



STATEWIDE PERSONNEL  
— S Y S T E M —

**Change Benefits – Life Events**



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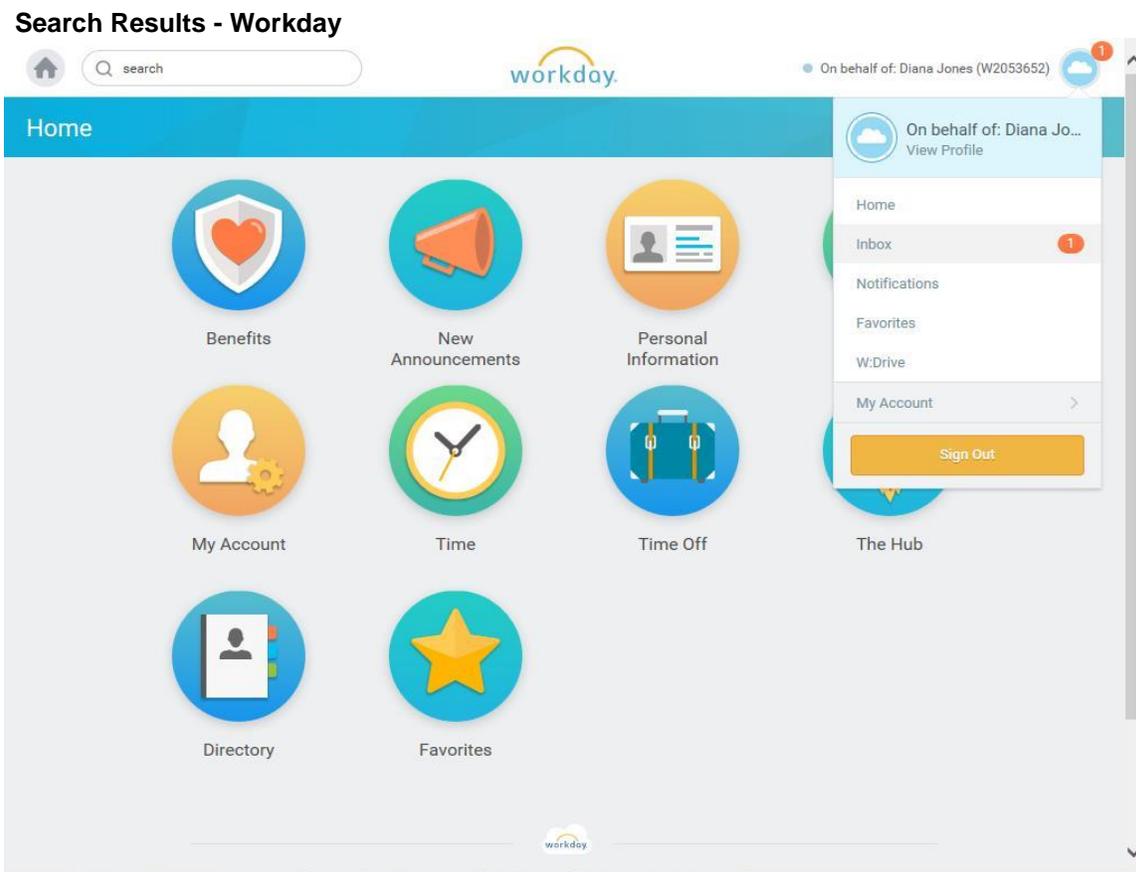
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## Complete Initial Benefit Elections (New Hires)

When you are first hired, you will get a task in your Workday Inbox to complete your initial benefit elections. Use this procedure to find the task to complete in your Inbox.

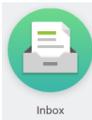
### Procedure:

