



Title: Complete Initial Benefit Elections (New Hire or Job Change)

Role: Agency Benefit Coordinator

# Complete Initial Benefit Elections (New Hires or Job Changes)

When an employee is first hired or has a job change, he or she will get a “New Hire” or “Job Change” task in the Workday Inbox to complete initial benefit elections. The task will NOT BE in the ABC’s Inbox.

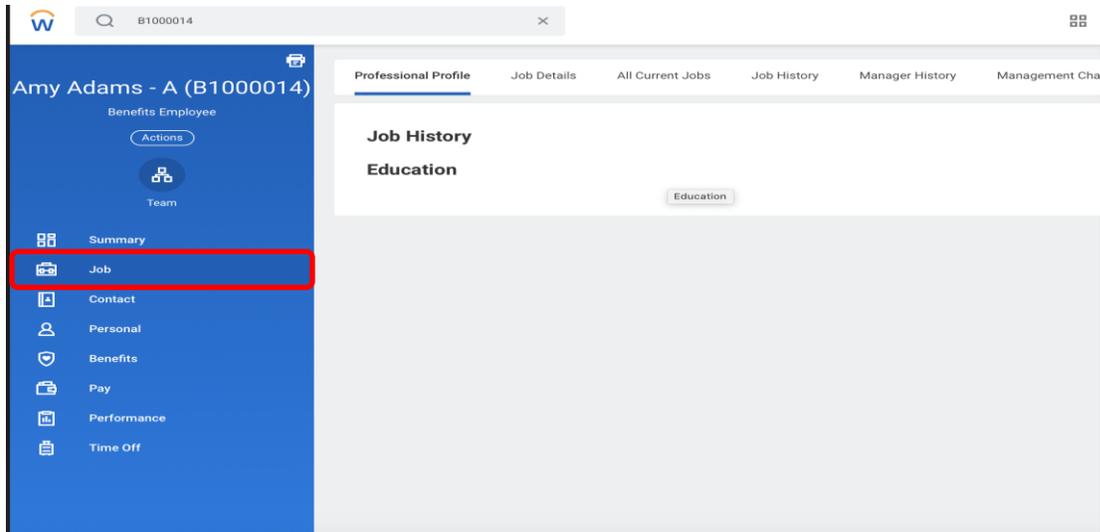
Use this procedure to find the task to complete the initial benefit elections on behalf of the employee.

## Procedure:

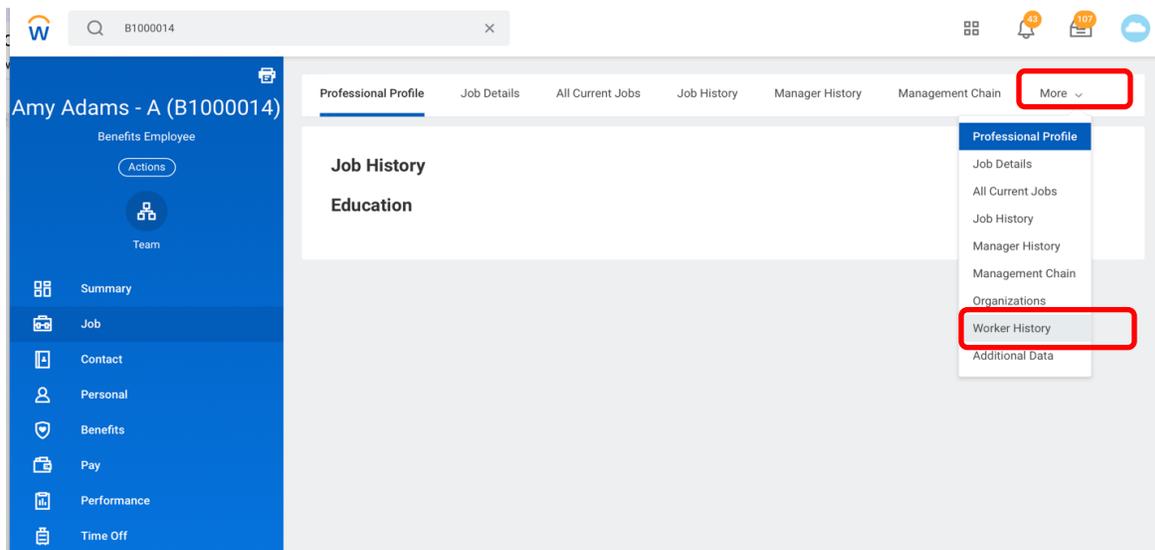
1. Search for the employee by entering the W number or name in the **Search Box** and click the **ENTER key**.
2. The Search will return the employee that meets the search criteria you entered. Click on the employee name.

