

## **E-Summary Statement User Manual**

The following steps will enable you to print your agency's summary statements which reflect the daily changes made to the Benefits Administration System (BAS). As of August 1, 2011, EBD will no longer send the summary statements to each agency. It will be the agency's responsibility to print them each day and distribute to your employees.

In order to be able to comply with this new process, each agency must have access to the web-based BAS system. If you need to obtain access, please complete the BAS Registration Form found at:

<http://doit.maryland.gov/support/ASMsecurityForms/BAS%20Registration%20Form.pdf>

If you have questions concerning the E-Summary Statement process, please contact Britney Scott at (410) 767.1248.

Connect to web site at <https://bas.dbm.state.md.us> and enter your username and password. Click on the “Sign In” button to login.

The screenshot shows a Windows Internet Explorer browser window displaying the login page for the Maryland Agency Benefits Coordinator System. The browser's address bar shows the URL `http://10.0.0.190/dbm/login.aspx`. The page features the Maryland Department of Budget & Management logo and a navigation bar with links for [FAQ](#) and [Contact Info](#). The main heading is "Maryland Agency Benefits Coordinator System". On the left side, there is a login form with the following fields and buttons:

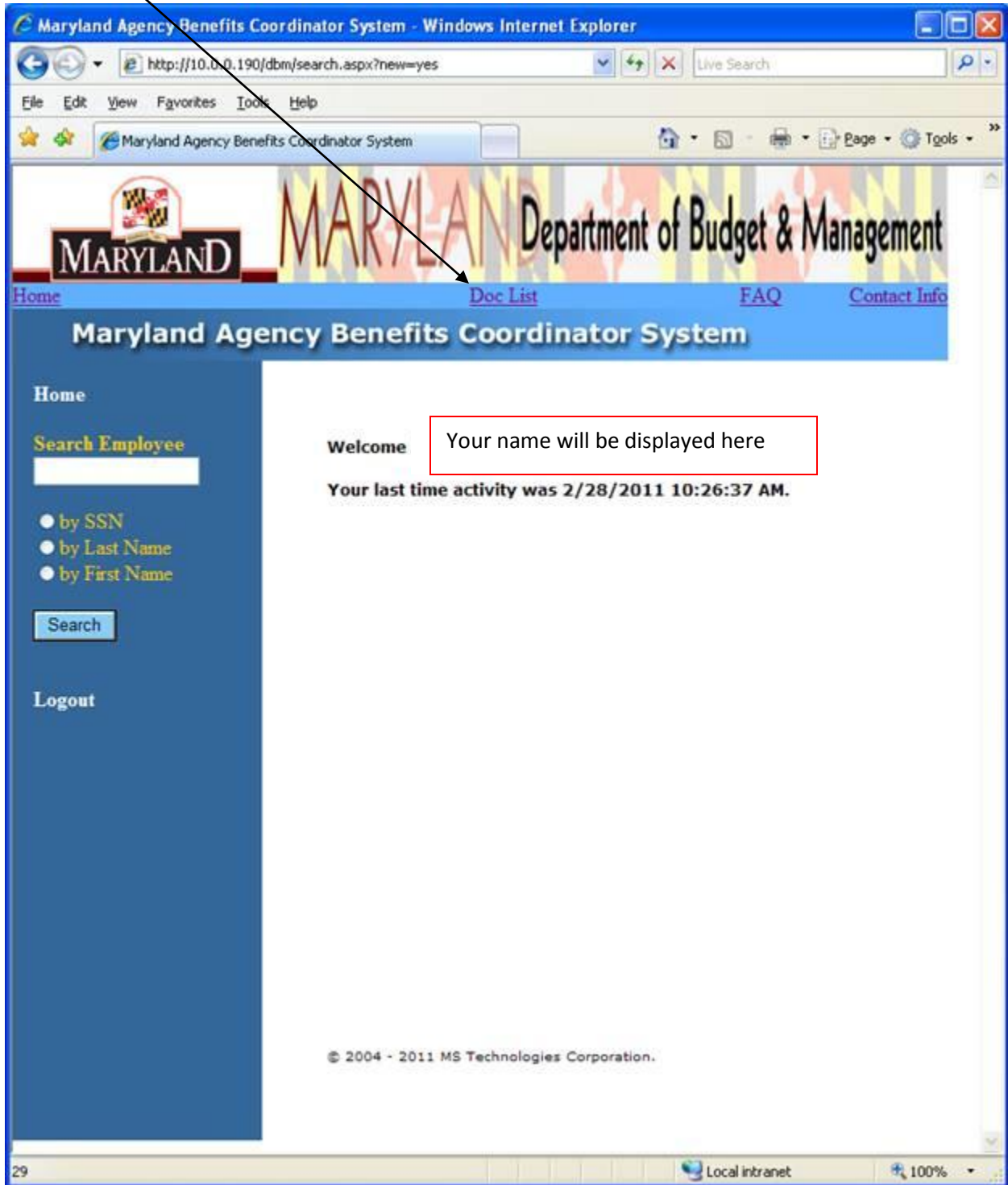
- Username:** A text input field containing the text "aseek".
- Password:** A password input field with masked characters (dots).
- Sign In:** A blue button.
- Change Password:** A blue button.

In the center of the page, there is a disclaimer text:

**Access to this system is restricted to authorized users only and limited to approved business purposes. By using this system, you expressly consent to the monitoring of all activities. Any unauthorized access or use of the system is prohibited and could be subject to criminal and civil penalties. All records, reports, email, software and other data generated by or residing upon this system are the property of State of Maryland and may be used by the State of Maryland for any purpose.**

At the bottom of the page, there is a footer with the text: "Maryland Department of Budget and Management © 2004 - 2011 MS Technologies Corporation. All rights reserved." The browser's status bar at the bottom shows "Done", "Local intranet", and "100%".