1. Click the My Account  icon.

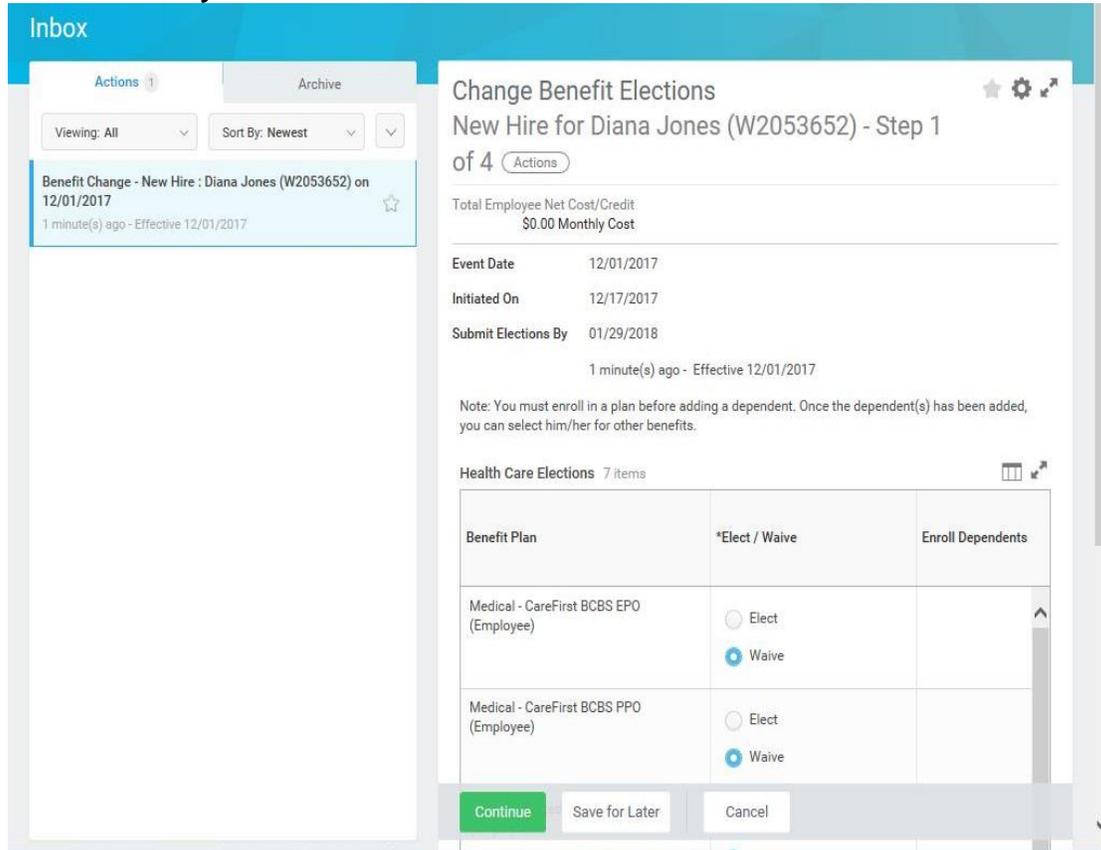


2. Select the Inbox  hyperlink.



**Shortcut:** You can also access your Inbox by clicking the **Inbox**  worklet from your home page.

**Worker - Workday**



**Inbox**

Actions 1 Archive

Viewing: All Sort By: Newest

Benefit Change - New Hire : Diana Jones (W2053652) on 12/01/2017  
 1 minute(s) ago - Effective 12/01/2017

### Change Benefit Elections

New Hire for Diana Jones (W2053652) - Step 1 of 4

Total Employee Net Cost/Credit  
 \$0.00 Monthly Cost

Event Date 12/01/2017  
 Initiated On 12/17/2017  
 Submit Elections By 01/29/2018  
 1 minute(s) ago - Effective 12/01/2017

Note: You must enroll in a plan before adding a dependent. Once the dependent(s) has been added, you can select him/her for other benefits.

Health Care Elections 7 items

Benefit Plan	*Elect / Waive	Enroll Dependents
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	

Continue Save for Later Cancel

3. Select the **Toggle Fullscreen Viewing Mode** button to enlarge the screen.



### Change Benefits Elections

← 1 of 1

Change Benefit Elections New Hire for Diana Jones (W2053652) - Step 1 of 4 Actions Star Settings Print

Total Employee Net Cost/Credit  
\$0.00 Monthly Cost

**Event Date**  
12/01/2017

**Initiated On**  
12/17/2017

**Submit Elections By**  
01/29/2018

1 minute(s) ago - Effective 12/01/2017

Note: You must enroll in a plan before adding a dependent. Once the dependent(s) has been added, you can select him/her for other benefits.

**Health Care Elections** 7 items Grid Refresh

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Emplo C (Montl
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel



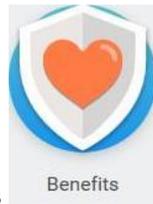
Refer to the [Change Benefit Elections](#) section of this job aid for instructions on how to complete your benefit elections.

4. The System Task is complete.

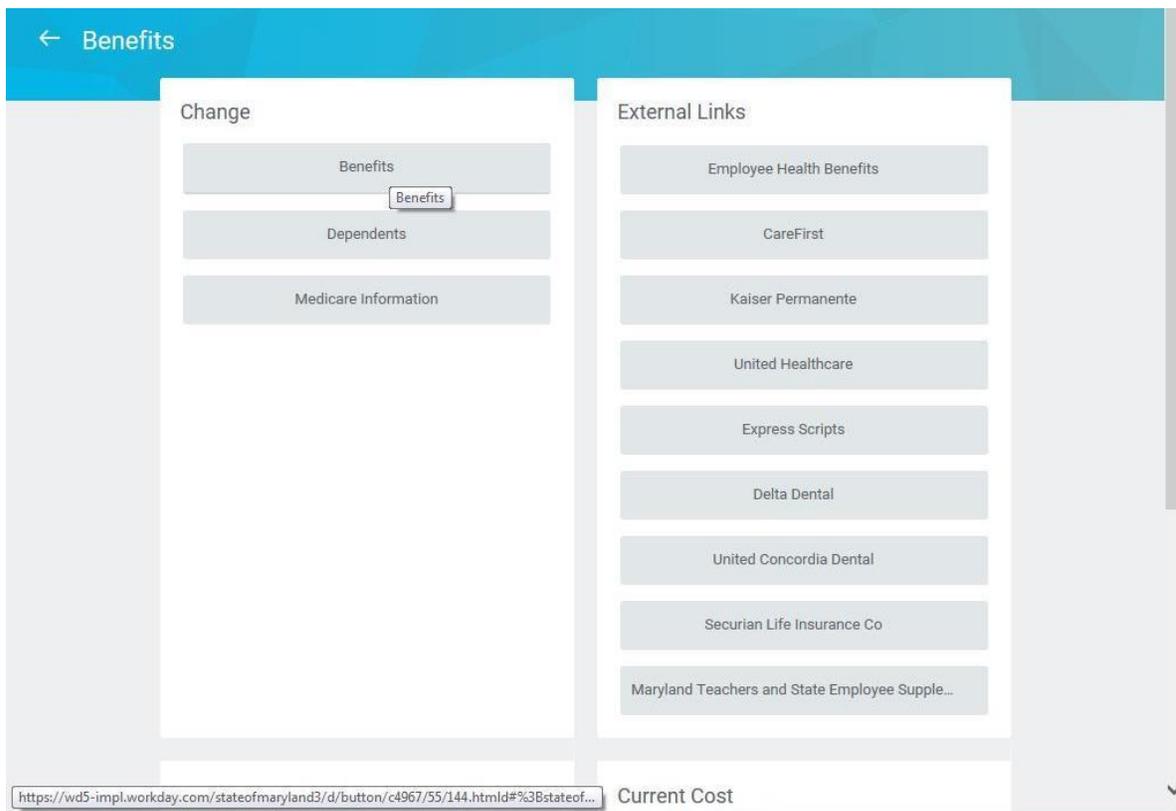
## Change Benefits (Initiate a Life Event)

Use this procedure to initiate a life event. Examples of life events include birth/adoption, marriage, divorce, death of dependent, etc. When you perform this initial task, you are initiating the event and submitting the applicable documentation. You will have an opportunity later in the process to change your benefit elections.