The screenshot shows a search interface with a search bar containing 'B1000014'. Below the search bar is a blue header for 'Search Results'. On the left, there is a 'Categories' sidebar with 'Common' selected. The search results show one item: 'Amy Adams - A (B1000014)', which is highlighted with a red box. Below the search results, there is a tip: 'Tip: try selecting another category from the left to see other results'.

3. Click on **Job** of the employee profile and look for the **Worker History** tab



4. You may have to click **More** to find the **Worker History** tab depending on the size of your computer screen



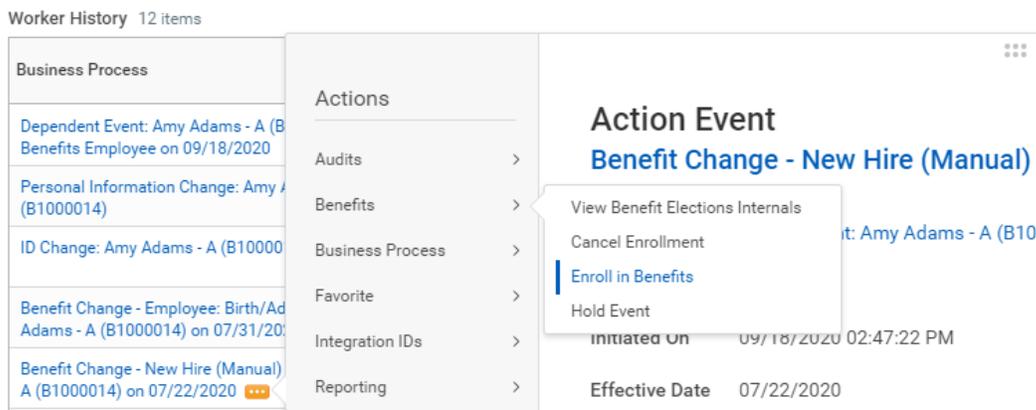
- Find the **Benefit Change: New Hire (or Benefit Change: Job Change)** Event in the Worker History for the employee.

Worker History 10 items

Business Process	Effective Date	Initiated On	Due Date	Completed On	Status	Assigned To
Benefit Change - New Hire (Manual) : Amy Adams - A (B1000014) on 07/22/2020	07/22/2020	08/03/2020 03:09:30 PM			In Progress	Amy Adams - A (B1000014)

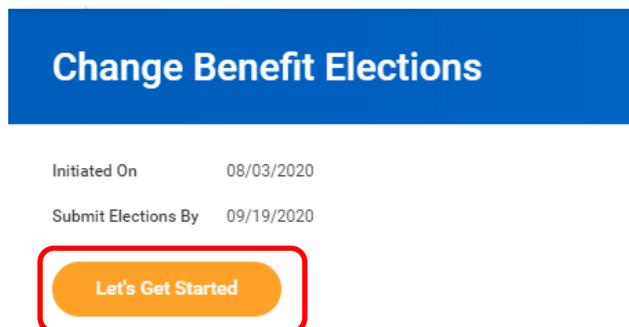
- Click the **Related Actions and Preview** icon on the Benefit Change – New Hire or Job Change event. In the menu, hover over **Benefits** and then click the **Enroll in Benefits** hyperlink.

Worker History 12 items



The screenshot shows a list of business processes on the left. The selected event is 'Benefit Change - New Hire (Manual) : Amy Adams - A (B1000014) on 07/22/2020'. An 'Action Event' menu is open, showing options: 'View Benefit Elections Internals', 'Cancel Enrollment', 'Enroll in Benefits' (highlighted), and 'Hold Event'. The event details show 'Initiated On: 09/18/2020 02:47:22 PM' and 'Effective Date: 07/22/2020'.

- Click on the **Let's Get Started** button to proceed to the next page to enroll the employee in benefits



The screenshot shows a blue button with the text 'Change Benefit Elections'. Below the button, the text 'Initiated On 08/03/2020' and 'Submit Elections By 09/19/2020' is displayed. At the bottom, an orange button with the text 'Let's Get Started' is highlighted with a red box.



