

# Change Benefit Elections – Remove a Dependent QUICK REFERENCE GUIDE



## PROCESS STEPS:

EE04

This Quick Reference Guide starts from the point the employee has already initiated a qualifying Life Event and submitted the event to DBM Employee Benefits Division (EBD) for approval. If you have not done this step already, use the [Initiate Life Event Quick Reference Guide](#) to initiate and submit your qualifying Life Event to DBM EBD. **After receiving an email and/or SPS Notification that DBM EBD has approved your qualifying Life Event, start with step #1 of this guide.**

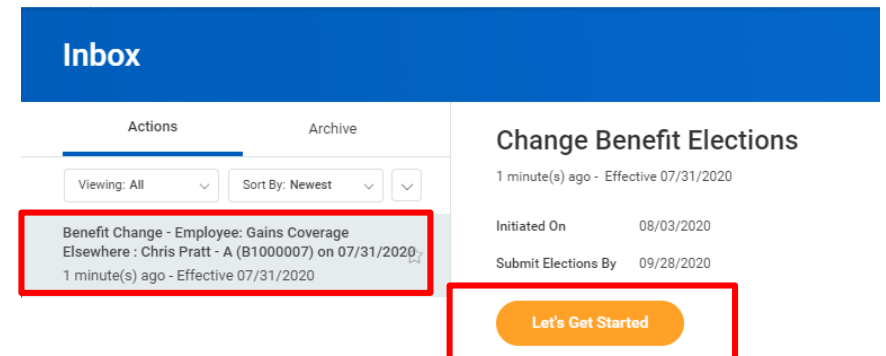
*The example in the quick reference guide is for a Life Event of Gains Coverage Elsewhere.*

1. After receiving an email and/or SPS Notification that DBM EBD has approved your qualifying Life Event initiation, from the SPS Welcome/Homepage, click the **Go to Inbox** icon.



2. In the SPS Inbox, view to ensure the **Benefit Change – Employee: Gains Coverage Elsewhere** task is highlighted/selected.

Click the **Let's Get Started** button.



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3. On the **Enrollment Page** you will see “tiles” for each category/coverage type. The benefit elections are listed by category: Medical, Prescription, Dental, Flexible Spending, Life Insurance, etc. All current elections will display. You can select the **Manage** or **Enroll** button for each category/coverage type to enroll or make changes to current elections.

- A **Manage** button indicates a current enrollment in this category
- An **Enroll** button indicates coverage is waived in this category

### Employee: Gains Coverage Elsewhere

Projected Total Cost (Monthly)  
\$293.68

Health Care and Accounts

 <b>Medical</b> CareFirst BCBS EPO (Employee)	 <b>Prescription</b> Drug - (Employee)	 <b>Dental</b> Delta Dental DHMO (Employee)
Cost (Monthly) \$176.98	Cost (Monthly) \$90.14	Cost (Monthly) \$21.96
Coverage Employee + Family	Coverage Employee + Family	Coverage Employee + Family
Dependents 2	Dependents 2	Dependents 2
<a href="#">Manage</a>	<a href="#">Manage</a>	<a href="#">Manage</a>
 <b>Healthcare FSA</b> Waived	 <b>Dependent Care FSA</b> Waived	
<a href="#">Enroll</a>	<a href="#">Enroll</a>	

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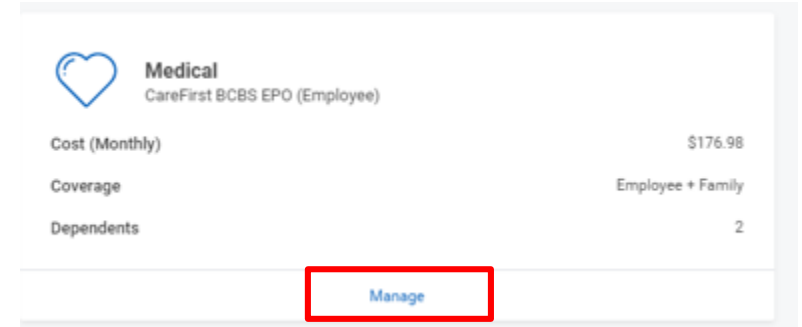


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- In this example, we will click the **Manage** button in the Medical category.