### Procedure:

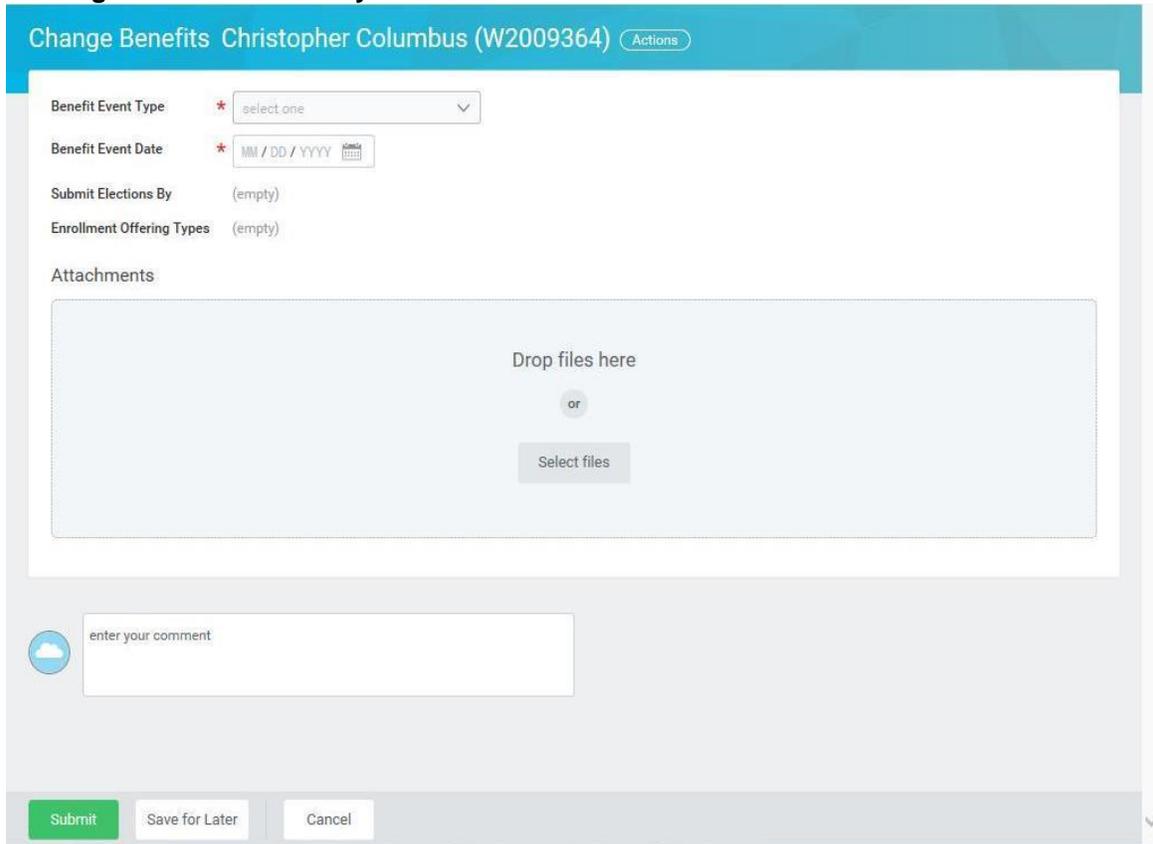


1. Click the **Benefits** worklet.



2. In the Change section, click the **Benefits** button.

### Change Benefits - Workday



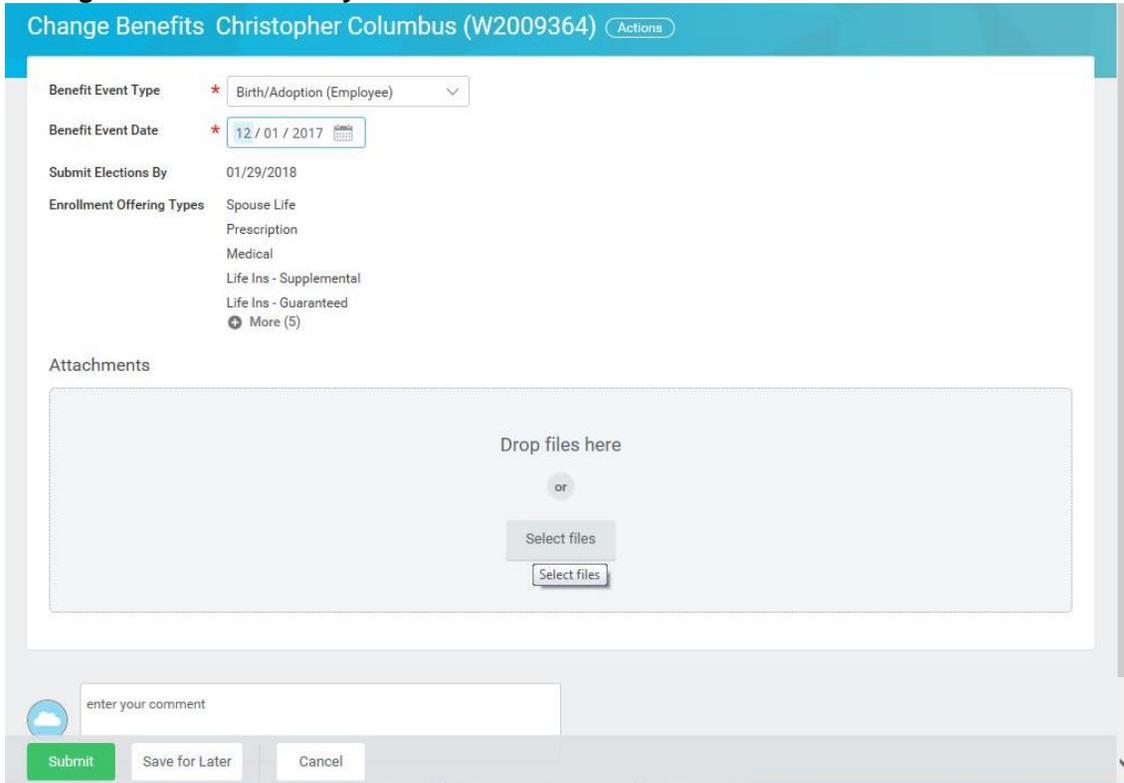
3. Select the applicable **Benefit Event Type** from the drop down box.
4. Enter or select the **Benefit Event Date**.



