves and their dependents.

After selecting the **Benefit Details** tile from the **Employee Self Service** dashboard, click the **Life Event** option from the left side panel to display the **Life Event** page.

The screenshot shows the 'Employee Self Service' interface. The left sidebar contains a menu with 'Life Events' highlighted. The main content area is titled 'Benefit Details' and shows the user's name 'Hill, Christine' and role 'ADMIN SCH SEC'. Below this, the 'Life Events' section is titled 'For Health Insurance Changes Only' and includes a brief instruction: 'There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event.' A list of events is provided under the 'Employee' heading, including 'Upload Supporting Documentation', 'Marriage', 'Birth of a Child', 'Adopted or Gained Legal Custody/Guardianship of a child', 'Divorce or Legal Separation', 'Gained Coverage Elsewhere', 'Loss of Coverage Elsewhere', 'Add a Domestic Partner', 'Remove a Domestic Partner', and 'Death of a Dependent'. At the bottom, there is an '\*As Of' date field and a 'Start Life Event' button. A footer note states: 'The Life Event must be completed within 31 days of your qualifying event or you will not be eligible to change your Benefit elections.'

Select the type of **Life Event** to process from the list. The life event must be completed within 31 days of the event. If more than 31 days has passed, the employee will not be allowed to enter a **Life Event**, and will need to wait until the next Open Enrollment period to make changes to their benefits.

After selecting the **Life Event**, enter the **\*As Of** date and click the **Start Life Event** button. A list of steps to be completed will appear on the left, and Previous and Next buttons will appear in the top right corner for navigation. (Please note that all supporting documents must be available for upload prior to completion of the **Life Event**.) The event may be exited and the progress saved so it can be completed at a later time. However, the employee will not be able to begin another **Life Event** until the current event, which will show as being in progress, is completed.

**Note:** Only one **Life Event** at a time is allowed. To cancel a **Life Event**, click the **Continue Life Event** button, then click the **Action List** (3 vertical dots - upper right corner), and select **Cancel**.

## Life Event - Loss of Coverage Elsewhere Example

This example shows how to complete the Loss of Coverage Elsewhere Event.

1. Select **Life Events** from the menu on the left and then select the “**Loss of Coverage Elsewhere**” radio button.
2. Enter the date of the Life Event in the **As Of** date field.
3. Click the **Start Life Event** button. (This button becomes active once date has been entered.)

Employee Self Service | Benefit Details

Hill, Christine  
ADMIN SCH SEC

**Life Events**

**For Health Insurance Changes Only**

There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event.

**Employee**

- Upload Supporting Documentation
- Marriage
- Birth of a Child
- Adopted or Gained Legal Custody/Guardianship of a child
- Divorce or Legal Separation
- Gained Coverage Elsewhere
- Loss of Coverage Elsewhere
- Add a Domestic Partner
- Remove a Domestic Partner
- Death of a Dependent

\*As Of

The Life Event must be completed within 31 days of your qualifying event or you will not be eligible to change your Benefit elections.

