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

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

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.
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.

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

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**Electronic Signature**

**ELECTRONIC SIGNATURE/LEGAL NOTICE/DEPENDENT ATTESTATION**

Your name and signature are transmitted to the State’s Claim Center in these submissions, 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 acknowledging that:

1. You understand that your benefit elections are legal and binding transactions and you authorize payment deductions from your paycheck or parish allowance. If applicable, for the cost of your benefit elections.

2. For those enrolled in a health insurance coverage, you understand that you have been provided with the opportunity to enroll in group health coverage, but you are enrolling enrollment for yourself and any eligible dependents at this time.

3. You are entering the following attestations:
   - I understand that I cannot cancel or change my dependent elections except during an Open Enrollment period or as a result of a qualifying change in status permitted by COMAR 13.04.13.03 and 12.04.13.03.
   - I certify that I am not covered under another State of Maryland employer 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 employer or retiree’s membership for any coverage for which they are being enrolled during this Open Enrollment period.

I understand that if I willfully misrepresented my eligibility or the eligibility of my dependents during this enrollment, or failed to take the necessary action to remove ineligible dependents from elections, or in any way obstruct benefits to which I am entitled or to which I am entitled or to which I am entitled, I will be required to repay the full value of the amount of any overpayments or underpayments, and I may face criminal penalties and prosecutions.

You are hereby notified in advance of your right of appeal. Your right of appeal is defined in the Federal Employees’ Group Health Insurance Plan, 5 U.S.C. § 8905, to which you are entitled. You may appeal the decision from your appeal in the manner that you were required to receive notice of the decision.

The task will go to the **Central Benefits Partners** (EBP) for approval. Once approved, the benefits will be on the coverage begin date on the approved event.