By clicking the **Manage** button the system will open up the Medical selections where you have options to select a Medical plan, change your Medical plan, Waive Medical coverage and add or remove a dependent.



- The **Select button** indicates the currently elected plan. If you want to drop/remove coverage, click the **Waive button**.

On this page you are selecting your Medical plan. You will have the option to add or remove dependents on the next page.

- Click the **Confirm and Continue button**  to continue to select the dependents to be added or removed from the plan, if applicable. You will not see the **Dependents page** if you selected to Waive coverage but still must click the **Confirm and Continue button**.



## Medical

### Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family.

5 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CareFirst BCBS EPO (Employee)	\$176.98	\$1,002.92
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CareFirst BCBS PPO (Employee)	\$254.98	\$1,019.96
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser IHM	\$176.02	\$997.50
<input type="radio"/> Select <input checked="" type="radio"/> Waive	UnitedHealthcare EPO (Employee)	\$169.82	\$962.36
<input type="radio"/> Select <input type="radio"/> Waive	UnitedHealthcare PPO (Employee)	\$250.84	\$1,003.38

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- On the **Dependents** page, check or uncheck the box next to each dependent you want to remove from the plan. When the **Select** box is un-checked, the dependent will be removed from the plan.

**If you see an issue with one of your current or newly added dependents** (i.e., Typo in Name or Date of Birth, Relationship, etc.) **DO NOT add a new dependent.** Proceed with elections with the current dependent and contact your Agency Benefits Coordinator with the dependent data issue; they will assist with correcting the data.

- Click the  button to proceed.

## Medical - CareFirst BCBS EPO (Employee)

### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee + Family

Plan cost (Monthly) \$176.98

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Kay Pratt - A		
<input checked="" type="checkbox"/>	Selena Pratt - A		

## Medical - CareFirst BCBS EPO (Employee)

### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee + Spouse

Plan cost (Monthly) \$142.86

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Kay Pratt - A	Spouse	05/28/1967
<input type="checkbox"/>	Selena Pratt - A	Child	05/16/1995

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9. After clicking the **Save button**, you will be returned to the **Enrollment page**. The system will display a message stating your changes have been updated.

You can **now perform the same steps to make election and/or dependent changes to the remaining categories/coverage types** (Prescription, Dental, Flexible Spending, Life Insurance and AD&D), if desired.

### Special Flexible Spending Account Notes:

- The healthcare FSA covers eligible expenses for you, your spouse and eligible dependents.
- The dependent daycare FSA covers daycare expenses for your eligible dependents while you and your spouse (if applicable) work.

### Special Life Insurance Notes:






- Guaranteed Life Insurance elections must be \$50,000 **BEFORE** electing Supplemental Life Insurance.
- Dependents may only have 50% of the member combined total of Guaranteed + Supplemental Life Insurance.

10. After reviewing and updating elections for all categories, click the **Review and Sign button** to proceed.

Review and Sign

## Employee: Gains Coverage Elsewhere

Projected Total Cost (Monthly)  
\$293.68

Health Care and Accounts		
 <b>Medical</b> CareFirst BCBS EPO (Employee)	Cost (Monthly) Employee + Family \$176.98	Dependents 2
<a href="#">Manage</a>		
 <b>Prescription</b> Drug - (Employee)	Cost (Monthly) Employee + Family \$90.14	Dependents 2
<a href="#">Manage</a>		
 <b>Dental</b> Delta Dental DHMO (Employee)	Cost (Monthly) Employee + Family \$21.96	Dependents 2
<a href="#">Manage</a>		
 <b>Healthcare FSA</b> Waived	<a href="#">Enroll</a>	
 <b>Dependent Care FSA</b> Waived	<a href="#">Enroll</a>	

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11. On the **View Summary** page, do a final review of the Selected and Waived benefits.

