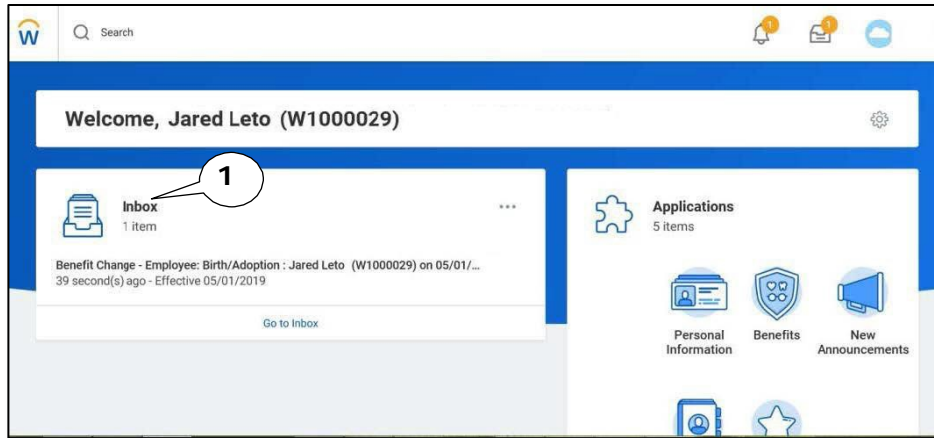


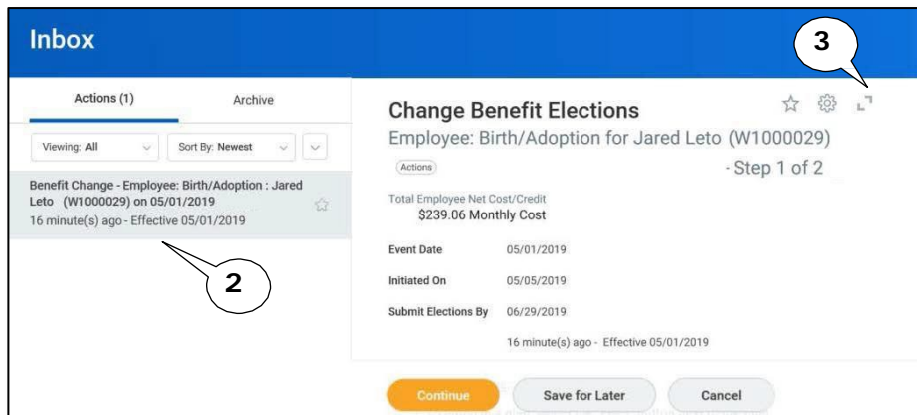
PROCESS STEPS

The example in the quick reference guide is for the birth or adoption of a child.

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



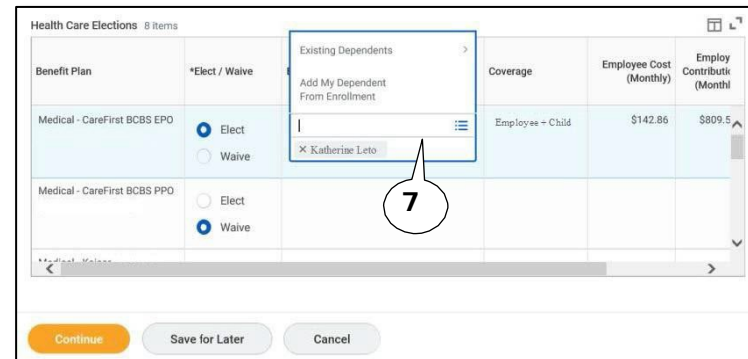
2. View to ensure the **Benefit Change – Employee** task is selected.
3. On the rightside, click the **double arrows** to expand the screen.




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.




