All State of Maryland Employees/Retirees will have access to online Open Enrollment. **Open Enrollment begins October 19, 2020 and will remain open until November 13, 2020 at 5PM.** Please look for the Open Enrollment announcement and link on the SPS Welcome page. If you are not making any changes, your current coverage will rollover to 2021.

1. You can access the Open Enrollment event from the SPS Welcome page by clicking Benefits Open Enrollment in the Announcements section. If you do not have a Benefits Open Enrollment link please contact your Agency Benefits Coordinator for assistance.

2. Click the Continue button to go to the Enrollment page to enroll or change your elections.
3. On the **Open Enrollment page** you will see “tiles” for each coverage type. The benefit elections are listed by category: Medical, Prescription, Dental, Life Insurance, etc. All current elections will display. You can select the **Manage** or **Enroll** button for each category to enroll or make changes to current elections.

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

4. 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.
5. Click the **Select button** for the plan which you want to elect. Note that you will only be able to select one of the plans. If you want to drop/remove coverage, click the **Waive button**.

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

6. Click the **Confirm and Continue button** to continue to select the dependents to be added to 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**.
7. On the **Dependents page**, check or uncheck the box next to each dependent you want to add or remove from the plan. When the **Select** box is checked, the dependent will be covered in the plan.

If you want to add a new dependent that does not appear on the page, click the **Add New Dependent button** and follow the instructions for step #'s 9 through 16.

**If you see a data 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 DBM Employee Benefits Division with the dependent data issue; they will assist with correcting the data.

8. **If you are NOT adding a new dependent**, click the **Save** button and proceed to step #17.
PROCESS STEPS:

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9. On the **Add My Dependent from Enrollment page**, you will see the REQUIRED supporting documentation for each dependent type.

After reviewing the information, click **OK** to proceed to add the dependent.
10. On the **Add My Dependent from Enrollment page**, complete the following data for the new dependent:

- First Name
- Last Name
- Relationship
- Date of Birth
- Gender

11. Scroll down to the page to **National IDs** section. Click the Add button to open the section to complete.
12. On the **National IDs page**, complete the following data for the new dependent:

- Country
- National ID Type
- Add/Edit ID

Click the Search symbol in the field to select a valid value.

If after clicking the **Add button** you realize you do not have all of the data required, you must click the **Remove button** to close the National IDs page.

<table>
<thead>
<tr>
<th>National IDs</th>
<th>Click the Add button to enter one or more National identifiers for this dependent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td><img src="image" alt="Search symbol" /></td>
</tr>
<tr>
<td>National ID Type</td>
<td><em>(empty)</em></td>
</tr>
<tr>
<td>Current ID</td>
<td><em>(empty)</em></td>
</tr>
<tr>
<td>Add/Edit ID</td>
<td><em>(empty)</em></td>
</tr>
<tr>
<td>Issued Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Issued By</td>
<td></td>
</tr>
<tr>
<td>Series</td>
<td></td>
</tr>
<tr>
<td>Verification Date</td>
<td>09/21/2020</td>
</tr>
<tr>
<td>Verified By</td>
<td>Robert Smith</td>
</tr>
</tbody>
</table>

**National IDs**

<table>
<thead>
<tr>
<th>Country</th>
<th>United States of America</th>
</tr>
</thead>
<tbody>
<tr>
<td>National ID Type</td>
<td>Social Security Number (SSN)</td>
</tr>
<tr>
<td>Current ID</td>
<td><em>(empty)</em></td>
</tr>
<tr>
<td>Add/Edit ID</td>
<td>789-01-2345</td>
</tr>
</tbody>
</table>
13. Scroll down to the **Address section**. The dependent address will default to your address in the system.

**If the dependent lives at your address**, you do not need to update anything.

**If the dependent DOES NOT LIVE at your address**, you need to:

- Click on the “X” in the Use Existing Address field to remove your address as the default.
- Then complete the Address, City, State and Postal Code fields with the dependent address.

14. After completing and reviewing the new dependent data for accuracy, click on the **Save** button to proceed.
15. You will now see the new dependent has been added to the coverage/plan.

The new dependent has only been added to this coverage type/plan. If you want this dependent covered for other coverage types you will need to “Select” the dependent on the “Dependents” page for each coverage type desired.

16. Click on the **Save button** to proceed.
17. After clicking the **Save button**, you will be returned to the **Open 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** (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.

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

**WARNING:** If you do not finalize (REVIEW AND SIGN and SUBMIT) your open enrollment changes before the end of Open Enrollment, your elections/changes will not go into effect January 1, 2021; your elections by default will remain the same as your 2020 elections and you will not be able to add new dependent(s) until the next open enrollment.
PROCESS STEPS:

   - 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 Open Enrollment page.

20. In the **Attachments sections**, you MUST attach required supporting documentation if you have added a new dependent(s).
    If you have not added any new dependent(s), no attachment/documentation is required.

To attach a document(s), click the **Select Files** button and then browse to find the files that need to be uploaded, select and attach. Note that LEGIBLE photos of documents are acceptable. Use the **Upload button** to attach more than one document.
21. 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 or 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

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 enroll

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
   - 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
   - For those enrolling new dependent(s): I certify that my covered dependents are not covered under another State of Maryland employee’s or retiree’s membership for any c
   - For those enrolling new dependent(s): I certify that the required supporting documentation is submitted/attached to my open enrollment event.
   - I understand that new dependent(s) added during an Open Enrollment event without having the corresponding legal documentation attached will be removed from cover;
   - I understand that new dependent(s) added as a result of a qualified Life Event without having the corresponding legal documentation attached will not be enrolled in benef

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 depen required to repay the full value of the lesser of any 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 sub an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.

22. After reading the **Electronic Signature section**. Click the **I Accept** checkbox to certify your elections and click the **Submit button**.
23. 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.

If you DO WANT TO PRINT a copy of your elections, click on the **View 2021 Benefits Statement button**.

- After printing, click the "home" icon in the upper left-hand corner of the page to return to the **SPS Welcome page**.

If you DO NOT WANT TO PRINT a copy of your elections, click the **Done button** to finish.
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PROCESS STEPS:

Please note that you can make changes to your Open Enrollment elections anytime during the Open Enrollment period.

Open Enrollment will close for election changes at 5:00pm on November 13, 2020. To make election changes, return to the Announcements section on the SPS Welcome page and click the Benefits Open Enrollment link OR proceed to your Benefits icon on the SPS Welcome page and click the Change Open Enrollment button at the bottom of the page in the “Current Cost” box.

Once Open Enrollment is closed at 5:00pm on November 13, 2020, no more changes can be made to elections for January 1, 2021.

If a new dependent has been added, the required supporting documentation MUST be submitted/attached to your open enrollment event. Any new dependent added without having the correct documentation attached will be removed from coverage for January 1, 2021. If you have any questions on the correct/required documentation please review the New Dependent Required Supporting Documentation link on the SPS Welcome page in the Announcements section or your Agency Benefits Coordinator for assistance prior to submitting your open enrollment elections.