This is the date that the life event occurred.

The **Submit Elections By date** will automatically populate based on the date entered for the **Benefit Event Date**. It will populate to the day 60 days after the **Benefit Event Date**.

### Change Benefits - Workday



Change Benefits Christopher Columbus (W2009364) Actions

Benefit Event Type \* Birth/Adoption (Employee) ▾

Benefit Event Date \* 12 / 01 / 2017 

Submit Elections By 01/29/2018

Enrollment Offering Types  
Spouse Life  
Prescription  
Medical  
Life Ins - Supplemental  
Life Ins - Guaranteed  
 More (5)

Attachments

Drop files here

or

Select files

Select files

enter your comment

Submit Save for Later Cancel

5. Attach the applicable document for the event.



Examples of documents you may attach include a marriage certificate, divorce decree, birth certificate, etc. (depending on the **Benefit Event Type** chosen).



### Change Benefits - Workday

Change Benefits Christopher Columbus (W2009364) Actions

Benefit Event Type \* Birth/Adoption (Employee) ▾

Benefit Event Date \* 12 / 01 / 2017

Submit Elections By 01/29/2018

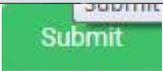
Enrollment Offering Types  
Spouse Life  
Prescription  
Medical  
Life Ins - Supplemental  
Life Ins - Guaranteed  
+ More (5)

Attachments

Birth certificate for child.pdf

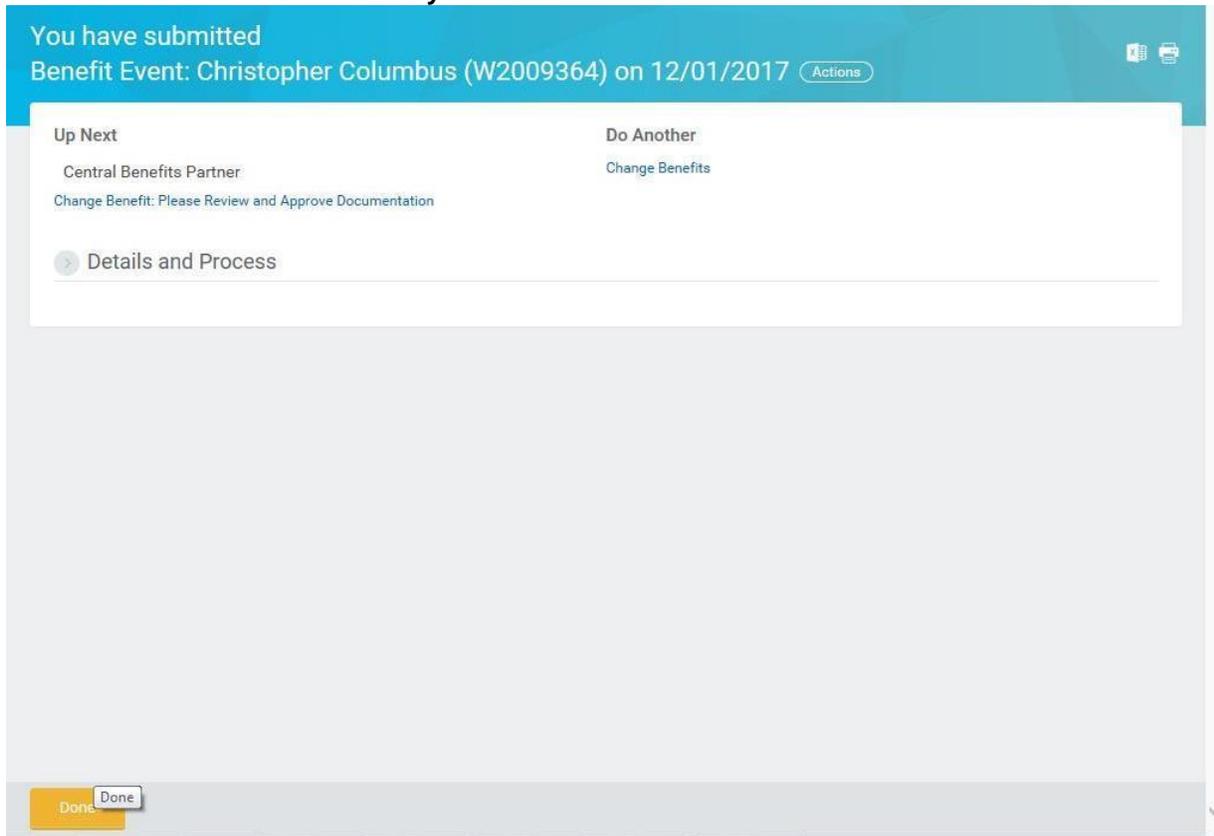
Comment

enter your comment

6. Click the **Submit**  button.



### You have submitted - Workday



7. Click the **Done** button.



The life event change that you initiated will be routed to the Central Benefits Partner at the Employee Benefits Division to review and approve the documentation. Once complete, you will receive a task in your Workday Inbox to change benefit elections. See the [Change Benefit Elections](#) section of this job aid for instructions on how to complete this.

