



STATEWIDE PERSONNEL
— S Y S T E M —

**Change Benefits – Life Events
Job Aid for Agency Benefit
Coordinators**



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Title: Complete Initial Benefit Elections (New Hires or Job Changes)

Role: Agency Benefit Coordinators

Complete Initial Benefit Elections (New Hires or Job Changes)

When an employee is first hired, he or she will get a “New Hire” task in your Workday Inbox to complete initial benefit elections. Use this procedure to find the task to complete the initial benefit elections on behalf of the employee.

You can also use this procedure to attach documentation for dependents for new hires.

Procedure:

1. Search for the employee.
2. Click the **Related Actions and Preview** icon next to the employee’s name. In the menu, hover over **Worker History** and then click the **View Worker History** icon.

Search Results - Workday

View Worker History by Category

View Worker History Donald Duck (W2053649) Actions

Worker History 6 items

Business Process	Effective Date	Initiated On	Due Date	Completed On	Status	As
Personal Information Change: Donald Duck (W2053649)		11/06/2017 01:33:20 PM	11/07/2017	11/06/2017 01:34:25 PM	Successfully Completed	
ID Change: Donald Duck (W2053649)		11/06/2017 01:29:42 PM	11/07/2017	11/06/2017 01:33:20 PM	Successfully Completed	
Service Dates Change: Donald Duck (W2053649)	10/18/2017	11/06/2017 01:34:25 PM	11/07/2017	11/06/2017 01:34:44 PM	Successfully Completed	
Benefit Change - New Hire: Donald Duck (W2053649) on 10/18/2017	10/18/2017	11/06/2017 01:34:25 PM			In Progress	Dc (W)
Assign Pay Group for Hire: Donald Duck (W2053649)	10/18/2017	11/06/2017 01:33:20 PM	11/07/2017	11/06/2017 01:33:20 PM	Successfully Completed	
Hire: Donald Duck (W2053649)	10/18/2017	11/06/2017 01:29:42 PM	11/20/2017	11/06/2017 01:33:20 PM	Successfully Completed	Dc (W)

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

Worker - Workday

View Worker History Donald Duck (W2053649) Actions

View Worker History by Category

Worker History 6 items

- Business Process
- Personal Information Change: Donald Duck (W2053649)
- ID Change: Donald Duck (W2053649)
- Service Dates Change: Donald Duck (W2053649)
- Benefit Change - New Hire : Donald Duck (W2053649) on 10/18/2017
- Assign Pay Group for Hire: Donald Duck (W2053649)
- Hire: Donald Duck (W2053649)

Actions

- Benefits >
- Business Process >
- Favorite >
- Integration IDs >

Action Event

Change - New Hire : Donald Duck (W2053649) on 10/18/2017

Subject Donald Duck (W2053649)

Overall Status In Progress

Initiated On 11/06/2017 01:34:25 PM

Effective Date 10/18/2017

Assign Pay Group for Hire: Donald Duck (W2053649)	10/18/2017	11/06/2017 01:33:20 PM	11/07/2017	11/06/2017 01:33:20 PM	Successfully Completed	
Hire: Donald Duck (W2053649)	10/18/2017	11/06/2017 01:29:42 PM	11/20/2017	11/06/2017 01:33:20 PM	Successfully Completed	Dc (W) ✓

4. Click the **Related Actions and Preview** icon. In the menu, hover over **Benefits** and then click the **Enroll in Benefits** hyperlink.



Title: Complete Initial Benefit Elections (New Hires or Job Changes)
Role: Agency Benefit Coordinators

Change Benefits Elections

← 1 of 1

Change Benefit Elections New Hire for Donald Duck (W2053649) - Step 1 of 4 Actions Star Settings Help

Total Employee Net Cost/Credit
\$0.00 Monthly Cost

Event Date
12/01/2017

Initiated On
12/17/2017

Submit Elections By
01/29/2018

1 minute(s) ago - Effective 12/01/2017

Note: You must enroll in a plan before adding a dependent. Once the dependent(s) has been added, you can select him/her for other benefits.

Health Care Elections 7 items Grid Refresh

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Emplo' C (Montl)
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel



Refer to the [Elect or Change Benefit Elections](#) section of this job aid for instructions on how to complete benefit elections for the employee.

For attaching documentation for NEW HIRES or JOB CHANGES, go to step 12 of the [Elect or Change Benefit Elections](#) section of this job aid.

5. The System Task is complete.



Change Benefits (Initiate a Life Event)

Use this procedure to initiate a life event on behalf of an employee. Examples of life events include birth/adoption, marriage, divorce, death of dependent, etc. When you perform this initial task, you are initiating the event and submitting the applicable documentation. You will have an opportunity later in the process to change your benefit elections.