4. The system will display the **Loss of Coverage** page. To continue the event, click the **Next** button.

Loss of Coverage Elsewhere

CCSD  
CLARK COUNTY  
SCHOOL DISTRICT

**Loss of Coverage Event**

CHRISTINE HILL

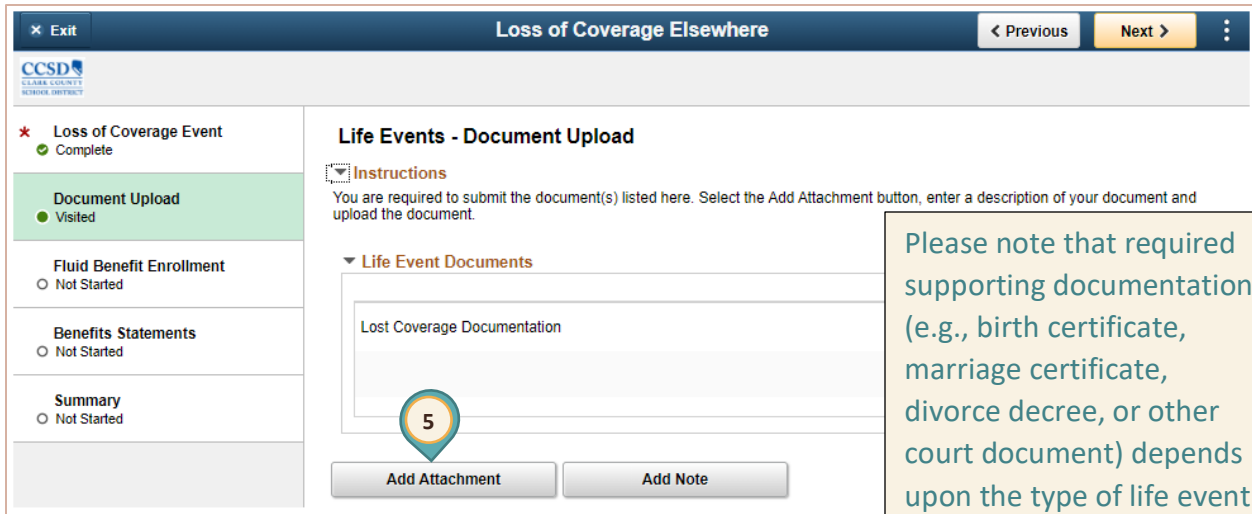
This event is for adding CCSD coverage to you and/or your dependent(s) because you have lost coverage elsewhere.

Proper documentation providing proof that you lost coverage is required to be submitted during this event.

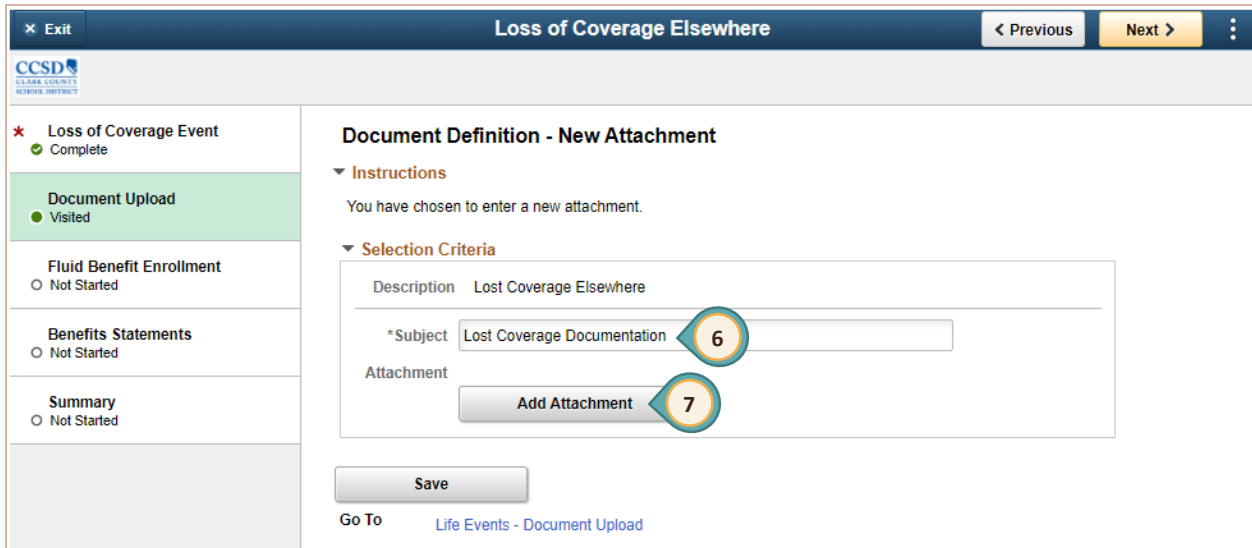
This guide will take you through all the steps necessary to ensure that your benefits information is updated to reflect this event in your life.

\*Please make sure you provide Social Security Numbers/TIN Numbers for all dependent(s) that are being added to your insurance. Please enter this in the section labeled National ID.

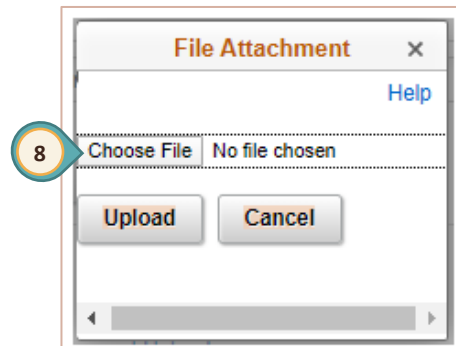
- Review the **Instructions** provided on the page to upload the required documents then select the **Add Attachment** button.



