




Initiate Life Events Quick Reference Guide

PROCESS STEPS:

This Quick Reference Guide covers the steps for an employee to initiate a qualifying Life Event and submit the event to DBM Employee Benefits Division (EBD) for approval. ***The example in the quick reference guide is for a Life Event of Birth/Adoption; the steps are the same for any Life Event.***

1. From the **SPS Welcome/Homepage**, click **View All Apps**.



On behalf of: Margot Robbie - A (21000000)

MENU  Search

Welcome It's Wednesday, November

Awaiting Your Action ...
You're all caught up on your inbox items.





Timely Suggestions


-  **Keep Your Home and Work Contact Information Updated**
We would like you to review your Contact Information and ensure it's up to date. [Update Contact Info](#)
-  **Keep Your Emergency Contacts Updated**
We would like you to review your Emergency Contact Information and ensure it's up to date. [Update Contacts](#)

Quick Tasks

- [Request Time Off](#)
- [Submit My Time](#)
- [Time Off Balance](#)

Your Top Apps

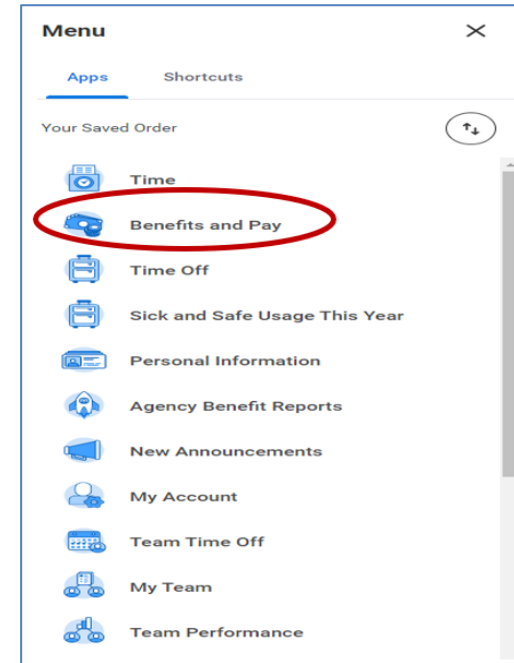
-  Time
-  Time Off
-  Sick and Safe Usage This Year
-  Personal Information

 [View All Apps](#)

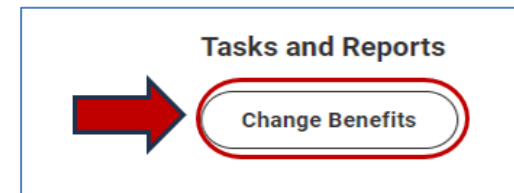


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2. From the Menu, click the **Benefits and Pay** tab.



3. Click the **Change Benefit** button.





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4. Click the **Change Reason** from the drop down list.

A screenshot of a web form showing a dropdown menu for 'Change Reason'. The menu is open, displaying a list of options. The first option is 'select one', which is highlighted in blue. Below it are several options starting with 'Employee:'. The dropdown is enclosed in a red rectangular box.

Change Reason *

select one ▼

select one

Employee: Birth/Adoption

Employee: Change in Dependent Daycare

Employee: Child Support Order

Employee: Death of Dependent

Employee: Dependent Arriving in US

Employee: Dependent Leaving US

Employee: Divorce

5. Select the applicable **Change Reason/Life Event** for your situation/event.

NOTE: Always select a Change Reason name that begins with **“Employee:”**

A screenshot of a web form titled 'Change Benefits'. It shows a user profile for 'Tom Hardy (W1000000)' with a three-dot menu icon. Below the profile, there are three fields: 'Change Reason' with a dropdown menu showing 'Employee: Birth/Adoption', 'Benefit Event Date' with a text input 'MM/DD/YYYY' and a calendar icon, and 'Submit Elections By' with a text input '(empty)'.

Change Benefits

Tom Hardy (W1000000) ...