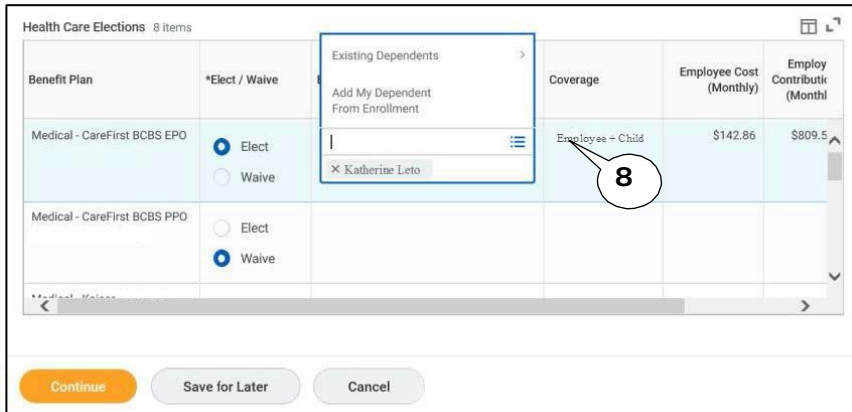
6. If you wish to add a dependent to the elected plan, go to the **Enroll Dependents** column.



7. Click in the **Enroll Dependent** column to view the prompt  drop down icon

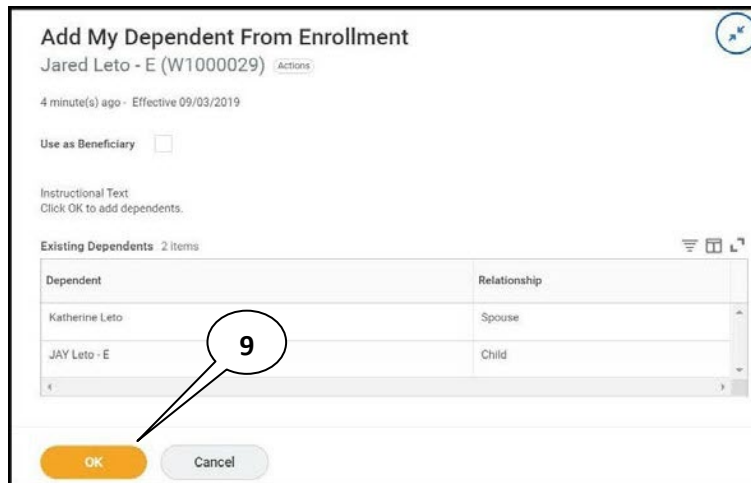
PROCESS STEPS

8. Click the prompt  and select **Existing Dependents** to add the dependent from the list. If the dependent is not already listed, select **Add Dependent**.



Benefit Plan	*Elect / Waive	Coverage	Employee Cost (Monthly)	Employ Contribution (Month)
Medical - CareFirst BCBS EPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee + Child	\$142.86	\$809.5
Medical - CareFirst BCBS PPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

9. On the **Add My Dependent** page, review your current dependents. Then, click the **OK** button to continue to add the new dependent.