Procedure:

1. Search for the employee.
2. Click the **Related Actions and Preview** icon next to the employee's name. In the menu, hover over **Benefits** and then click the **Change Benefits** icon.

Change Benefits Christopher King (W2009364) Actions

Benefit Event Type * select one

Benefit Event Date * MM / DD / YYYY

Submit Elections By (empty)

Enrollment Offering Types (empty)

Attachments

Drop files here

or

Select files

enter your comment

Submit Save for Later Cancel

3. Select the applicable **Benefit Event Type** from the drop down box.



Title: Change Benefits (Initiate a Life Event)
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

Benefit Event Type	Required Documentation
<p>Employee: Birth/Adoption</p> <p>Retiree: Birth/Adoption</p>	<p>Biological child:</p> <ul style="list-style-type: none"> • Copy of child's official state birth certificate with name of employee listed as child's parent. <p>Adopted Child:</p> <ul style="list-style-type: none"> • Pending Adoption: Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption. • Final Adoption: Copy of final adoption decree signed by a judge or a state-issued birth certificate showing employee as parent. <p>Step-Child:</p> <ul style="list-style-type: none"> • Copy of child's official state birth certificate with name of spouse of employee listed as child's parent • Copy of employee's official state marriage certificate signed by clerk of the court. <p>Grandchild:</p> <ul style="list-style-type: none"> • Proof of relation by blood or marriage.
<p>Employee: Change in Dependent Daycare</p> <p>Retiree: Change in Dependent Daycare</p>	<p>To Reduce the Annual Amount:</p> <ul style="list-style-type: none"> • Letter from the daycare provider on letterhead indicating a reduction in rate or a reduction in hours with the effective date of the change. <p>To Cancel:</p> <ul style="list-style-type: none"> • Letter from the daycare provider on letterhead indicating the last day the dependent attended the daycare.
<p>Employee: Child Support Order</p> <p>Retiree: Child Support Order</p>	<p>Copy of child support order</p>
<p>Employee: Death of Dependent</p> <p>Retiree: Death of Dependent</p>	<p>Death certificate</p>
<p>Employee: Dependent Arriving in US</p> <p>Retiree: Dependent Arriving in US</p>	<p>In addition to the documentation required to show proof of relationship, a copy of the passport with the arrival date indicated and proof of permanent residency.</p> <p>For children:</p> <ul style="list-style-type: none"> • One of the following – letter from school, daycare provider or pediatrician on letterhead indicating address on file, driver's license/identification card, or lease agreement. <p>For spouse:</p> <ul style="list-style-type: none"> • One of the following – driver's license/identification card, mortgage/lease agreement, letter from employer on letterhead indicating address on file.



Title: Change Benefits (Initiate a Life Event)
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

Employee: Dependent Leaving US Retiree: Dependent Leaving US	One of the following – <ul style="list-style-type: none"> • Copy of flight itinerary, • Copy of Lease agreement or mortgage. • Letter from employer on letterhead indicating permanent address on file. For children - letter from school/daycare on letterhead indicating permanent address on file.
Employee: Divorce Retiree: Divorce	Divorce decree
Employee: Gains Coverage Elsewhere Retiree: Gains Coverage Elsewhere	Letter from other employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents and the effective date of the new coverage.
Employee: Legal Guardianship Retiree: Legal Guardianship	Copy of Legal Ward/Testamentary court document, signed by a judge.
Employee: Loses Coverage Elsewhere Retiree: Loses Coverage Elsewhere	Letter from previous employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents and the effective date of the loss of coverage.
Employee: Marriage Retiree: Marriage	Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official after the date of marriage, such as the Clerk of Court).