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8. The **Enrollment page** will display. Depending on if the event is a **New Hire** or **Job Change** event the cost, coverage, and dependents may be currently elected or waived. **To make changes click the Manage or Enroll links** on the tile(s) for the coverage type(s) you want to elect/change.

The **Enroll** link displays if there are no current elections for the coverage type/category

The **Manage** link display if there are current elections for the coverage type/category.

The screenshot displays the 'Health Care and Accounts' enrollment interface. It is organized into two main sections: 'Health Care and Accounts' and 'Insurance'. Each section contains several benefit tiles. Each tile features an icon, a title, a status (e.g., 'Waived'), and an 'Enroll' link. The 'Enroll' link for the 'Medical' tile is highlighted with a red rectangle. At the bottom of the page, there are two buttons: 'Review and Sign' and 'Save for Later'.

Section	Benefit Type	Status	Action
Health Care and Accounts	Medical	Waived	Enroll
	Prescription	Waived	Enroll
	Dental	Waived	Enroll
	Healthcare FSA	Waived	Enroll
Dependent Care FSA	Waived	Enroll	
Insurance	Life Ins - Guaranteed	Waived	Enroll
	Life Ins - Supplemental	Waived	Enroll
	Spouse Life	Waived	Enroll
	Child Life	Waived	Enroll
AD&D	Waived	Enroll	



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9. Select the coverage/Plan and click the Confirm and Continue button to proceed to the Dependents page.

**Medical**  
New Hire (Manual) for Amy Adams - A (B1000014) [Actions](#)

**Plans Available**  
Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee.

5 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CareFirst BCBS EPO (Employee)	\$68.08	\$385.76
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CareFirst BCBS PPO (Employee)	\$102.00	\$407.98
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser IHM	\$67.70	\$383.68
<input type="radio"/> Select <input checked="" type="radio"/> Waive	UnitedHealthcare EPO (Employee)	\$68.48	\$388.08
<input type="radio"/> Select <input checked="" type="radio"/> Waive	UnitedHealthcare PPO (Employee)	\$100.32	\$401.34

**Health Care Instructions**  
**General Instructions**  
General Instructions:  

- To enroll in a plan, select the "Elect" button next to th
- To enroll a dependent(s), click in the Enroll Depender list.
- After selecting "Add Dependent" you will see a scree type. On the last page of this enrollment, you MUST certificate, etc.) for each dependent you added. You not received.
- You only need to setup a new dependent one time. O dependent for other coverages by selecting "Existing

[Confirm and Continue](#) [Cancel](#)

10. The Dependents page displays dependents that are already setup in the system and eligible for the coverage type. Currently covered dependents display as "Selected". Add or change covered dependents by clicking in the Select box. If the employee wants to add a new dependent click the Add New Dependent button.

**Medical - CareFirst BCBS EPO (Employee)**  
New Hire (Manual) for Amy Adams - A (B1000014) [Actions](#)

**Dependents**  
Add a new dependent or select an existing dependent from the list below.

Coverage  Employee

Plan cost (Monthly) \$68.08

[Add New Dependent](#)



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11. After reading the **Add Dependent** page to review what supporting documentation is required to add the dependent, **click the OK button** to proceed and complete the new dependent information.

### Add Dependent

Amy Adams - A (B1000014) Actions

During a qualifying life event or Open Enrollment you have the ability to add dependents to medical, dental, prescription, life insurance and/or AD&D coverage.

Translation of Non-English Documentation:  
If you submit dependent documentation that is written in a language other than English, it must be translated by an official translator – someone other than you or your de

DEPENDENT RELATIONSHIP = SPOUSE:  
Eligibility Criteria (Spouse):

- Lawfully married to an employee or retired employee as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal

Required Documentation (Spouse):

- Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official, such as the Clerk of Court):
  - From the court in the County or City in which the marriage took place; or
  - From the Maryland Division of Vital Records for marriages that occurred at least six months prior to enrollment; or
  - From the Department of Health and Mental Hygiene (DHMH) website: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov) (Click Online Services) – also [www.vitalcheck.com](http://www.vitalcheck.com)

DEPENDENT RELATIONSHIP = CHILDREN (Biological Child, Adopted Child or Step-child):  
Eligibility Criteria (Children):

- Under age 26
- Except for grandchildren and legal wards, no requirement to reside in your home
- May be eligible for coverage under own employer
- May be married or unmarried, or;

Required Documentation (Biological Child):

OK Cancel

12. Complete the dependent information: **Relationship** to the employee, **Date of Birth** of the dependent, and **Gender**.