Add My Dependent From Enrollment
Jared Leto - E (W1000029) Actions

4 minute(s) ago - Effective 09/03/2019

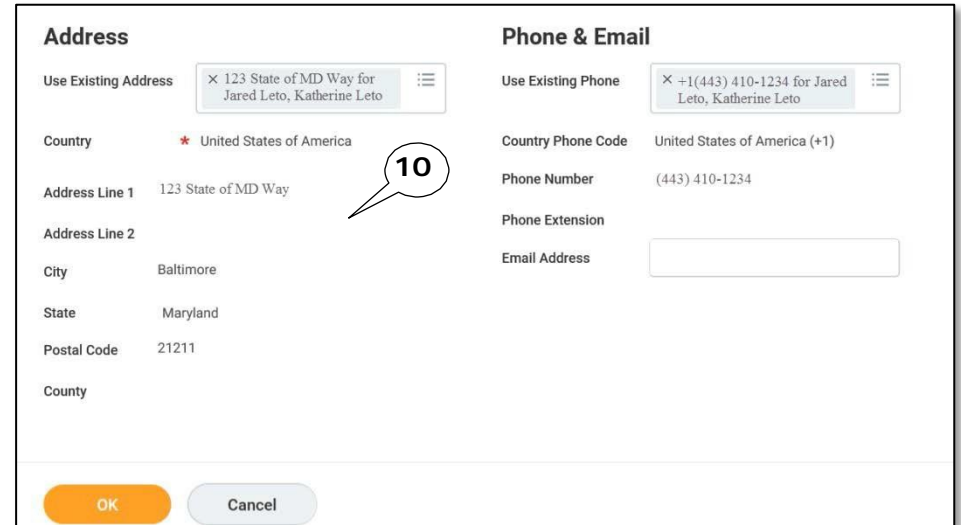
Use as Beneficiary

Instructional Text
Click OK to add dependents.

Existing Dependents 2 items

Dependent	Relationship
Katherine Leto	Spouse
JAY Leto - E	Child

10. On the Add Dependent page, enter the First Name, Last Name, Relationship, Date of Birth, and Gender of the new dependent.



Address

Use Existing Address 123 State of MD Way for Jared Leto, Katherine Leto

Country United States of America

Address Line 1 123 State of MD Way

Address Line 2

City Baltimore

State Maryland

Postal Code 21211

County

Phone & Email

Use Existing Phone +1(443) 410-1234 for Jared Leto, Katherine Leto

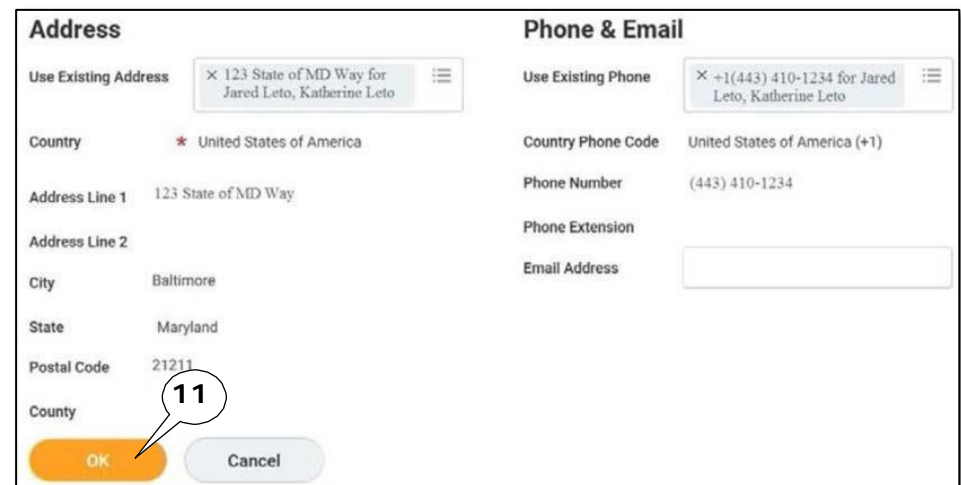
Country Phone Code United States of America (+1)

Phone Number (443) 410-1234

Phone Extension

Email Address

11. Click the **OK** button.



Address

Use Existing Address 123 State of MD Way for Jared Leto, Katherine Leto

Country United States of America

Address Line 1 123 State of MD Way

Address Line 2

City Baltimore

State Maryland

Postal Code 21211

County

Phone & Email

Use Existing Phone +1(443) 410-1234 for Jared Leto, Katherine Leto

Country Phone Code United States of America (+1)