4. Enter or select the **Benefit Event Date**.



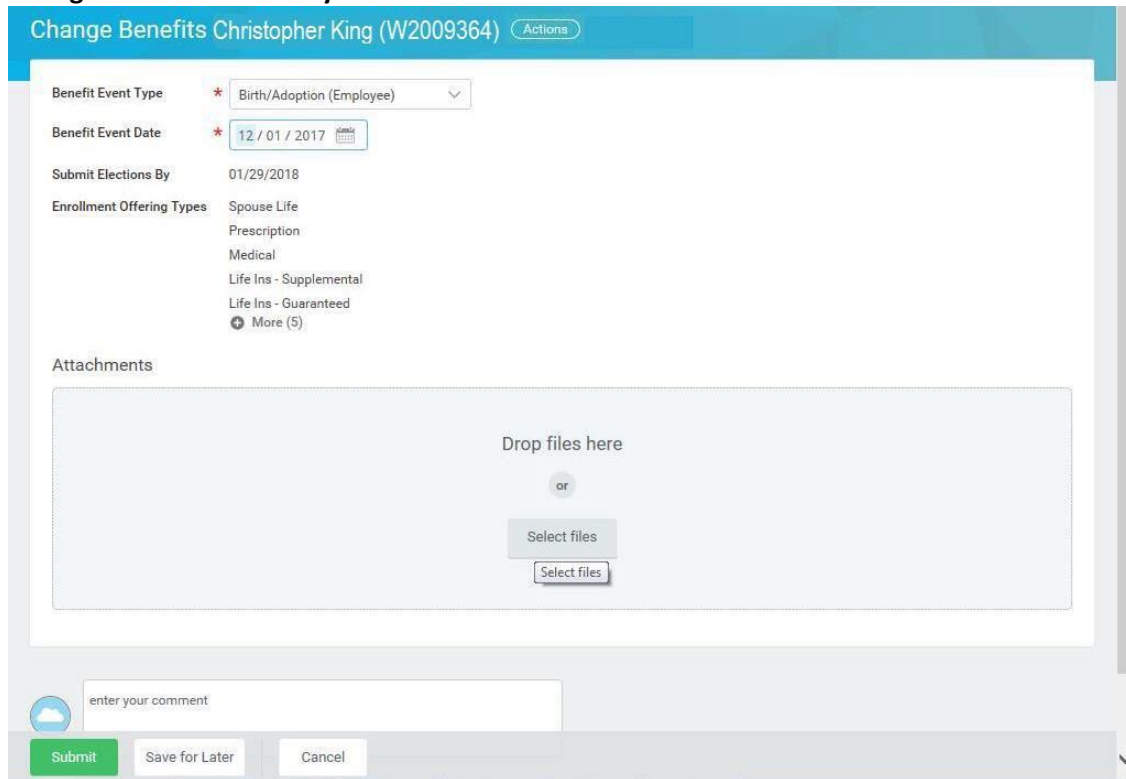
This is the date that the life event occurred. For example, a child was born on January 15th – the **Benefit Event Date** is January 15th.

The **Submit Elections By date** will automatically populate based on the date entered for the **Benefit Event Date**. It will populate to 60 days after the **Benefit Event Date**.

In general, the Benefit Event Date can NOT be greater than 60 days in the past except for the following:

Benefit Event Type	Benefit Event Date
Employee: Death of Dependent	Date can be > 60 days in the past
Employee: Divorce	Date can be > 60 days in the past
Employee: Gains Coverage Elsewhere	Date can be in the future
Employee: Loses Coverage Elsewhere	Date can be in the future

Change Benefits - Workday



Change Benefits Christopher King (W2009364) Actions

Benefit Event Type * Birth/Adoption (Employee) ▾

Benefit Event Date * 12 / 01 / 2017 📅

Submit Elections By 01/29/2018

Enrollment Offering Types Spouse Life
Prescription
Medical
Life Ins - Supplemental
Life Ins - Guaranteed
🔍 More (5)

Attachments

Drop files here

or

Select files

Select files

enter your comment

Submit Save for Later Cancel

5. Attach the applicable document for the event.

- In the **Attachments** section, click the **Select Files** Select files button.
- Browse to the document on your computer and select it.
- Click the Open Open button to attach the required documentation.



See the table in step 3 for details on which documents should be attached for each **Benefit Event Type**.



Title: Change Benefits (Initiate a Life Event)
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

Change Benefits Christopher King (W2009364) Actions

Benefit Event Type * Birth/Adoption (Employee) ▾

Benefit Event Date * 12 / 01 / 2017

Submit Elections By 01/29/2018

Enrollment Offering Types
Spouse Life
Prescription
Medical
Life Ins - Supplemental
Life Ins - Guaranteed
 More (5)

Attachments

Benefits document.docx

Upload

Submit Save for Later Cancel

The document that you attached will be displayed in the **Attachments** section.



If you need to attach additional documents, click the Upload button. You can attach one additional document at a time or select multiple documents to attach at once.