### ← Add Dependent

Relationship \* x Spouse

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth \* 07/02/1974

Age 46 years, 2 months, 16 days

Gender \* Male

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name



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13. Complete the **Legal name tab** for the dependent and click on the **Contact Information tab**.

Legal Name    Contact Information    National IDs    Additional Government IDs    Other IDs

Country \*    X United States of America [X] [Menu]

Prefix    [Text Field] [Menu]

First Name \*    Darren

Middle Name    [Text Field]

Last Name \*    LeGallo

Suffix    [Text Field] [Menu]

14. On the **Contact Information tab**, complete the **Address information**. If the dependent resides at the same address as the employee, use the **Search icon** in the **Use Existing Address field** and click on the employee address. If the dependent resides at a different address, complete the Address, City, State and Postal Code fields.

Complete the **Usage Type value**.

Address

Use Existing Address    X 301 W Preston Room 507 for Amy Adams - A [Menu]

Country    United States of America

Address Line 1    301 W Preston Room 507

Address Line 2    [Text Field]

City    Baltimore City

State    Maryland

Postal Code    21201

County    [Text Field]

Usage

Type \*    X Home [Menu]

Primary Work   

Primary Home   

Use For    X Mailing [Menu]  
X Street Address [Menu]



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15. Click on the **National IDs** tab.

Legal Name    Contact Information    **National IDs**    Additional Government IDs    Other IDs

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National IDs 0 items

	*Country	*National ID Type	Current ID	Add/Edit ID	Issu
No Data					

**Click the “+” to open/add a row for data entry.** Use the Search icon to complete the **Country** and **National ID Type**; and enter the ID in the **Add/Edit ID**.

Legal Name    Contact Information    **National IDs**    Additional Government IDs    Other IDs

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National IDs 1 item

	*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date
	United States of America	Social Security Number (SSN)		987-65-4321	MM/DD/YYYY

**Save**    Cancel

**If the dependent does not have a National ID**, do not click the “+” to open/add a row. If you click the “+” and you do not have the information, you will need to click the **Remove button** to close the add feature.

Click the **Save button** to proceed.



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16. The new dependent now displays on the coverage plan page and is automatically selected for coverage in the plan.

**Medical - CareFirst BCBS EPO (Employee)**  
New Hire (Manual) for Amy Adams - A (B1000014) [Actions](#)

**Dependents**  
Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee + Spouse  
Plan cost (Monthly) \$142.86

[Add New Dependent](#)

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Darren LeGallo	Spouse	07/02/1974

[Save](#) [Cancel](#)

**Health Care Instruction**  
Provider Website [www.carefirst.com/state](http://www.carefirst.com/state)

**General Instructions**  
General Instructions:

- To enroll in a plan, select the "Elect" button.
- To enroll a dependent(s), click in the Enroll list.
- After selecting "Add Dependent" you will type. On the last page of this enrollment certificate, etc.) for each dependent you not received.
- You only need to setup a new dependent for other coverages by selecting

Verify all dependents which should be covered for this coverage type are "Selected" and then click the Save button. If there are additional new dependents complete the Add New Dependent steps for each new dependent.

17. You will return to the Enrollment page and should proceed to select or update the other coverage types as required.

**New Hire (Manual)**  
New Hire (Manual) for Amy Adams - A (B1000014) [Actions](#)

Your Medical changes have been updated, but not submitted  
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Projected Total Cost (Monthly) \$142.86

**Health Care and Accounts**

**Medical**  
CareFirst BCBS EPO (Employee)  
Cost (Monthly) \$142.86  
Coverage Employee + Spouse  
Dependents 1  
[Manage](#)

**Prescription**  
Waived  
[Enroll](#)

**Dental**  
Waived  
[Enroll](#)

**Healthcare FSA**  
Waived  
[Enroll](#)

**Dependent Care FSA**  
Waived  
[Enroll](#)

**Insurance**

**Life Ins - Guaranteed**  
Waived

**Life Ins - Supplemental**  
Waived

**Spouse Life**  
Waived

[Review and Sign](#) [Save for Later](#)



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18. After all elections have been made, click the **Review and Sign** button to proceed. Or, you may click the **Save for Later** button to save the event/elections and return to them later. Note, elections will not go to DBM Employee Benefits Division (EBD) for review or become effective until you click the Review and Sign button.