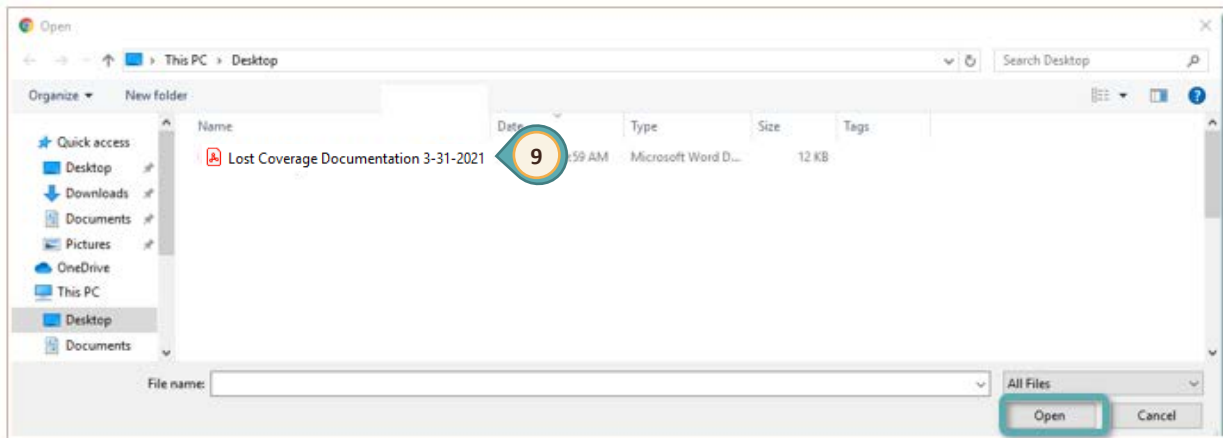
- In the new window, enter the document title in the **Subject** line. A sample **Subject** line would be **Lost Coverage Documentation** and the date.
- Click the **Add Attachment** button.



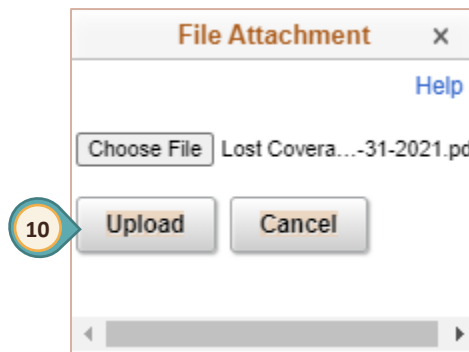
- In the new window, select the **Choose File** button.



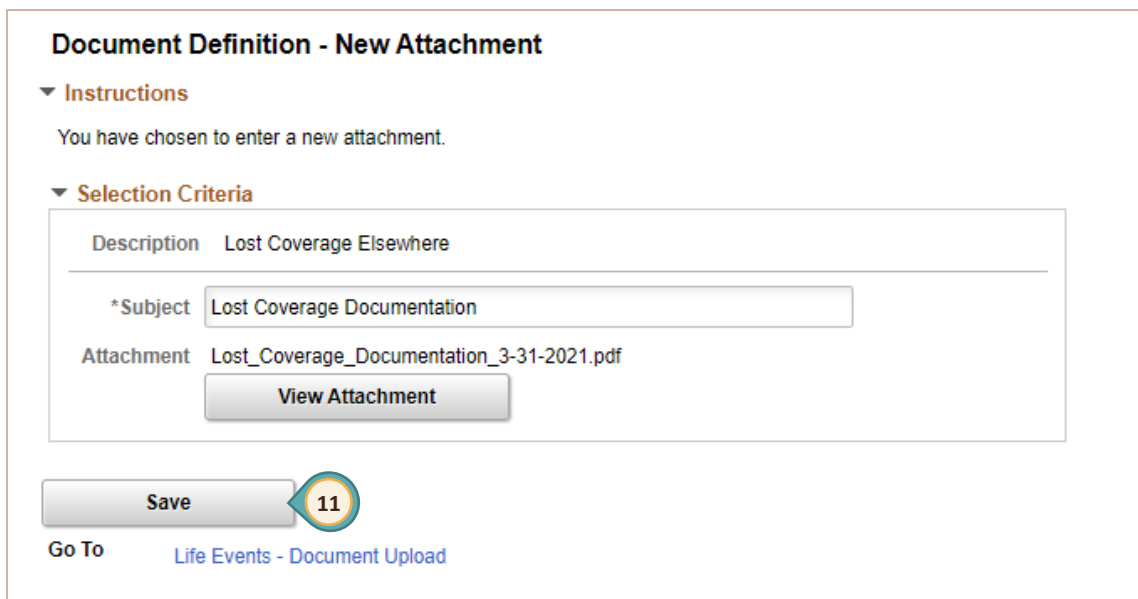
9. Navigate to the **desired file name**, select it, and then click the **Open** button.