Change Reason * Employee: Birth/Adoption ▼

Benefit Event Date * MM/DD/YYYY 📅

Submit Elections By (empty)



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6. Enter the date of the event by manually typing the date or selecting the calendar in the Benefit Event Date field.
 - a. The Event Date must match the date on your supporting documentation.
 - b. Most Event Dates may not be more than 60 days in the past.
 - c. Most Event Dates may not be future dated.
 - d. If your Event Date does not meet the criteria for the Change Reason/Life Event selected, the system will stop you from submitting the event.
 - e. After entering the Benefit Event Date the Attachments section should appear. If the Attachments section does not automatically appear, hit the Enter key on your keyboard.

Change Benefits

Tom Hardy (W1000000) ...

Change Reason * Employee: Birth/Adoption ▼

Benefit Event Date * MM/DD/YYYY

Submit Elections By (empty)

<

May 2024

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SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	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	31	1



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7. In the **Attachments section**, upload any required supporting documents by dragging and dropping or click the **Select files button** to upload documents from your computer
- DBM Employee Benefits Division (EBD) will not approve Life Events without the appropriate supporting documentation attached.
 - Refer to the chart on the last 2 pages of this guide for applicable supporting documentation.
 - If you require assistance with uploading or understanding applicable supporting documentation, contact your Agency Benefits Coordinator.

A screenshot of the 'Attachments' section of a web application. The section is titled 'Attachments' in bold. Below the title is a light blue rectangular area with a dashed border. Inside this area, the text 'Drop files here' is centered at the top. Below it is a small circle containing the word 'or'. At the bottom of this area is a button labeled 'Select files', which is highlighted with a red rectangular border.



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8. Review the entries on the page and click the **Submit** button to submit the event to DBM Employee Benefits Division (EBD) for review.
 - a. If you are not ready to Submit the event for review, click the **Save for Later** button to save the event and access it at a later time from your SPS Inbox.
 - b. Note the **Submit Elections By** date; this is the final day you will have access to complete and submit elections AFTER DBM EBD approves the event.

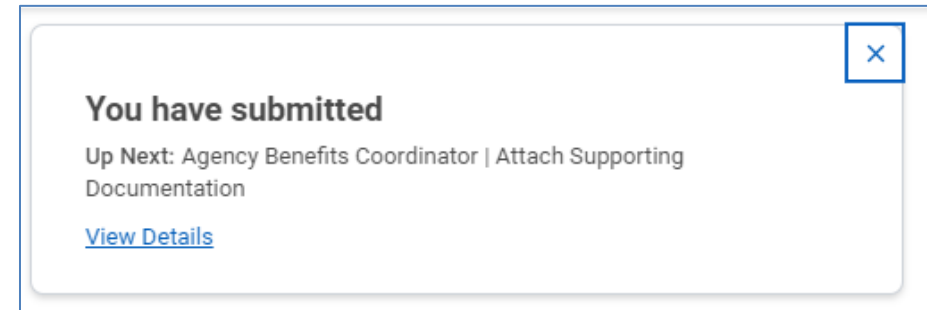
A screenshot of the 'Change Benefits' form. The form has a title 'Change Benefits' at the top. Below the title, there are two dropdown menus: 'Change Reason' with the value 'Employee: Birth/Adoption' and 'Benefit Event Date' with the value '05/29/2024'. Below these, the 'Submit Elections By' date is '07/27/2024', which is highlighted with a red rectangular box. Underneath, there is a section titled 'Benefits Offered' with a list of options: AD&D, Child Life, Dental, Dependent Care FSA, Healthcare FSA, and a 'More (5)' link. Below this is an 'Attachments' section with a large light blue area containing the text 'Drop files here', a small 'or' text, and a 'Select files' button. At the bottom of the form, there is a text input field labeled 'enter your comment'. At the very bottom, there are three buttons: 'Submit' (orange), 'Save for Later' (light blue), and 'Cancel' (light blue).



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9. After submission the **Up Next** page will appear showing your event has now been submitted to the DBM Employee Benefits Division for review.

Click the **X icon** in the upper right corner to exit the page.