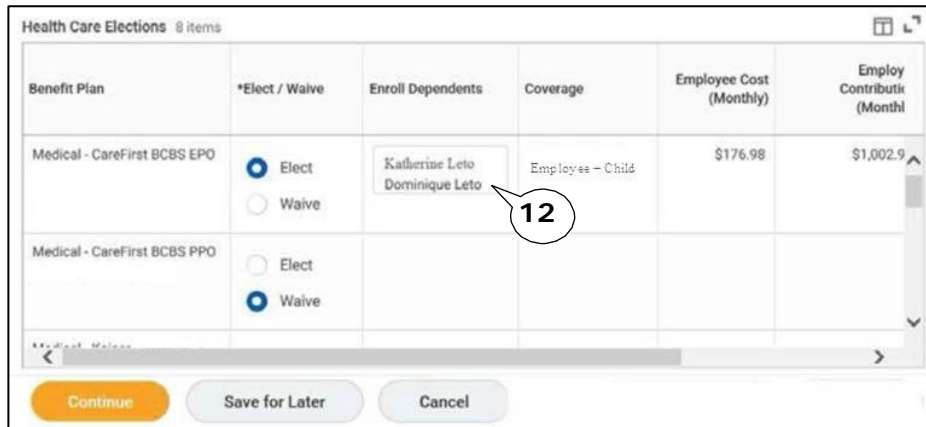
Phone Number (443) 410-1234

Phone Extension


Email Address

PROCESS STEPS

12. You will be returned to the elections page. You will now see the **newly added dependent** listed.



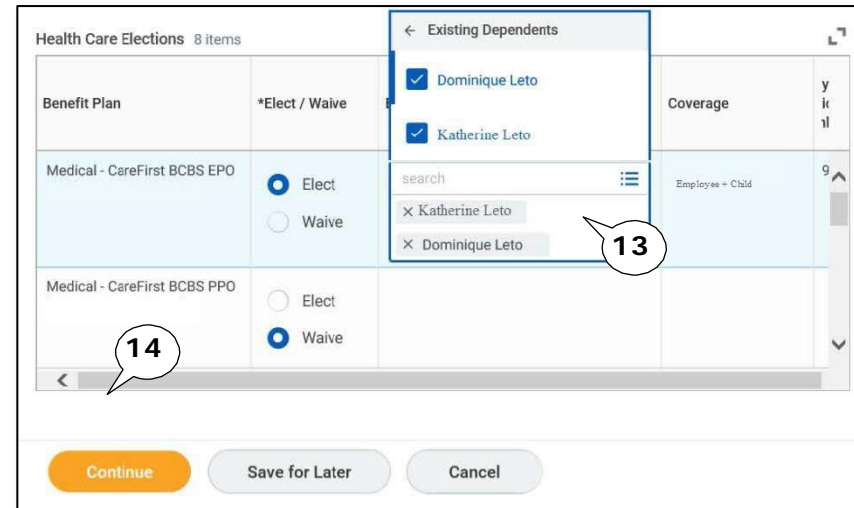
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employ Contribution (Monthly)
Medical - CareFirst BCBS EPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Katherine Leto Dominique Leto	Employee + Child	\$176.98	\$1,002.9
Medical - CareFirst BCBS PPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

13. Once you have added the dependent to a benefit plan, click the prompt  to select **Existing Dependent** and select the dependent from the list to add to any other benefit plans. Once the dependent is added to a plan, they will be added to your existing dependents and should not be added again.

14. At the bottom of the screen, you have 3 options:


- 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.

Click the **Continue**  button.



15. If you did not enter a **social security number** for the dependent the next screen will appear. If the dependent does not have a social security number, click the **Reason ID is not available** radio button and enter a reason in the blank field.



16. Click the **Continue**  button located at the bottom of the screen (not shown).

PROCESS STEPS

17. The last page is the **Benefit Election Review page**. Review the elections to ensure all elections are correct and include any applicable dependents (not shown).

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

19. 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 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 receive a printed copy of this 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 election 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 if it is in electronic form.

I Agree

18 **19**

20. Click  the **Print** button (not shown) to print a copy of the election.



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