8. The System Task is complete.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

## Change Benefits Elections

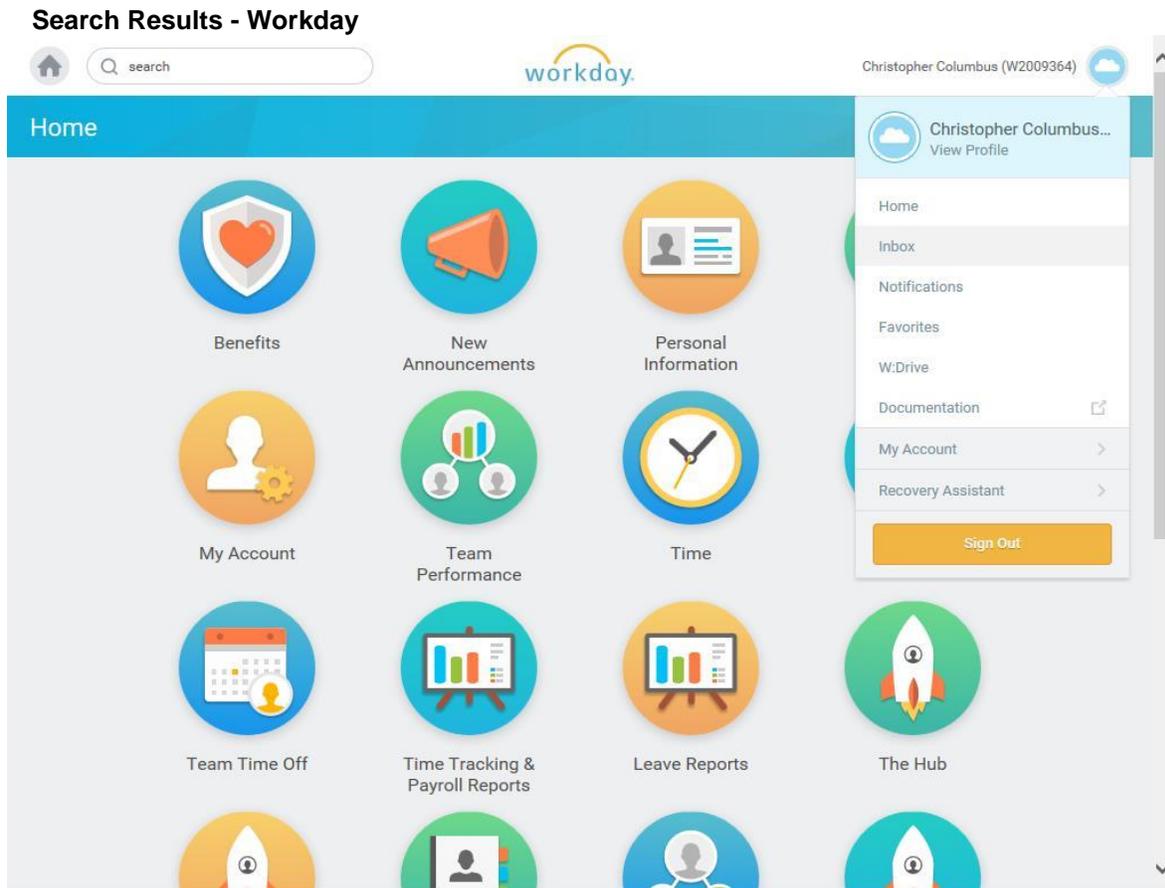
Use this procedure to change benefit elections. New hires can sign up for initial benefits once the hire is completed. After that, benefit elections can be changed when a life event occurs (or during Open Enrollment).

**EMPLOYEES WHO HAVE INITIATED A LIFE EVENT:** Start at step 1 of this procedure.

**NEW HIRES:** Start at step 3 of this procedure.

### Procedure:

1. Click the My Account  icon.



2. Select the [Inbox](#) hyperlink.



**Shortcut:** You can also access your Inbox by clicking the **Inbox** worklet from your home page.



worklet from your home page.

**Worker - Workday**

Inbox

Actions 1

Viewing: All v

Archive

Sort By: Newest v

Benefit Change - Birth/Adoption (Employee) : Christopher Columbus (W2009364) on 12/01/2017 ☆

42 second(s) ago - Effective 12/01/2017

### Change Benefit Elections

Birth/Adoption (Employee) for Christopher Columbus (W2009364) - Step 1 of 4 Actions

☆ ⚙ ↗

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Total Employee Net Cost/Credit  
\$341.20 Monthly Cost

Event Date 12/01/2017

Initiated On 12/17/2017

Submit Elections By 01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items ☰ ↗

Benefit Plan	*Elect / Waive	Enroll Dependents
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Langley <span style="float: right;">^</span>
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Medical - Kaiser IHM	<input type="radio"/> Elect	

Continue
Save for Later
Cancel



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

### Change Benefits Elections

← 1 of 1

Change Benefit Elections ★ ⚙️ ↗️

Birth/Adoption (Employee) for Christopher Columbus (W2009364) - Step 1 of 4 Actions

Total Employee Net Cost/Credit  
\$341.20 Monthly Cost

Event Date  
12/01/2017

Initiated On  
12/17/2017

Submit Elections By  
01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items ☰ ↗️

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel

3. You are now on Step 1 of 4 of Change Benefit Elections. Scroll down if necessary to view all items.

12/17/2017

Submit Elections By  
 01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

4. Make your elections on this screen. Note that benefits plans are automatically waived if you are not currently enrolled in the plan.

- Select **Elect** to enroll in Medical.



Note that the system will only allow you to elect one of the medical plans.

- Select **Elect** to enroll in Prescription drug coverage.
- Select **Elect** to in Dental coverage.



Note: Leave election set to Waive for coverage in which you do not wish to enroll.

- If applicable, enroll dependents in medical, prescription, and dental coverage by selecting each dependent that should be covered in the **Enroll Dependents** field. For instructions on how to enroll a new dependent, or one who is not available to be selected from the list, refer to the [Add a Dependent During an Enrollment Event](#) section of this job aid.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees



The coverage level will update based on the dependents selected.

Continue

- Click the **Continue** button to go to the next screen.

### Change Benefits Elections

← 1 of 1

Change Benefit Elections  
Birth/Adoption (Employee) for Christopher Columbus (W2009364) - Step 2 of 4 Actions

Total Employee Net Cost/Credit  
\$341.20 Monthly Cost

Event Date  
12/01/2017

Initiated On  
12/17/2017

Submit Elections By  
01/29/2018

42 second(s) ago - Effective 12/01/2017

You may enter an amount per pay or for the whole year.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 1  Your estimated contributions made this year 0.00  How much do you want to contribute for the total year? \$0.00	Minimum Contribution (Annual) \$5.00  Maximum Contribution (Annual) \$2,650.00  Provider Website P&A

Continue Save for Later Go Back Cancel

- You are now on Step 2 of 4 of Change Benefit Elections. Scroll down if necessary to view all items.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

Submit Elections By  
01/29/2018

42 second(s) ago - Effective 12/01/2017

You may enter an amount per pay or for the whole year.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 1  Your estimated contributions made this year 0.00  How much do you want to contribute for the total year? 840.00  How much do you want to contribute per paycheck (Semi-monthly)? 35.00  Your contribution (Monthly) \$70.00	Minimum Contribution (Annual) \$5.00  Maximum Contribution (Annual) \$2,650.00  Provider Website P&A  Plan Description P&A
Dependent Care FSA - P&A Group	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 1	Minimum Contribution (Annual) \$120.00  Maximum Contribution (Annual)

Continue

Save for Later

Go Back

Cancel

7. On this screen:

- To enroll in the Healthcare FSA, select **Elect**.