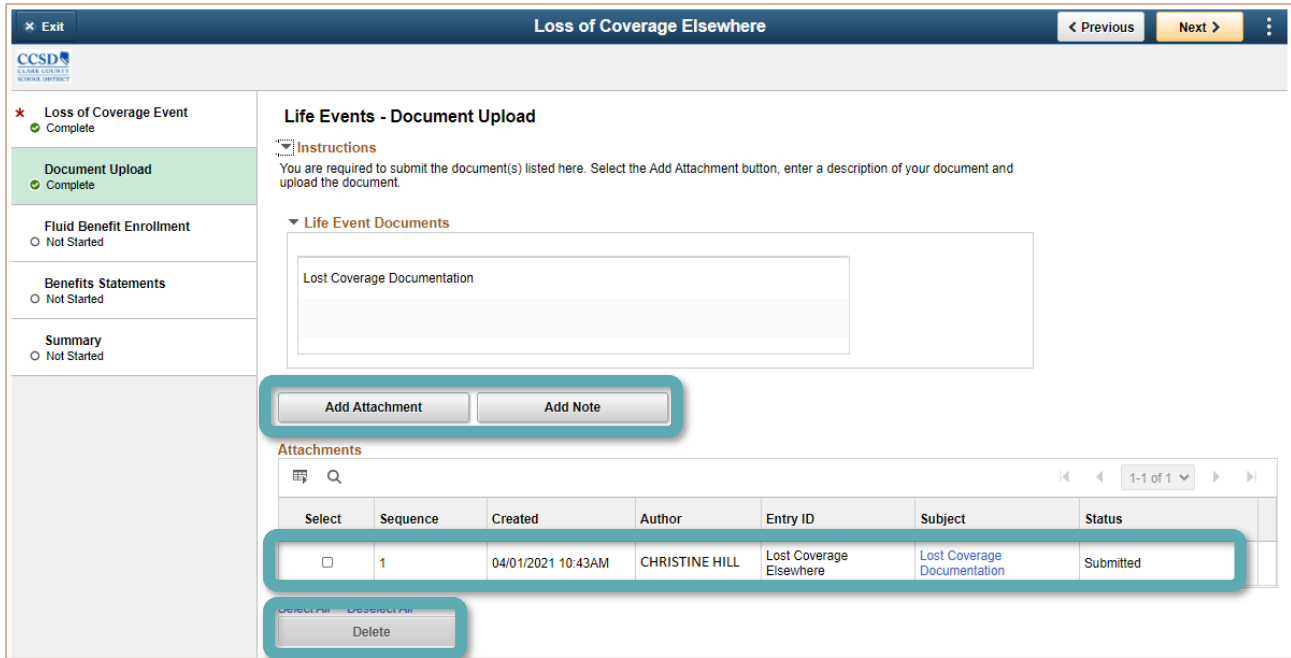
10. The selected file is displayed and is ready to be uploaded. Click the **Upload** button to upload the displayed file.



11. When the file has been uploaded, it will be displayed on the page. The **View Attachment** button can be selected to confirm the correct attachment was uploaded if desired. Click the **Save** button.