- **Verify the Plans selected are accurate**
- **Verify all dependents you want covered for each Plan are listed in the Dependents column next to the Plan**

If you identify an error click your browser back button and you will return to the **Enrollment** page.

### View Summary

- Your Benefit Elections will not take effect unless you check the "I AGREE" box below and click the "SUBMIT" button.
- IMPORTANT - If a new dependent has been added, the required supporting documentation MUST be submitted/ attached to your enrollment event. Any new dependent added without having the correct supporting documentation will result in the dependent being removed from your enrollment.
- If you have any questions on the correct/required documentation please review the [New Dependent Required Supporting Documentation](#) link on the SPS Benefits Help Center (<https://dbm.maryland.gov/SPS/HelpCenter/HelpCenter.nsf/00000000-0000-0000-0000-000000000000>) or contact your Agency Benefits Coordinator (ABC) for assistance prior to submitting your enrollment elections.

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical CareFirst BCBS EPO (Employee)	08/01/2020	08/01/2020	Employee + Spouse	Kay Pratt - A
Prescription Drug - (Employee)	08/01/2020	08/01/2020	Employee + Spouse	Kay Pratt - A
Dental Delta Dental DHMO (Employee)	08/01/2020	08/01/2020	Employee + Spouse	Kay Pratt - A
AD&D MetLife (Employee + Family)	06/30/2019	06/30/2019	\$200,000	Kay Pratt - A Selena Pratt - A

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12. Scroll down the page to the **Electronic Signature section**.  
Read the Electronic Signature section.

#### 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

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
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 (2)
  - 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 any new 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 c
  - For those enrolling any new dependents: I certify that the required supporting documentation is submitted/attached to my open enrollment event.
  - I understand that any new dependent added in an Open Enrollment event without having the correct documentation attached will be removed from coverage following a review of additions in early 2020.
  - I understand that any new dependent added in a Life Event without having the correct documentation attached will not be enrolled in benefit elections.

*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 w claims or insurance premiums, and I may face criminal investigation and prosecution.*

*By filing this form electronically for your enrollment elections you are consenting to submission by electronic means and agree that electronic filing does not invalidate your submission in any way. Pursuant to Maryland Con record or signature cannot be denied legal effect merely because it is in electronic form.*

13. After reading the **Electronic Signature section**. Click the **I Accept** checkbox to certify your elections and click the **Submit** button.

 I Accept

**Submit** Save for Later Cancel

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14. On the **Submitted** page you will get a message that you have enrolled in benefit elections with the option to print a copy of your elections.

Click on the **View Benefits Statement** button.

On the **Submit Elections Confirmation** page, click the **Print** button.

15. Your elections have now been submitted to DBM Employee Benefits Division (EBD) for review and approval.

- **Your elections will not go into effect until DBM EBD has completed the review/approval.**
- If there are any issues or questions, DBM EBD will return your event to you.
- **If your event is returned**, you will receive a Notification in your **SPS Notifications**.
- **When your event is approved**, you will receive a Notification in your **SPS Notifications**.
- **If you have a Work email address in SPS** you will also receive an email Notification at the Work email address. **If you do not have a Work email address in SPS**, only a Personal email address, you will receive the notification at your Personal email address.

### Submitted

#### Success, You're Enrolled

Your elections have been submitted to the DBM Employee Benefits Division (EBD) for review.

- **Important to note**, if EBD has any questions/issues with this event it will be sent back to you noting the reason for return. Keep watch of your email or the
- You may print this form for your records. If you do not print it now, you can view your elections online after EBD approval, but cannot print this form at a la

[View 2020 Benefits Statement](#)