Note that you will have to enter the amount that you want to contribute for the whole year or per paycheck. The system will calculate the monthly deduction amount. **The Healthcare FSA maximum is \$2650 annually. The minimum is \$120 annually.**

- To enroll in the Dependent Care FSA, select **Elect**.



You will have to enter the amount that you want to contribute for the whole year or per paycheck. The system will calculate the monthly deduction amount. **The Dependent Care FSA maximum is \$5000 annually. The minimum is \$120 annually.**

8. Click the **Continue**  button to go to the next screen.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

## Change Benefits Elections

← 1 of 1

### Change Benefit Elections

Birth/Adoption (Employee) for Christopher Columbus (W2009364) - Step 3 of 4 Actions

Total Employee Net Cost/Credit  
**\$341.20 Monthly Cost**

**Event Date**  
12/01/2017

**Initiated On**  
12/17/2017

**Submit Elections By**  
01/29/2018

42 second(s) ago - Effective 12/01/2017

- You may enroll in up to \$50,000 of Employee Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental life insurance.
- You may enroll in additional supplemental life up to \$250,000 (for a combined total maximum of \$300,000)
- You may enroll in up to \$25,000 of Spouse Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental spouse life insurance. Spouse Life cannot exceed half of your life amount.
- You may enroll in up to \$25,000 of Child Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental Child Life insurance. Child Life cannot exceed half of your life amount.

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculi
<a href="#">Continue</a>	<a href="#">Save for Later</a>	<a href="#">Go Back</a>	<a href="#">Cancel</a>	

9. You are now on Step 3 of 4 of Change Benefit Elections. Scroll down if necessary to view all items.



- You may enroll in up to \$25,000 of Spouse Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental spouse life insurance. Spouse Life cannot exceed half of your life amount.
- You may enroll in up to \$25,000 of Child Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental Child Life insurance. Child Life cannot exceed half of your life amount.

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calcul. Cover
Life Ins - Guaranteed - Securian (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$50,000		\$50,000
Life Ins - Supplemental - Securian (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$100,000		\$100,000
Spouse Life - Securian (Spouse)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$75,000	Jillian Columbus	\$75,000
Child Life - Securian (Dependent)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
AD&D - Securian (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue  
Continue Save for Later Go Back Cancel

10. On this screen:

- To enroll in Term Life insurance select **Elect**.



You can select up to \$50,000 of term life insurance which will be a pre-tax deduction from your paycheck under the Life Insurance – Securian guaranteed issue amount for an employee. This means you do not pay taxes on the amount deducted. No evidence of insurability is required for amounts elected up to \$50,000. **Ensure that you select the value of the life insurance that you want to choose FROM THE LIST. Do not type it in manually.**

- If you want to enroll in more than \$50,000 of term life insurance, select **Elect** Supplemental Life Insurance.



DO NOT select an amount in this field unless you have entered \$50,000 in the term life insurance election. Any life insurance above \$50,000 will be a post-tax deduction from your paycheck which means you WILL have to pay taxes on the amount deducted.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

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Evidence of insurability is required for amounts over \$50,000.

- To enroll in Spouse Term Life select **Elect**.



In order to be eligible for Spouse Term Life insurance you must be enrolled in Term Life insurance. The amount for Spouse Term life insurance cannot be more than half of the amount that you have selected for Term Life insurance.

- To enroll in Child Term Life select **Elect**.



In order to be eligible for Child Term Life insurance, you must be enrolled in Term Life insurance. The amount for Child Term life insurance cannot be more than half of the amount that you have selected for Term Life insurance.

Note that if you increase life insurance to any amount above the guaranteed amount (or any amount already above that amount), you will not see the new amount until Securian approves the additional life insurance.

- To enroll in AD&D Insurance select **Elect**.

11. Click the **Continue**  button to go to the next screen.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

Christopher Columbus (W2009364)

← 1 of 1
↑ ↓

### Change Benefit Elections

Benefit Elections Review for Birth/Adoption (Employee) - Step 4 of 4 Actions

Total Employee Net Cost/Credit  
**\$341.20 Monthly Cost**

Details

Your Benefit Elections will not take effect unless you provide an electronic signature by marking the I Agree box and hit the SUBMIT button.

Review your elections for accuracy. If you need to change any elections, click the BACK button to go back to the screens on which you wish to make changes.

Elected Coverages 8 items
🔊 📄 ↗

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	E
Medical - CareFirst BCBS EPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$142.86	↑
Prescription - Drug RX (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$83.12	
Dental - United Concordia DPPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$23.27	
Healthcare FSA - P&A Group	01/01/2017	01/01/2017	\$840.00 Annual				\$70.00	
Life Ins - Guaranteed - Securian (Employee)	01/01/2017	01/01/2017	\$50,000	\$50,000.00			\$2.70	
Life Ins - Supplemental - Securian	01/01/2017	01/01/2017	\$100,000	\$100,000.00			\$5.40	

Submit
Save for Later
Go Back
Cancel

\$75,000
\$75,000.00
Jillian
\$8.25

12. On Step 4 of 4, review your benefit elections and the total monthly cost for your benefit elections.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

(Employee)							
Life Ins - Supplemental - Securian (Employee)	01/01/2017	01/01/2017	\$100,000	\$100,000.00			\$5.40
Spouse Life - Securian (Spouse)	01/01/2017	01/01/2017	\$75,000	\$75,000.00	Jillian Langley		\$8.25
AD&D - Securian (Family)	01/01/2017	01/01/2017	\$200,000	\$200,000.00	Jillian Langley		\$5.60
Total:							\$341.20

> Waived Coverages

Attachments

Drop files here

or

Select files

Electronic Signature

**ELECTRONIC SIGNATURE/LEGAL NOTICE/DEPENDENT ATTESTATION:**

Your Name and Password are considered to be your "Electronic Signature" to this submission, with all the legal effect of any other signature by you. The electronic signature will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions and you authorize payroll deductions from your paycheck or pension allowance, if applicable, for the cost of your benefit elections.