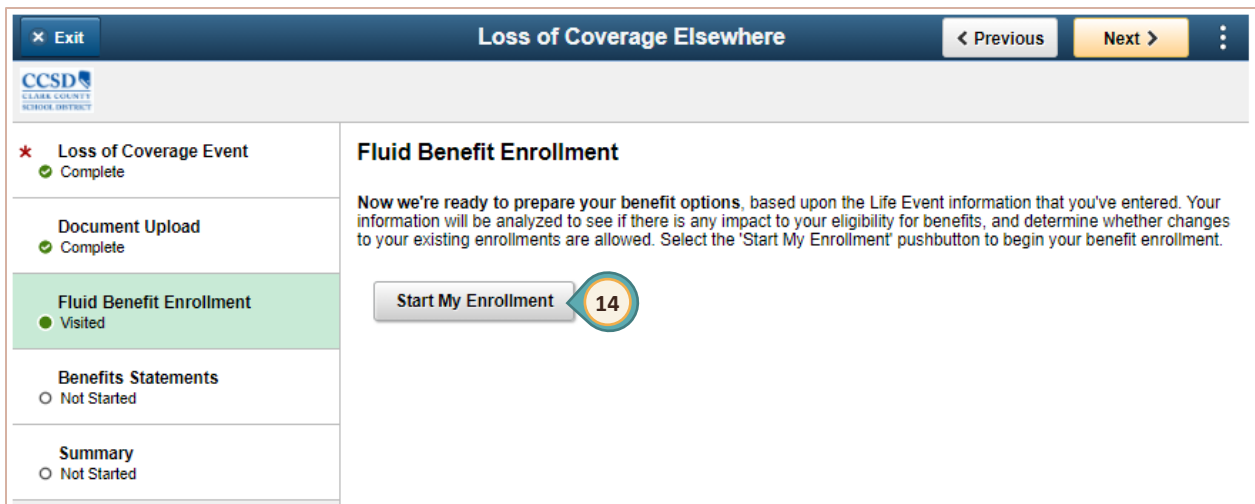
12. The **Life Events – Document Upload** page now displays the attachment and its status. Click the **Add Attachment** button to upload additional documents if needed. Click the **Add Note** button to enter comments about the event or the documentation that has been provided if needed. If the wrong document was uploaded, click the checkbox next to the file name and then click the **Delete** button.



13. Select the **Next** button.



14. The **Fluid Benefit Enrollment** page will be displayed. Select the **Start My Enrollment** button to continue.



15. The **Fluid Benefit Enrollment Overview** page lists the current benefits. Click the **Health** box at the bottom of the page to review & make changes to the current health plan (e.g., adding a spouse or children).

**Fluid Benefit Enrollment**

The Enrollment Overview displays which benefit options are open for edits.  
Please click the HEALTH box below to change your health insurance elections.

▼ Enrollment Summary

Your Pay Period Cost \$ XXX.XX Full Cost \$ XXX.XX

Status Pending Review

Review Enrollment

Submit Enrollment

Health

Benefit Plans

Health

Current HMO  
New HMO  
Status Pending Review  
0 Dependents

Pay Period Cost \$ XXX.XX

Review

16. To add a Dependent, click the **Add Dependent** button.

Cancel Health Done

▼ Enroll Your Dependents

Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information.  
You have no dependent registered

Add Dependent

17. In the new window, select the **Add Individual** button to add a Dependent or Beneficiary. A new window will appear to enter the information.

Dependent and Beneficiary Information

No data exists

Add Individual

18. Click the **Add Name** button to enter the Dependent/Beneficiary name. A new window will appear to enter the person's name. Click the **Done** button to return to the previous page.

The screenshot shows the 'Add Individual Dependent/Beneficiary Information' form. A sub-form titled 'Name' is open, showing fields for Name Format (English), Name Prefix, \*First Name (CHRISTOPHER), Middle Name, \*Last Name (HILL), and Name Suffix. The main form has sections for Personal Information, Address, National ID, Phone, and Email. Callout 18 points to the 'Add Name' button, and callout 19 points to the 'Personal Information' section.