6. Click the **Submit** button.



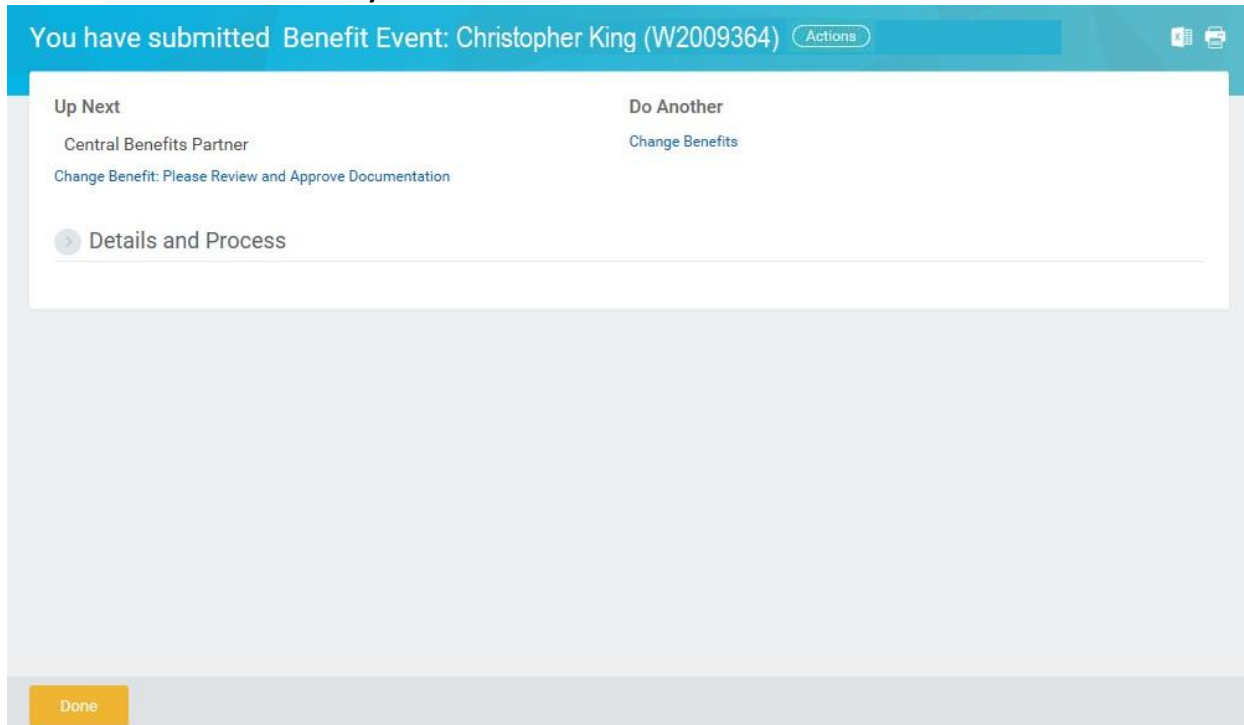
Tip: If you do not want to submit the request at this point, you can also click one of the following buttons:

- Click the **Save for Later** button to save your changes but not submit. You can find this task in your Workday Inbox later to complete it.
- Click the **Cancel** button to cancel the process and start at another time.



Title: Change Benefits (Initiate a Life Event)
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

You have submitted - Workday



7. Click the **Done**  button.



The life event change that you initiated will be routed to the Central Benefits Partner at the Employee Benefits Division to review and approve the documentation. Once the event is approved, you will receive a task in your Workday Inbox to change benefit elections. See the [Elect or Change Benefit Elections](#) section of this job aid for instructions on how to complete this.

8. The System Task is complete.



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

Elect or Change Benefits Elections

Use this procedure to elect or change benefit elections on behalf of an employee.

FOR EMPLOYEES WHO HAVE INITIATED A LIFE EVENT: Start at step 1 of this procedure.

FOR NEW HIRES: Refer to the **Complete Initial Benefit Elections (New Hires and Job Changes)** section of this job aid and then start at step 2 of this procedure.

Procedure:

1. Find the event in your Inbox.

Worker - Workday

Inbox

Actions (1) Archive

Viewing: All Sort By: Newest

Benefit Change - Employee: Birth/Adoption : Chris Christopher King (W2009364) on 10/01/2018
7 second(s) ago - Effective 10/01/2018

Change Benefit Elections

Employee: Birth/Adoption for Chris King (W2009364) - Step 1 of 4

Total Employee Net Cost/Credit: \$291.92 Monthly Cost

Event Date: 10/01/2018
Initiated On: 10/12/2018
Submit Elections By: 11/29/2018
7 second(s) ago - Effective 10/01/2018

Health Care Elections: 8 items

Benefit Plan	*Elect / Waive	Enroll Depen
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Kay Pratt Selena Pr...
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect	

Continue Save for Later Cancel



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

Change Benefits Elections

← 1 of 1

Change Benefit Elections

Birth/Adoption (Employee) for Christopher King (W2009364) - Step 1 of 4 Actions

Total Employee Net Cost/Credit
\$341.20 Monthly Cost

Event Date
12/01/2017

Initiated On
12/17/2017

Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel

2. You are now on the **Health Care Elections** page of Change Benefit Elections. Scroll down if necessary to view all items.



12/17/2017

Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel

3. Make the employee's benefit elections on this screen. Note that benefits plans are automatically waived if the employee is not currently enrolled in the plan.

- Select **Elect** to enroll in Medical.
- Select **Elect** to enroll in Prescription drug coverage.
- Select **Elect** to enroll in Dental coverage.



