

Change Benefit Elections — Remove a Dependent

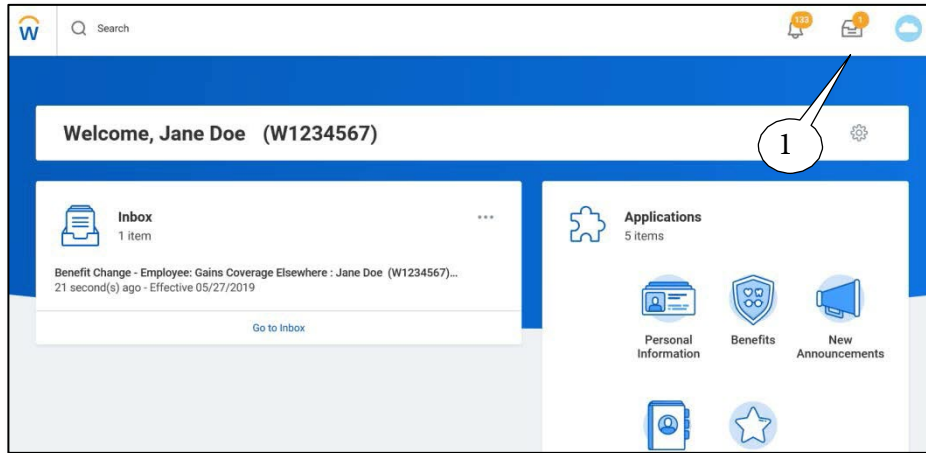
QUICK REFERENCE GUIDE



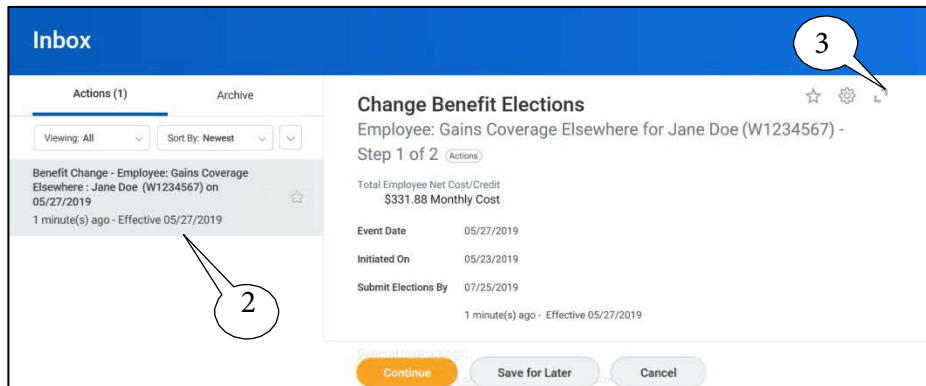
PROCESS STEPS

The example in the quick reference guide is for a dependent who gains coverage elsewhere.

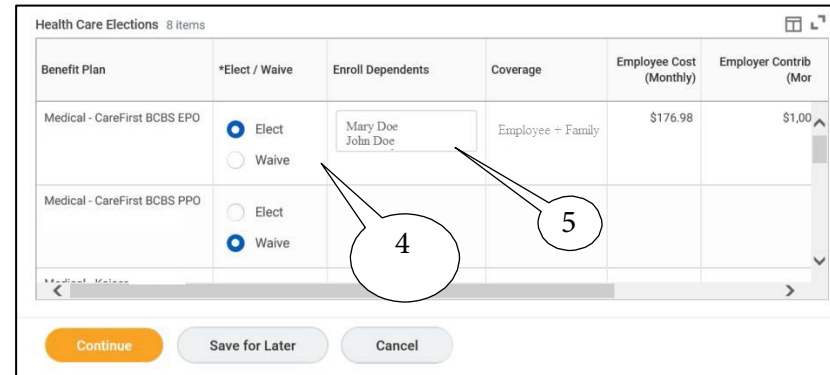
1. From the Homepage, click the **Inbox** icon.



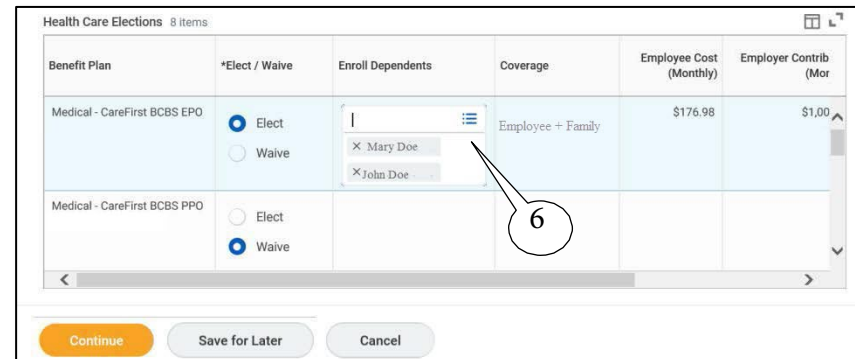
2. View to ensure the **Benefit Change – Employee** task is selected.
3. On the right side, click the **double arrows** to expand the screen.




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.



6. To remove a dependent for the elected plan, go to the **Enroll Dependents** column.



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

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8. Click the X next to the dependent you want to remove from the plan.

The screenshot shows a table with columns: Benefit Plan, *Elect / Waive, Enroll Dependents, Coverage, Employee Cost (Monthly), and Employer Contrib (Mor). The first row is for 'Medical - CareFirst BCBS EPO' with 'Elect' selected. The 'Enroll Dependents' column shows a dropdown menu with 'Mary Doe' and 'John Doe' listed, each with an 'X' icon next to it. A callout bubble with the number '8' points to the 'X' next to 'John Doe'. Below the table are three buttons: 'Continue' (orange), 'Save for Later' (grey), and 'Cancel' (grey).

9. The dependent should be removed from the plan. Continue through the screens to remove the dependent from each applicable benefit plan.

The screenshot shows the same table as above. The 'Enroll Dependents' column for the first row now only contains 'John Doe'. A callout bubble with the number '9' points to the 'John Doe' text. Below the table are three buttons: 'Continue' (orange), 'Save for Later' (grey), and 'Cancel' (grey). A callout bubble with the number '10' points to the 'Continue' button.

10. 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.



11. Continue through all of the pages until you get to the Benefit Elections Review page.

A close-up of the bottom navigation area showing three buttons: 'Continue' (orange), 'Save for Later' (grey), and 'Cancel' (grey). A callout bubble with the number '11' points to the 'Continue' button.

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

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

14. 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.

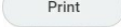
I understand that if I willfully misrepresent my eligibility or the eligibility of my dependents during this enrollment, or fail to take the necessary action to remove ineligible dependents timely, or in any way obtain benefits to which I am not entitled, my benefits will be canceled, I will be required 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

13 (points to the I Agree checkbox)

14 (points to the Submit button)

15. 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 on the coverage begin date on the approved event.