**Add Individual Dependent/Beneficiary Information**

Select Save after you have edited your Dependent/Beneficiary's information. The

**Name**

**Add Name**

**Personal Information**

Date of Birth

\*Gender

\*Relationship to Employee

Dependent

Beneficiary

\*Marital Status

As of

\*Student

As of

\*Disabled

As of

\*Smoker

As of

**Address**

555 MAIN ST  
LAS VEGAS, NV 89144

Home Same as mine

**National ID**

No data exists

**Add National ID**

**Phone**

No data exists

**Add Phone**

**Email**

No data exists

**Add Email**

19. In the **Personal Information** section, enter the following:

- Date of Birth
- Gender
- Relationship to the Employee
- Marital Status
- Status for Student, Disabled, Smoker fields



20. In the address field, click the > right arrow to enter the person's address.

**Address**  
 555 MAIN ST  
 LAS VEGAS, NV 89144

In the new window, if **Yes** is selected in the **Same as mine** field, the system will populate the address from the employee's address. If the address is different, select **No** in the **Same as mine** field and enter a different address for the person. Click the **Done** button when finished.

**Address**

Same as mine  Yes

Address Type Home

Country United States  
 Address 1 555 MAIN ST  
 Address 2  
 Address 3  
 City LAS VEGAS  
 State Nevada  
 Postal 89144  
 County

21. Click the **Add National ID** button to add the person's Social Security Number.

**National ID**  
 No data exists  
 Add National ID

Click the drop-down box to select **United States** in the Country field. In the National ID Type field, select **Social Security Number**. Enter the Social Security number in the National ID box. Click the **Done** button after entering the information.

**National ID**

\*Country United States

\*National ID Type Social Security Number

\*National ID XXX-XX-XXXX

Primary  Yes

22. Click the **Add Phone** button to enter the person's phone number.

**Phone**  
 No data exists  
 Add Phone

In the new window, if the **Phone Number** for the dependent/beneficiary is the same as the employee, select **Yes** in the **Same as mine** field. If the **Phone Number** is different, set the **Same as mine** field to **No**, select the **Type** from the drop-down box, and enter the **Phone Number** in the space provided. Click the **Done** button when finished.

**Phone Number**

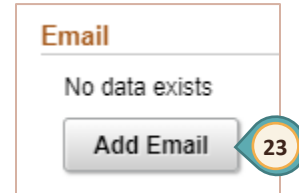
Same as mine  Yes

Type Home

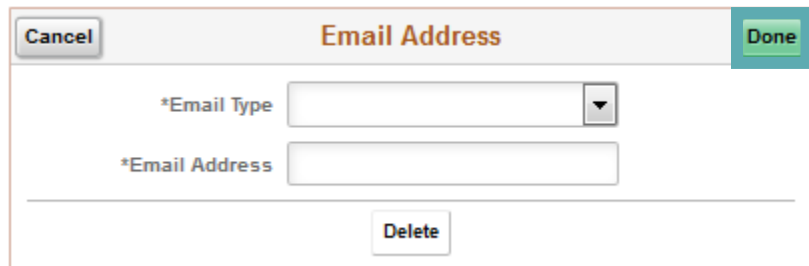
Number 702/555-1212  
 Extension  
 Preferred  Yes

Delete

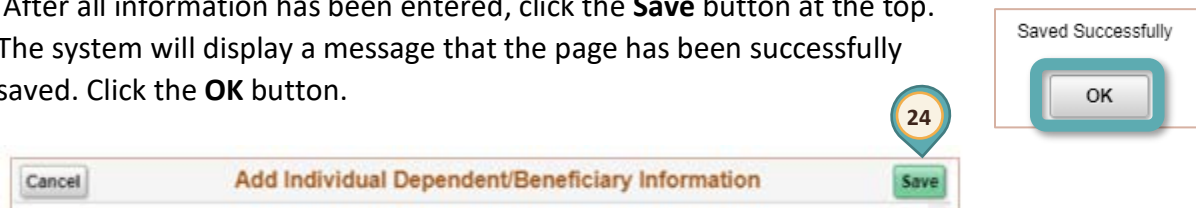
23. To add an email address, click the **Add Email** button.



In the new window, select the Email Type from the drop-down box.  
(The available options are **Business, Campus, Dormitory, Home** and **Other.**)  
Enter the email address in the space provided. Use the **Delete** button to remove an email address if necessary. Click the **Done** button when finished.