Note that the system will only allow you to elect one of the medical and one dental plan.




Note: Leave election set to Waive for coverage in which you do not wish to enroll.

- For instructions on how to enroll a new dependent, or one who is not available to be selected from the list, refer to the [Add a Dependent During an Enrollment Event](#) section of this job aid.



The coverage level will update based on the dependents selected.

4. Click the **Continue**  button to go to the next screen.

Change Benefits Elections

← 1 of 1

Change Benefit Elections

Birth/Adoption (Employee) for Christopher King (W2009364) - Step 2 of 4 Actions

Total Employee Net Cost/Credit
\$341.20 Monthly Cost

Event Date
12/01/2017

Initiated On
12/17/2017

Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

You may enter an amount per pay or for the whole year.

Spending Account Elections 2 items 🔍 📄 ↗

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 1 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? \$40.00	Minimum Contribution (Annual) \$5.00 Maximum Contribution (Annual) \$2,650.00 Provider Website P&A

Continue
Save for Later
Go Back
Cancel

5. You are now on the **Spending Account Elections** page of Change Benefit Elections. Scroll down if necessary to view all items.



Note: Contractual and Temporary employees will not have the **Spending Account Elections** page. They will go directly to the **Insurance Elections** page.



Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

You may enter an amount per pay or for the whole year.

Spending Account Elections 2 Items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 1 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? <input type="text" value="840.00"/> How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="35.00"/> Your contribution (Monthly) \$70.00	Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$2,650.00 Provider Website P&A Plan Description P&A
Dependent Care FSA - P&A Group	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 1	Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual)

6. On this screen:

- To enroll the employee in the Healthcare FSA, select **Elect**.
- To enroll the employee in the Dependent Care FSA, select **Elect**.



You will have to enter the amount that you want to contribute for the whole year or per paycheck for both Healthcare FSA and Dependent Care FSA. The system will calculate the monthly deduction amount.

The minimum and maximum contribution amounts are listed on the screen.

7. Click the **Continue** button to go to the next screen.



Change Benefits Elections

← 1 of 1

Change Benefit Elections

Birth/Adoption (Employee) for Christopher King (W2009364) - Step 3 of 4 [Actions](#)

Total Employee Net Cost/Credit
\$341.20 Monthly Cost

Event Date
12/01/2017

Initiated On
12/17/2017

Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

- You may enroll in up to \$50,000 of Employee Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental life insurance.
- You may enroll in additional supplemental life up to \$250,000 (for a combined total maximum of \$300,000)
- You may enroll in up to \$25,000 of Spouse Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental spouse life insurance. Spouse Life cannot exceed half of your life amount.
- You may enroll in up to \$25,000 of Child Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental Child Life insurance. Child Life cannot exceed half of your life amount.

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculi Level
Continue	Save for Later	Go Back	Cancel	

8. You are now on the **Insurance Elections** page of Change Benefit Elections. Scroll down if necessary to view all items.



> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Plan Description
Life Ins - Guaranteed - MetLife (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						https://www.metlife.com/stateofr
Life Ins - Supplemental - MetLife (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						https://www.metlife.com/stateofr
Spouse Life - MetLife (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						https://www.metlife.com/stateofr
Child Life - MetLife (Dependent)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						https://www.metlife.com/stateofr
AD&D - MetLife (Employee)	<input type="radio"/> Elect						https://www.metlife.com/stateofr

9. On this screen:

- To enroll the employee in Term Life insurance select **Elect**.



You can select up to \$50,000 of term life insurance under the Life Ins – Guaranteed – MetLife (Employee). **Ensure that you select the value of the life insurance that you want to choose FROM THE COVERAGE LEVEL LIST. Do not type it in manually. (To see the values, click in the Coverage Level field).**

- If you want to enroll the employee in more than \$50,000 of term life insurance, select **Elect** Life Ins – MetLife – Securian (Employee).



DO NOT select an amount in this field unless you have entered \$50,000 in the term life insurance guaranteed election. Any life insurance above \$50,000 will be a post-tax deduction from the employee’s paycheck which means he or she WILL have to pay taxes on the amount deducted.



Evidence of insurability is required for amounts over \$50,000.



You need to add the Guaranteed and Supplemental insurance together to get the total amount elected.

- To enroll the employee in Spouse Life select **Elect** and select dependent(s) covered.



In order to be eligible for Spouse Term Life insurance, the employee must be enrolled in Term Life insurance. The amount for Spouse Term life insurance cannot be more than half of the amount that you have selected for Guaranteed and Supplemental insurance combined.

- To enroll the employee in Child Life select **Elect** and select dependent(s) covered.