**New Hire (Manual)**  
New Hire (Manual) for Amy Adams - A (B1000014) Account

Projected Total Cost (Monthly)  
\$318.92

**Health Care and Accounts**

**Medical**  
CareFirst BCBS EPO (Employee)

Cost (Monthly) \$142.86

Coverage Employee + Spouse

Dependents 1

[Manage](#)

**Prescription**  
Drug - (Employee)

Cost (Monthly) \$74.80

Coverage Employee + Spouse

Dependents 1

[Manage](#)

**Dental**  
United Concordia DPPO (Employee)

Cost (Monthly) \$23.26

Coverage Employee + Spouse

Dependents 1

[Manage](#)

**Healthcare FSA**  
Waived

[Enroll](#)

**Dependent Care FSA**  
Waived

[Enroll](#)

**Insurance**

**Life Ins - Guaranteed**  
MetLife (Employee)

Cost (Monthly) \$26.00

Coverage \$50,000

[Manage](#)

**Life Ins - Supplemental**  
MetLife (Employee)

Cost (Monthly) \$52.00

Coverage \$100,000

[Manage](#)

**Spouse Life**  
Waived

[Enroll](#)

Review and Sign Save for Later

19. The **View Summary** page will display. Review the selections and **verify all Plans and Dependents are accurate** based on the paper enrollment form completed by the employee.

**View Summary**  
New Hire (Manual) for Amy Adams - A (B1000014) Account

Projected Total Cost (Monthly)  
\$318.92

- Your Benefit Elections will not take effect unless you check the "I AGREE" box below and click the "SUBMIT" button.
- IMPORTANT** - If a new dependent has been added, the required supporting documentation **MUST** be submitted/ attached to your enrollment event. *Any new dependent added without having the correct documentation attached will NOT BE APPROVED FOR COVERAGE.*
- If you have any questions on the correct/required documentation please review the [New Dependent Required Supporting Documentation](https://dbm.maryland.gov/spa/Documents/New%20Dependent%20Required%20Supporting%20Documentation.pdf) link on the SPS Benefits Help Center <https://dbm.maryland.gov/spa/Documents/New%20Dependent%20Required%20Supporting%20Documentation.pdf> or contact your Agency Benefits Coordinator (ABC) for assistance prior to submitting your enrollment elections.

**Selected Benefits** 5 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical CareFirst BCBS EPO (Employee)	08/01/2020	08/01/2020	Employee + Spouse	Darren LeGallo		\$142.86
Prescription Drug - (Employee)	08/01/2020	08/01/2020	Employee + Spouse	Darren LeGallo		\$74.80
Dental United Concordia DPPO (Employee)	08/01/2020	08/01/2020	Employee + Spouse	Darren LeGallo		\$23.26
Life Ins - Guaranteed MetLife (Employee)	08/01/2020	08/01/2020	\$50,000			\$26.00
Life Ins - Supplemental MetLife (Employee)	08/01/2020	08/01/2020	\$100,000			\$52.00

**Waived Benefits** 5 items

Healthcare FSA	Waived
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20. Scroll down to the **Attachments section** and attach any required new dependent supporting documentation along with the paper enrollment form signed by the employee using the **Select files button**.

### Attachments

Drop files here  
or  
Select files

21. Scroll down to the **Electronic Signature section**. If everything is correct check the **I Accept button** at the bottom of the page and click the **Submit button**.

### 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 or 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
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 ei
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 permitte
  - 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 Enrollm
  - For those enrolling any new dependents: I certify that my covered dependents are not covered under another State of Maryland employee's or retiree's membership fo
  - For those enrolling any new dependents: I certify that the required supporting documentation is submitted/attached to my open enrollment event.
  - I understand that any new dependent added in an Open Enrollment event without having the correct documentation attached will be removed from coverage following
  - I understand that any new dependent added in a Life Event without having the correct documentation attached will not be enrolled in benefit elections.

*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 de  
required to repay the full value of the lesser of any claims or insurance premiums, and I may face criminal investigation and prosecution.*

*By filing this form electronically for your enrollment elections you are consenting to submission by electronic means and agree that electronic filing does not invalidate your  
an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.*

I Accept

Submit Save for Later Cancel

**After clicking the Submit button, the event/elections route to DBM Employee Benefits Division for review and approval. If there are any issues with the elections or supporting documentation DBM EBD will return the event to the ABC. The elections will not be in effect until DBM EBD has approved the event.**