The event has now been submitted to DBM Employee Benefits Department (EBD) for review.

STOP HERE and DBM Employee Benefits Division will review the Event you selected, your supporting documentation for the Event and the Event Date.

After approval, the event will be sent back to you for you to make benefit election changes. You will receive SPS Notification and email notification once the event is approved if you have a Work or Personal email address in SPS. Follow one of the Quick Reference Guides (QRGs) that begin with “Change Benefit Elections” to assist with entering your election changes.

If EBD identifies any issues with your Event they will return the event to you. Again, you will be notified via SPS and email notification if you have a Work or Personal email address in SPS.

Qualifying Life Event Required Supporting Documentation

QUICK REFERENCE GUIDE



Change Reason/Life Event Type	Required Documentation	SHARED04
Employee: Birth/Adoption Retiree: Birth/Adoption	<p>Biological Child:</p> <ul style="list-style-type: none"> Copy of child's official state birth certificate with name of employee listed as child's parent. ** Official birth certificate required within 60 days <p>Adopted Child:</p> <p>Pending Adoption:</p> <ul style="list-style-type: none"> Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption. <p>Final Adoption:</p> <ul style="list-style-type: none"> Copy of final adoption decree signed by a judge or a state-issued birth certificate showing employee as parent <p>Stepchild:</p> <ul style="list-style-type: none"> Copy of child's official birth certificate with name of spouse of employee listed as child's parent Copy of employee's official marriage certificate signed by Clerk of the Court, Registrar, etc 	
Employee: Change in Dependent Daycare	<p>To Reduce the Annual Amount:</p> <ul style="list-style-type: none"> Letter from the daycare provider on letterhead indicating a reduction in rate or a reduction in hours with the effective date of the change. <p>To Increase the Annual Amount:</p> <ul style="list-style-type: none"> Letter from the daycare provider on letterhead indicating an increase in rate or an increase in hours with the effective date of the change. <p>To Cancel:</p> <ul style="list-style-type: none"> Letter from the daycare provider on letterhead indicating the last day the dependent attended the daycare. 	
Employee: Child Support Order Retiree: Child Support Order	Copy of child support order	
Employee: Death of Dependent Retiree: Death of Dependent	Death certificate	

Change Reason/Life Event Type	Required Documentation
Employee: Dependent Arriving in US Retiree: Dependent Arriving in US	<p>In addition to the documentation required to show proof of relationship, a copy of the passport with the arrival date indicated or a copy of I-94, along with proof of residence in USA.</p> <p>For children:</p> <ul style="list-style-type: none"> • One of the following – letter from school, daycare provider or pediatrician on letterhead indicating address on file, driver's license/identification card, or lease agreement. <p>For spouse:</p> <ul style="list-style-type: none"> • One of the following – driver's license/identification card, mortgage/lease agreement, letter from employer on letterhead indicating address on file.
Employee: Dependent Leaving US Retiree: Dependent Leaving US	<p>Copy of travel itinerary and one of the following to support a change in residence outside of the USA:</p> <ul style="list-style-type: none"> • Copy of Lease agreement or mortgage. • Letter from employer on letterhead indicating permanent address on file. • For children - letter from school/daycare on letterhead indicating permanent address on file.
Employee: Divorce Retiree: Divorce	<p>Divorce decree</p>
Employee: Gains Coverage Elsewhere Retiree: Gains Coverage Elsewhere	<p>Letter from other employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents and the effective date of the new coverage.</p>
Employee: Legal Guardianship Retiree: Legal Guardianship	<p>Copy of Legal Ward/Testamentary court document, signed by a judge and proof of legal residency.</p>
Employee: Loses Coverage Elsewhere Retiree: Loses Coverage Elsewhere	<p>Letter from previous employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents*, the effective date of the loss of coverage, and reason for the loss.</p> <p>*Proof of relationship: certified marriage certificate and/or certified birth certificate</p>
Employee: Marriage Retiree: Marriage	<p>Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official after the date of marriage, such as the Clerk of Court).</p>