In order to be eligible for Child Life insurance, the employee must be enrolled in Life insurance. The amount for Child life insurance cannot be more than half of the amount that you have selected for Guaranteed and Supplemental insurance combined.

Note that if you elect life insurance to any amount above the guaranteed amount (or any amount already above that amount), you will not see the new amount until Securian approves the additional life insurance.

- To enroll the employee in AD&D Insurance select **Elect**. Select either **Employee** or **Employee + Family** and select the amount from the list. Select dependents covered if **Employee + Family** is selected.

Continue

10. Click the **Continue** button to go to the next screen.



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

workday Christopher Columbus (W2009364)

← 1 of 1

Change Benefit Elections

Benefit Elections Review for Birth/Adoption (Employee) - Step 4 of 4 Actions

Total Employee Net Cost/Credit
\$341.20 Monthly Cost

> Details

Your Benefit Elections will not take effect unless you provide an electronic signature by marking the I Agree box and hit the SUBMIT button.

Review your elections for accuracy. If you need to change any elections, click the BACK button to go back to the screens on which you wish to make changes.

Elected Coverages 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	E
Medical - CareFirst BCBS EPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$142.86	
Prescription - Drug RX (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$83.12	
Dental - United Concordia DPPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$23.27	
Healthcare FSA - P&A Group	01/01/2017	01/01/2017	\$840.00 Annual				\$70.00	
Life Ins - Guaranteed - MetLife (Employee)	01/01/2017	01/01/2017	\$50,000	\$50,000.00			\$2.70	
Life Ins - Supplemental - MetLife	01/01/2017	01/01/2017	\$100,000	\$100,000.00			\$5.40	

Submit Save for Later Go Back Cancel

11. On the **Benefit Elections Review** page, review the employee’s benefit elections and the total monthly cost for benefit elections.



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

(Employee)									
Life Ins - Supplemental - MetLife (Employee)	01/01/2017	01/01/2017	\$100,000	\$100,000.00				\$5.40	
Spouse Life - MetLife (Spouse)	01/01/2017	01/01/2017	\$75,000	\$75,000.00	Jillian Langlely			\$8.25	
AD&D - MetLife (Employee + Family)	01/01/2017	01/01/2017	\$200,000	\$200,000.00	Jillian Langlely			\$5.60	
								Total:	\$341.20

> Waived Coverages

Attachments

Drop files here

or

Select files

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.

Submit
Save for Later
Go Back
Cancel

12. Attach a completed paper enrollment form signed by the employee.

Note: For New Hires and Job Changes Only: Also attach any documentation for newly added dependents.

13. Scroll down if necessary to view all items.



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

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



enter your comment

Submit

Go Back

Cancel

15. Check the "I Agree" checkbox to certify the benefit elections benefit elections you have chosen on behalf of the employee.

16. Click the **Submit**  button to submit the benefit elections.



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

← 1 of 1

Submit Elections Confirmation
 Birth/Adoption (Employee) for Christopher King (W2009364) Actions

Total Employee Cost/Credit
\$341.20 Monthly Cost

Initiated On
 12/17/2017

Submit Elections By
 01/29/2018

Event Date
 12/01/2017

42 second(s) ago - Effective 12/01/2017

You have successfully submitted your benefits enrollment. Select **Print** to launch a printable version of this summary for your records.

You may print this form for your records. If you do not print it now, you can view your elections at any time, but cannot print this form at a later date.

Elected Coverages 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	E
Medical - CareFirst BCBS EPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		\$142.86	
Prescription - Drug RX (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian		\$83.12	

Print Done

17. The benefit elections have been submitted. Select the **Print** Print button from this screen if you want to print the Confirmation Summary Statement, otherwise you will not be able to go back

and print until after review by Employee Benefits Division is complete. Click the **Done** Done button to finish.



Note that the benefit elections that you have submitted have to be approved by Employee Benefits Division before they will be in effect. Once approved, you will be able to view the benefits.

18. The System Task is complete.



Add a Dependent During an Enrollment Event

Use this procedure to add a dependent for benefits on behalf of an employee. Dependents can only be added to benefits when an enrollment event (i.e., New Hire Enrollment, Open Enrollment, Life Event Change) is being completed.

Procedure:

1 of 1 - Workday

← 1 of 1

Change Benefit Elections

Birth/Adoption (Employee) for Christopher King (W2009364) - Step 1 of 4 Actions

Total Employee Net Cost/Credit: \$341.20 Monthly Cost

Event Date: 12/01/2017

Initiated On: 12/17/2017

Submit Elections By: 01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian King	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Continue Save for Later Cancel

1. On the **Health Care Elections** page of Change Benefits Elections, select the item(s) to elect under health care elections.