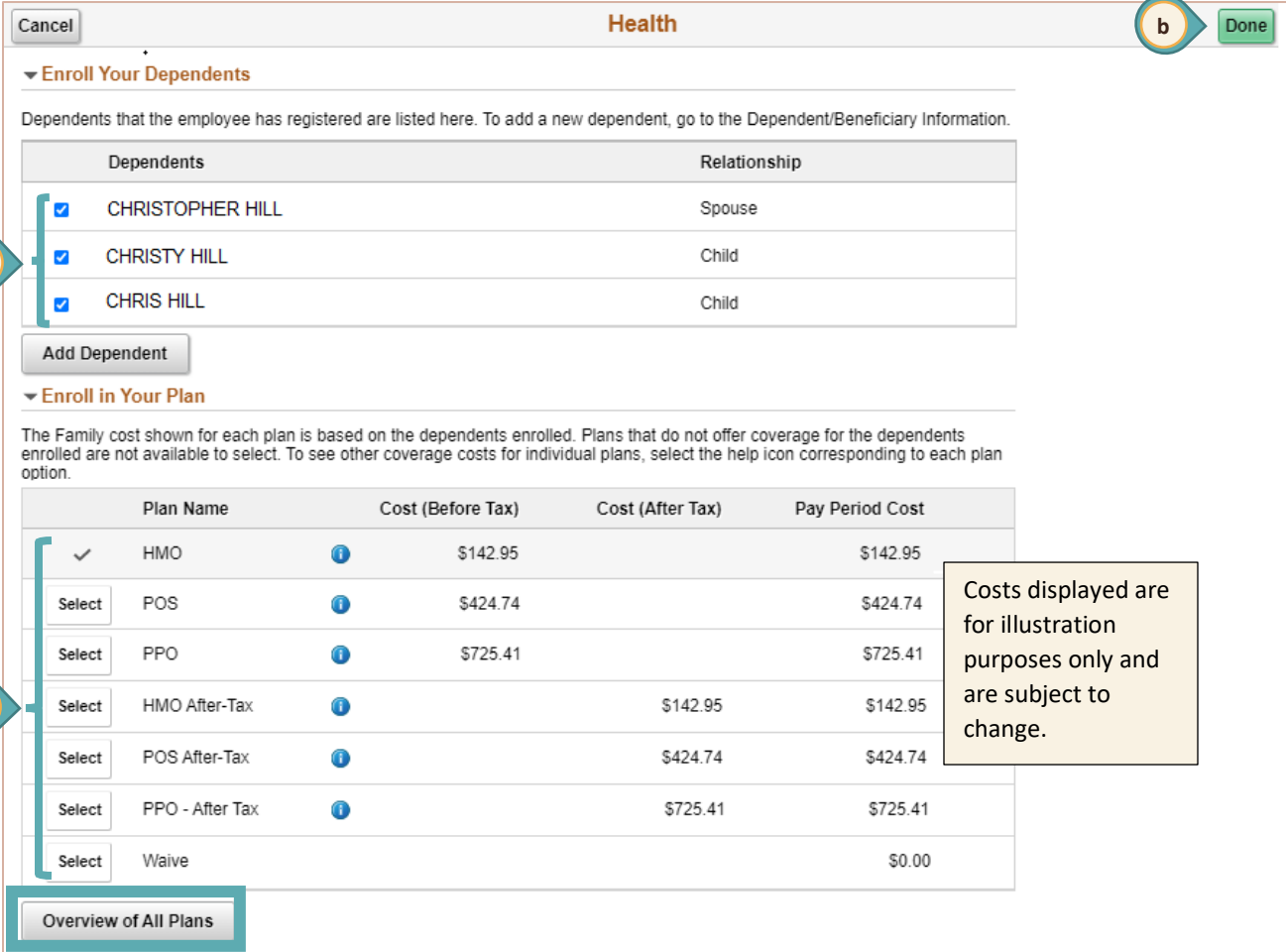
24. After all information has been entered, click the **Save** button at the top. The system will display a message that the page has been successfully saved. Click the **OK** button.



25. Once the dependent/beneficiary information has been entered, additional dependents/beneficiaries can be entered by clicking the **Add Individual** button and repeating the process of adding a dependent/beneficiary. When finished, click the “X” to return to the **Health** page.



