

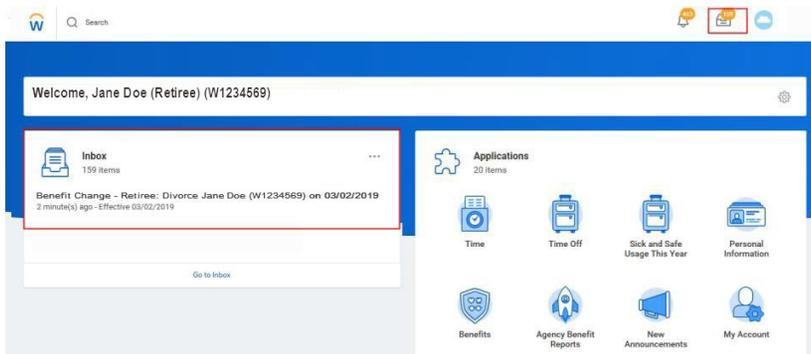
# Change Benefit Elections (Divorce or Death of Dependent) QUICK REFERENCE GUIDE



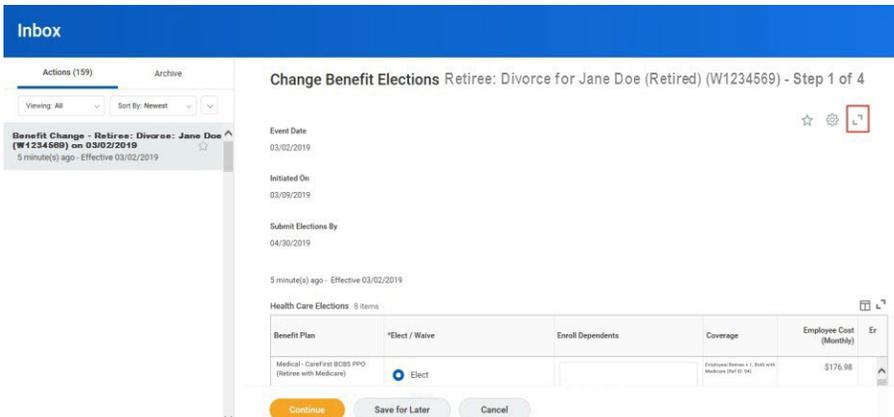
## PROCESS STEPS:

The example in the quick reference guide is for a divorce.

1. From the **Homepage**, click the **Inbox** icon.



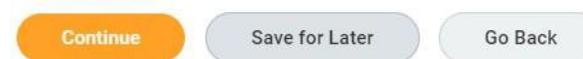
2. View to ensure the **Benefit Change - Retiree** task is selected.
3. On the right side, click the double arrows to expand the screen.



4. On the **Change Benefits Election** page, benefits that have been elected are indicated with a blue **Elect** radio button. Benefits that have been waived are indicated by a blue **Waive** radio button.
5. For each benefit plan, either **Elect** or **Waive** the plan.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS PPO (Retiree with Medicare)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	JAY Leto - B Kay Leto - B	Employee/Retiree + 1, Both with Medicare (Ref ID: 94)	\$176.98	\$1,002.92
Medical - CareFirst BCBS PPO (Employee) (Retiree with Medicare)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - Kaiser IHM (Retiree with Medicare)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

6. You **DO NOT** need to remove a spouse or stepchild for a divorce or a deceased dependent for a death of dependents in the **Enroll Dependents** column. After you submit the initiation of the life event, EBD will perform steps that will remove the dependent. The dependent will no longer be covered under any plan.
7. At the bottom of the screen you have three options:



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- Select **Continue** to continue selecting elections.
- Select **Save for Later** if you want to come back and complete your elections at a later time.
- Select **Go Back** to return to the previous page.



8. Click the **Continue** button.

9. Click Continue completing elections for **Spending Account**, and **Insurance** Elections.

10. The last page is the **Benefit Election Review** page. Review the elections to ensure all elections are correct and include any applicable dependents.

11. Scroll down to the Electronic Signature Page. Read the **Electronic Signature** and click the **I Agree** box.

12. Click  the **Submit** button.



**STOP:** The task will go to the **Central Benefits Partners (EBD)** for approval. Once approved, the benefits will be active.

## 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