Submit Save for Later Go Back Cancel that you have been provided with the opportunity to enroll in group health coverage, but enrolls at this time.

13. Attach any documents for new dependents if **all** are available. If not, wait until the Dependent Verification Audit process following the start of the new plan year.

**NEW HIRES:** You must attach any applicable documentation for new dependents you are adding on this screen. If you are selecting **Employee Only** coverage, no documentation is needed.

14. Scroll down if necessary to view all items.



**Title:** Change Benefit Elections  
**Functional Area:** Benefits Administration  
**Role:** Employees

**ELECTRONIC SIGNATURE/LEGAL NOTICE/DEPENDENT ATTESTATION:**

Your Name and Password are considered to be your "Electronic Signature" to this submission, with all the legal effect of any other signature by you. The electronic signature will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions and you authorize payroll deductions from your paycheck or pension allowance, if applicable, for the cost of your benefit elections.
2. For those waiving health insurance coverage: You understand that you have been provided with the opportunity to enroll in group health coverage, but you are declining enrollment for yourself and any eligible dependents at this time.
3. You are making the following attestation:
  - I understand that I cannot cancel or change my enrollment elections except during an Open Enrollment period or as the result of a qualifying change in status permitted by COMAR 17.04.13.04 and IRS Section 125 (26 U.S.C. §125);
  - I certify that I am not covered under another State of Maryland employee's or retiree's membership for any coverage for which I am enrolling during this Open Enrollment period;
  - For those enrolling dependents: I certify that my covered dependents are not covered under another State of Maryland employee's or retiree's membership for any coverage for which they are being enrolled during this Open Enrollment period.

I understand that if I willfully misrepresent my eligibility or the eligibility of my dependents during this enrollment, or fail to take the necessary action to remove ineligible dependents timely, or in any way obtain benefits to which I am not entitled, my benefits will be canceled, I will be required to repay the full value of the lesser of any claims or insurance premiums, and I may face criminal investigation and prosecution.

*You are entitled to request a paper form for submission of your enrollment elections. By filing this form electronically you are consenting to submission by electronic means and agree that electronic filing does not invalidate your submission in any way. Pursuant to Maryland Commercial Law Article § 21-106, where a law requires a signature, an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.*

I Agree



enter your comment

Submit

Go Back

Cancel

15. Check the "I Agree"  checkbox to certify the benefit elections benefit elections you have chosen.

Submit

16. Click the **Submit** button to submit your benefit elections.



← 1 of 1

### Submit Elections Confirmation

Birth/Adoption (Employee) for Christopher Columbus (W2009364) Actions

Total Employee Cost/Credit  
**\$341.20 Monthly Cost**

**Initiated On**  
12/17/2017

**Submit Elections By**  
01/29/2018

**Event Date**  
12/01/2017

42 second(s) ago - Effective 12/01/2017

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

You may print this form for your records. If you do not print it now, you can view your elections at any time, but cannot print this form at a later date.

**Elected Coverages** 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	E
Medical - CareFirst BCBS EPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$142.86	↑
Prescription - Drug RX (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian		\$83.12	

Print Done

17. The benefit elections have been submitted. Select the **Print** Print button from this screen if you need to print the Confirmation Summary Statement, otherwise you will not be able to go back and print. Click the **Done** Done button to finish.

 Note that the benefit elections that you have submitted have to be approved by Employee Benefits Division before they will be in effect. Once approved, you will be able to view the benefits by clicking the **Benefits** worklet and then clicking the **Benefits Elections** button (in the View section). and. If the benefits are future dated, go to the **Benefits** worklet and then click the **Benefit Elections as of Date** button to view the elections.

18. The System Task is complete.



## Add a Dependent During an Enrollment Event

Use this procedure to add a dependent for benefits. Dependents can only be added to benefits when an enrollment event (i.e., New Hire Enrollment, Open Enrollment, Life Event Change) is being completed.

### Procedure:

#### 1 of 1 - Workday

← 1 of 1

Change Benefit Elections ★ ⚙️ ↗️

Birth/Adoption (Employee) for Christopher Columbus (W2009364) - Step 1 of 4 Actions

Total Employee Net Cost/Credit  
\$341.20 Monthly Cost

Event Date  
12/01/2017

Initiated On  
12/17/2017

Submit Elections By  
01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items ☰ ↗️

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel

1. On the Change Benefits Elections (Step 1 of 4) screen, select the item(s) to elect under health care elections.



### 1 of 1 - Workday

12/17/2017

Submit Elections By

01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

2. Use the prompt  in the **Enroll Dependents** field to enroll dependents for benefits.

**1 of 1 - Workday**

Event Date  
01/01/2018

Initiated On  
06/29/2017

Submit Elections By  
11/15/2017

11 day(s) ago - Effective 01/01/2018

Health Care Elections 4 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO SLEOLA	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid #ccc; padding: 5px;"> <input type="text"/> <ul style="list-style-type: none"> <li>Existing Dependents &gt;</li> <li>Add My Dependent From Enrollment</li> </ul> </div>	Employee
Medical - CareFirst BCBS POS SLEOLA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO SLEOLA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Prescription - : RX SLEOLA Employee	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue Save for Later Cancel

- To add a new dependent, select the **Add My Dependent From Enrollment** menu item.



If you already have an existing dependent, the dependent can be selected using the **Existing Dependents** menu item. **YOU SHOULD CHECK TO SEE IF THE DEPENDENT ALREADY EXISTS BEFORE ADDING A NEW DEPENDENT.**



### Add My Dependent From Enrollment - Workday

#### Add My Dependent From Enrollment

Is your new dependent already a beneficiary or emergency contact?