After logging in, you will see the Welcome Screen. On the top of the toolbar, click on the Doc List link



Enter the processing date and click on the "Submit" button.

Maryland Agency Benefits Coordinator System - Windows Internet Explorer

http://localhost/dbm/docList.aspx

File Edit View Favorites Tools Help

Maryland Agency Benefits Coordinator System

MARYLAND Department of Budget & Management

Home Search FAQ Contact Info

### Maryland Agency Benefits Coordinator System

Home

Processing Date:

6/28/2011

June 2011

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Submit

Logout

Please select a processing date from left side panel.

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29 Trusted sites 100%

The search results will show on the main panel. Click on the “Download All” button to download all of your agency’s summary statements processed on the selected date or click on a specific employee’s SSN to download an individual summary statement.

[Home](#)
[Search](#)
[FAQ](#)
[Contact Info](#)

## Maryland Agency Benefits Coordinator System

Home  
 Processing Date:  
 6/28/2011  
 June 2011  
 S M T W T F S  
 29 30 31 1 2 3 4  
 5 6 7 8 9 10 11  
 12 13 14 15 16 17 18  
 19 20 21 22 23 24 25  
 26 27 28 29 30 1 2  
 3 4 5 6 7 8 9  
 Submit  
 Logout

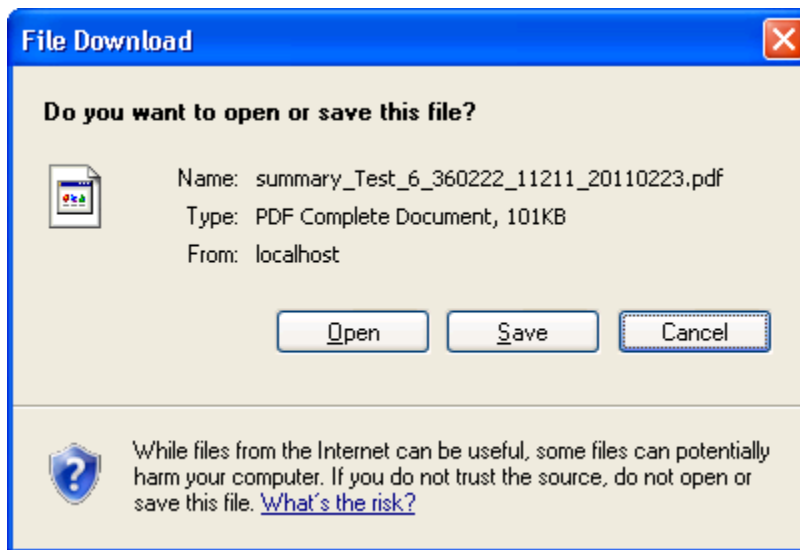
Total number of 7 summary statement(s) have found.

**Note:** Click on Social Security Number to view the summary statement document

SSN	Name	Birth Date	Agency Code	CDC	Create Date
<a href="#">000404057</a>	ANTHONY ZALOGA	02/05/1953	360226		02/24/2011
<a href="#">000404057</a>	J FF	0D	18 360222	11211	02/24/2011
<a href="#">000404057</a>	J R		18 360222	11211	02/23/2011
<a href="#">000404057</a>	S AI	RY	14 360222	11211	02/23/2011
<a href="#">000404057</a>	S T		19 360222		02/24/2011
<a href="#">000404057</a>	S R		17 360222	16202	02/24/2011
<a href="#">000404057</a>	BIRNOL RO	11/05/1976	360222	11211	02/23/2011

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After clicking on the “Download All” button, you can either open the file to view and/or print the summary statements listed. You can also save a copy for future reference.



If you elect to open the file, you will be able to view the summary statement(s) in PDF format.

**Troubleshooting Tip:** If you are unable to view the summary statement(s) in PDF format, ensure you have an up to date version of Adobe Reader. This is available for download online free charge.

**MARYLAN Department of Budget & Management**

Summary Statement of Benefit Elections for Year  
Benefits Coverage Period through

**Year Benefit Elections**

	Enrolled	Plan Name or Coverage Amount	Coverage Level	Deductions Pre Tax	Deductions Post Tax	Effective Date
Medical Plan						
Prescription Drug						
Dental						
Accidental Death & Dismemberment						
Term Life						
Employee						
Spouse						
Children						
Health Care FSA						
Dependent Care FSA						

**Your Dependent(s) Information**

Code Number	Name	Relationship	Sex	Date of Birth	Social Security Number	Health	Drug	Dental

This is a summary of your health plan elections for Year . **Please review your statement carefully for benefits enrolled, coverage levels, dependent information and benefit indicators (Yes/No), for dependents enrolled.** If any of the information on this statement is incorrect due to an Employee Benefits Division error, note the required correction(s) on this statement, sign and date, and return it to the Employee Benefits Division **no later than 30 days from the "Date Printed" (below)** by mail to 301 W. Preston Street, Room 510, Baltimore, MD 21201 or by fax to (410) 333-5191.

**The following applies to Term Life Insurance only:**  
If your Term Life selection has an (\*) next to it, **YOU MUST SUBMIT A MEDICAL REVIEW FORM attached to a copy of this Summary Statement** to your Agency Benefits Coordinator **no later than 30 days from the "Date Printed"** (below) for approval by the Life Insurance carrier. See Benefits Guide for more information.

**Name:** \_\_\_\_\_ **Date Printed:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Agency/Check Distr. Code:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_

If you elect to save the file, you will be prompted to do so by the “Save As” box.