26. Once the dependents/beneficiaries have been added, they will appear on the page. To enroll a dependent in one of the health plans, select the checkbox in front of the name. The cost of each plan type will be updated in the **Enroll in Your Plan** section at the bottom.
- The current Health Plan is indicated with a checkmark. To select a different Health Plan, click the **Select** button next to the Plan Name for the plan type being chosen. To see other coverage costs, select the information icon  next to the Plan Name. (For detailed information about all health plans, select the **Overview of All Plans** button.)
  - When finished, select the **Done** button.



**26**

**a**

**b**

**Done**

**Health**

**Enroll Your Dependents**







Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information.

Dependents	Relationship
<input checked="" type="checkbox"/> CHRISTOPHER HILL	Spouse
<input checked="" type="checkbox"/> CHRISTY HILL	Child
<input checked="" type="checkbox"/> CHRIS HILL	Child

**Add Dependent**

**Enroll in Your Plan**

The Family cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Pay Period Cost
<input checked="" type="checkbox"/> HMO 	\$142.95		\$142.95
<input type="checkbox"/> Select POS 	\$424.74		\$424.74
<input type="checkbox"/> Select PPO 	\$725.41		\$725.41
<input type="checkbox"/> Select HMO After-Tax 		\$142.95	\$142.95
<input type="checkbox"/> Select POS After-Tax 		\$424.74	\$424.74
<input type="checkbox"/> Select PPO - After Tax 		\$725.41	\$725.41
<input type="checkbox"/> Select Waive			\$0.00

**Overview of All Plans**

Costs displayed are for illustration purposes only and are subject to change.

In this example, the spouse and two children were added since they had lost coverage elsewhere and the current HMO plan was kept for the health coverage.

27. The **Fluid Benefit Enrollment** page will display the updated Health Plan information and cost. (The enrollment can be reviewed and printed as a pdf by selecting the **Review Enrollment** button if desired.) Click the **Submit Enrollment** button for the Benefits Department to process the changes.

**Fluid Benefit Enrollment**

The Enrollment Overview displays which benefit options are open for edits.  
Please click the HEALTH box below to change your health insurance elections.

▼ **Enrollment Summary**

Your Pay Period Cost **\$142.95** Full Cost **\$142.95**

Status **Pending Review**

**27** Review Enrollment  
**Submit Enrollment**

Health

**Benefit Plans**

Health

Current HMO  
New HMO  
Status **Changed**  
3 Dependents

**Note:** Number of dependents has changed.

Costs displayed are for illustration purposes only and are subject to change.

Pay Period Cost **\$142.95**

Review

28. The Benefits Alerts window will appear. Select the **View** button to review the Election Preview Statement or the **Done** button to continue.

**28** Done **Benefits Alerts** View

Your benefit choices have been successfully submitted to the Benefits Department.

Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary

29. Click the **Next** button.

× Exit Loss of Coverage Elsewhere < Previous Next > ⋮

**29**

30. On the Benefits Statements page, click the > right arrow to view the Enrollment Preview information if desired. Click the **Next** button.

**Loss of Coverage Elsewhere**

CCSD CLARK COUNTY SCHOOL DISTRICT

Loss of Coverage Event Complete

Document Upload Visited

Fluid Benefit Enrollment Visited

**Benefits Statements** Visited

Summary Not Started

Statement Type [v]

1 row

Event Date	Issue Date	Enrollment Event	Statement Type
04/01/2021	04/01/2021	Event Maintenance	Enrollment Preview

Next >

31. The **Summary** page will be displayed. Review the information on this page for additional items that may need to be completed. Click the **Complete** button to finalize the life event.

**Loss of Coverage Elsewhere**

CCSD CLARK COUNTY SCHOOL DISTRICT

Loss of Coverage Event Complete

Document Upload Visited

Fluid Benefit Enrollment Visited

Benefits Statements Visited

**Summary** Visited

Complete

You have completed the steps to record your Loss of Coverage Elsewhere Event.  
 This change will be finalized once uploaded documents have been accepted.  
 Select the Complete button to end this event.

Steps 4 rows

Step	Status	Date Completed	Required	Go to Step
Loss of Coverage Event	Complete	04/07/2021	Yes	Go to Step
Document Upload	Complete	04/07/2021	No	Go to Step
Fluid Benefit Enrollment	Complete	04/07/2021	No	Go to Step
Benefits Statements	Visited		No	Go to Step