Yes

No

If yes, which one?

Use your new dependent as a beneficiary?

Yes

No

4. Select the **Existing Beneficiary or Emergency Contact**  Existing Beneficiary or Emergency Contact radio button and check to see if the dependent you are adding is already listed as an Emergency Contact. If so, choose from the list. If the new dependent is not an emergency contact, then select the **New Dependent**  New Dependent radio button.

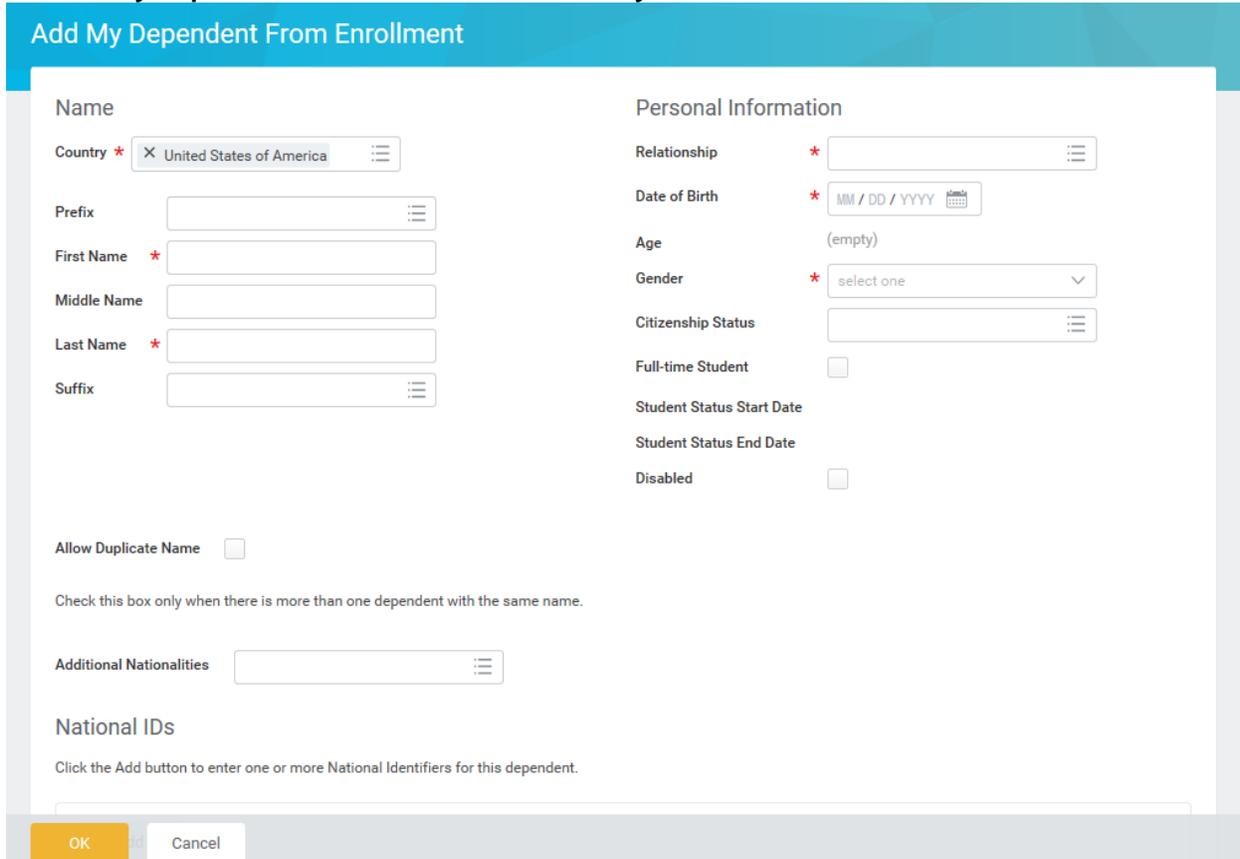
5. **Important System Note:** Answer **No** to the “Use your new dependent as a beneficiary” question.



**Information:** Life insurance beneficiaries are not managed in SPS. Beneficiaries are managed directly by the life insurance vendor. See the Beneficiary Designation form on the DBM Health Benefits website under Term Life and AD&D to designate beneficiaries for your life insurance.

6. Click the **OK**  button.

### Add My Dependent From Enrollment - Workday



7. On this screen, complete the following fields:

- Enter the first name of the dependent you are adding in the **First Name** field.
- Enter the middle name of the dependent you are adding in the **Middle Name** field



It is recommended to enter the middle name even though it is not a required field.

- Enter the last name of the dependent you are adding in the **Last Name** field.
- Use the prompt to select the **Relationship** of the dependent.
- Enter or select the **Date of Birth** of the dependent.
- Select the **Gender** of the dependent.

8. Scroll down to continue.

### Add My Dependent From Enrollment - Workday

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Additional Nationalities

#### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

#### Address

Use Existing Address

Country \*

Address Line 1 \*

Address Line 2

City \*

State \*

Postal Code \*

County

#### Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

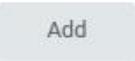
Area Code 240

Phone Number 362-7704

Phone Extension

Email Address

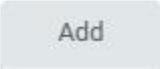
OK Cancel

9. In the National IDs section, click the **Add**  button to complete the following fields:

- Use the prompt to select the **Country**.
- Select the National ID Type.
- Enter the social security number for the dependent in the **Identification #** field OR enter the tax identification number for foreign nationals.



Note that if you do not enter the social security number at this point, you will be prompted later to enter a reason for not entering it (e.g., birth of a child who does not yet have a social security number).

10. In the **Address** section, click the **Add**  button to enter the address for the dependent.

- Use the prompt to select the **Country**.
- Enter the street address in the **Address Line 1** field.
- Enter the city in the **City** field.
- Enter the state in the **State** field.
- Enter the zip code in the **Postal Code** field.



The **Use Existing Address** prompt can be used to select the address associate with the employee.



11. Click the **OK** button.



You have successfully added the dependent. When you complete subsequent elections, you will not have to add the dependent again. The dependent will be listed in the Existing Dependents menu item of the **Enroll Dependents** field.

12. The System Task is complete.