1 of 1 - Workday

12/17/2017

Submit Elections By

01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Jillian King	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - UnitedHealthcare PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

2. Use the prompt  in the **Enroll Dependents** field to enroll dependents for benefits.



If you are not enrolling the employee in medical coverage, follow the steps for the coverage type for which you want to enroll the dependent.

1 of 1 - Workday

Event Date
01/01/2018

Initiated On
06/29/2017

Submit Elections By
11/15/2017

11 day(s) ago - Effective 01/01/2018

Health Care Elections 4 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO SLEOLA	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid #ccc; padding: 5px;"> Existing Dependents > Add Dependent </div>	Employee
Medical - CareFirst BCBS POS SLEOLA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO SLEOLA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Prescription - : RX SLEOLA Employee	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue Save for Later Cancel

- To add a new dependent, select the **Add Dependent** menu item.



If the employee already has an existing dependent, the dependent can be selected using the **Existing Dependents** menu item. **YOU SHOULD CHECK TO SEE IF THE DEPENDENT ALREADY EXISTS BEFORE ADDING A NEW DEPENDENT.**



Add Dependent

Add Dependent

1 minute(s) ago - Effective 02/19/2019

Existing Beneficiary or Emergency Contact

New Dependent

Use as Beneficiary

OK **Cancel**

- For SPMS employees only:** Select the radio button next to the **Existing Beneficiary or Emergency Contact** section and check to see if the dependent you are adding is already listed as an Emergency Contact. If so, choose from the list. If the new dependent is not an emergency contact, select the **New Dependent** radio button.

CPBI and Benefits Only employees: Select **New Dependent** for this question.

- Important System Note:** Do **NOT** check the "Use as Beneficiary" radio button.



Information: Life insurance beneficiaries are not managed in SPS. Beneficiaries are managed directly by the life insurance vendor. See the Beneficiary Designation form on the DBM Health Benefits website under Term Life and AD&D to designate beneficiaries for your life insurance.

6. Click the **OK**  button.

Add Dependent

Add Dependent


1 minute(s) ago - Effective 02/19/2019

Relationship *

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth * 

Age (empty)

Gender *


Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

7. On this screen, complete the following fields:

- Use the prompt  to select the **Relationship** of the dependent.



NEVER select “**Employee**” or “**Other**” for the **Relationship** or any relationship that indicates it is for “**Internal Use Only**”.

- Enter or select the **Date of Birth** of the dependent.
- Select the **Gender** of the dependent.

8. Scroll down to continue.



Add Dependent

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Country *

Prefix

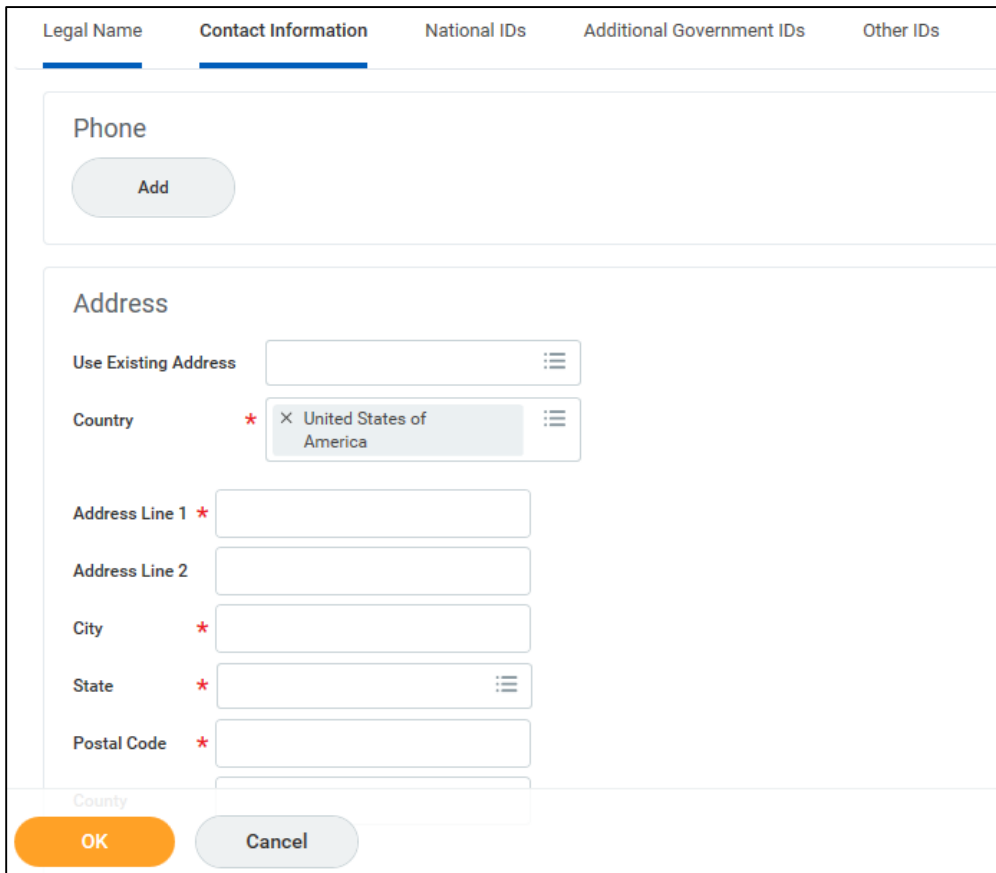
First Name *

Middle Name

Last Name *

Suffix

9. On the Legal Name tab:
- Enter the first name of the dependent in the **First Name** field.
 - Enter the last name of the dependent in the **Last Name** field.



10. On the Contact Information tab, click the **Add** button in the Address section to enter the address for the dependent.


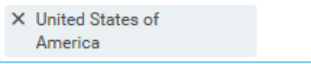



The **Use Existing Address** prompt can be used to select the address associated with the employee.

- Use the prompt to select the **Country**.
- Enter the street address in the **Address Line 1** field.
- Enter the city in the **City** field.
- Enter the state in the **State** field.
- Enter the zip code in the **Postal Code** field.
- Select the **Type**.


National IDs


Click the Add button to enter one or more National Identifiers for this dependent.

Country * 


National ID Type * 

Identification #

Issued Date 

Expiration Date 

11. On the National IDs tab, complete the following fields:

- Use the prompt to select the **Country**.
- Select the **National ID Type** (either Social Security Number or Tax Identification Number for foreign nationals).
- Enter the Social Security Number for the dependent in the **Identification #** field OR enter the Tax Identification Number for foreign nationals.



Note that if you do not enter the Social Security Number or Tax Identification Number at this point, you will be prompted later to enter a reason for not entering it (e.g., birth of a child who does not yet have a Social Security Number).



Title: Add a Dependent during an Enrollment Event
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

12. Click the **OK**  button.



You have successfully added the dependent. When you or the employee completes subsequent elections, you will not have to add the dependent again. The dependent will be listed in the Existing Dependents menu item of the **Enroll Dependents** field.

13. The System Task is complete.



View Benefit Coverage History

Use this procedure to view benefit coverage history for an employee.

Procedure:

1. Search for the employee.
2. Click the **Related Actions and Preview** icon next to the employee's name. In the menu, hover over **Benefits** and then click the **View Benefits Coverage History** icon.

Benefit Election History - Workday

The screenshot shows the Workday interface. At the top, it says "Search Results 1 items" and "All of Workday". Below that, the employee's name "Tracy Smith (W1234567)" is displayed with a three-dot menu icon. The employee's title "Admin Spec III | DBM - Personnel S" and "Employee" are also visible. A tip below reads "Tip: try selecting another category". A dropdown menu is open, showing "Actions" on the left and "Worker" on the right. Under "Actions", "Benefits" is highlighted. Under "Worker", "View Benefits Coverage History" is selected. Below the menu, the employee's "Business Title" is "Admin Spec" and "Manager" is "Tracy".

Benefit Coverage History Tracy Smith Actions

Benefit Group FT & PT FTE 50% Bi-Weekly

Health Care | Insurance

Health Care 9 items

Current	Benefit Plan	Event Date	Enrollment Event Type	Coverage Begin Date	Deduction Begin Date	Coverage End Date	Deduction End Date	Coverage
Yes	Medical - CareFirst BCBS EPO (Employee)	08/07/2017	Reinstatement	09/01/2017	09/01/2017			Employee + Child
	Medical - CareFirst BCBS EPO (Employee)	07/26/2017	Termination	01/01/2017	01/01/2017	07/31/2017	07/31/2017	Employee + Child
	Medical - CareFirst BCBS EPO (Employee)	01/01/2017	Z Conversion-Health	01/01/2017	01/01/2017	07/31/2017	07/31/2017	Employee + Child
Yes	Prescription - Drug RX (Employee)	08/07/2017	Reinstatement	09/01/2017	09/01/2017			Employee + Child
	Prescription - Drug RX (Employee)	07/26/2017	Termination	01/01/2017	01/01/2017	07/31/2017	07/31/2017	Employee + Child
	Prescription - Drug RX (Employee)	01/01/2017	Z Conversion-Health	01/01/2017	01/01/2017	07/31/2017	07/31/2017	Employee + Child
Yes	Dental - Delta Dental DHMO	08/07/2017	Reinstatement	09/01/2017	09/01/2017			Employee + Child

3. View the benefit coverage history for the employee.
4. The System Task is complete.