

Initiate Life Event

QUICK REFERENCE GUIDE

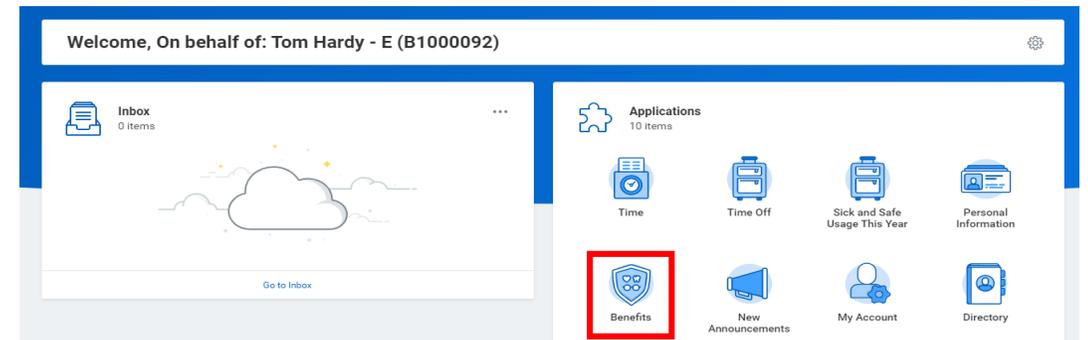


PROCESS STEPS:

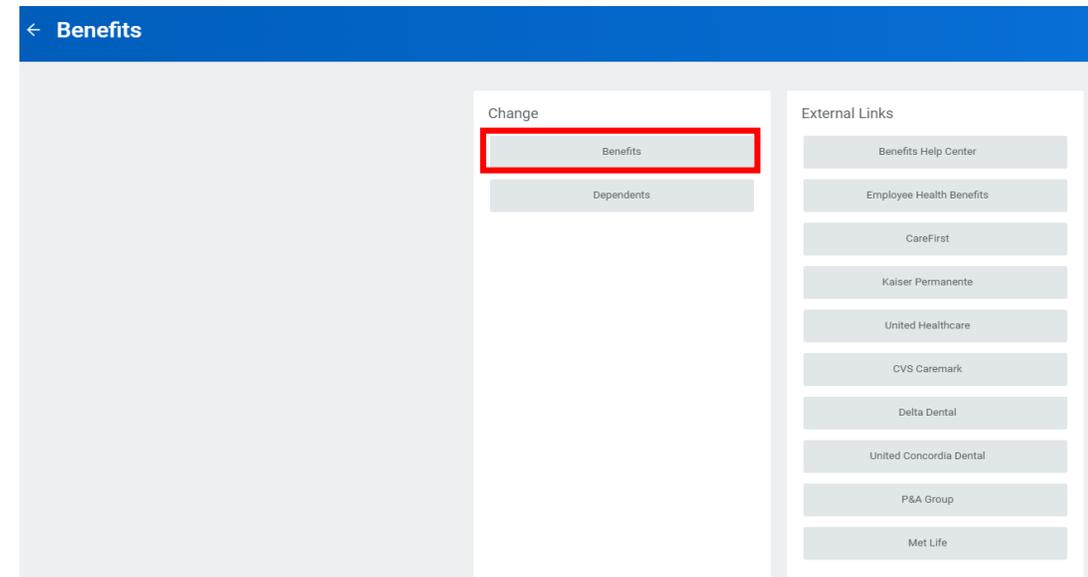
EE07

This Quick Reference Guide covers the steps for an employee to initiate a qualifying Life Event and submit the event to DBM Employee Benefits Division (EBD) for approval. ***The example in the quick reference guide is for a Life Event of Birth/Adoption; the steps are the same for any Life Event.***

1. From the **SPS Welcome/Homepage**, click the **Benefits icon**.



2. From the Benefits page, click the **Benefits button** in the **Change section**.



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QUICK REFERENCE GUIDE



PROCESS STEPS:

EE07

3. Click the **Change Reason** dropdown.

Change Benefits
Tom Hardy - E (B1000092) [Actions](#)

Change Reason * ▼

enter your comment

4. Select the life event named **Employee: Birth/Adoption**.

- Select the **applicable** Change Reason/Life Event **for your situation/event**.
- Always select a Change Reason name that **begins with "Employee:"**

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Change Reason * ▼

Benefit Event Date *

Submit Elections By (empty)

enter your comment

Initiate Life Event

QUICK REFERENCE GUIDE



PROCESS STEPS:

EE07

5. Enter the date of the event by manually typing the date or selecting the calendar in the **Benefit Event Date** field.
 - The Event Date must match a date on your supporting documentation.
 - Most Event Dates may not be more than 60 days in the past.
 - Most Event Dates may not be a future date.
 - If your Event Date does not meet the criteria for the Change Reason/Life Event selected, the system will stop you from submitting the event.
 - **After entering the Benefit Event Date** the **Attachments** section should appear. If the **Attachments** section does not automatically appear, hit the Enter key on your keyboard.
6. In the **Attachments** section, upload any required supporting documents by dragging and dropping or click the **Select files** button to upload documents for your computer.
 - DBM Employee Benefits Division (EBD) will not approve Life Events without the appropriate supporting documentation attached.
 - Refer to the chart on the last 2 pages of this guide for applicable supporting documentation.
 - If you require assistance with uploading or understanding applicable supporting documentation, contact your Agency Benefits Coordinator.

Change Benefits

Tom Hardy - E (B1000092) [Actions](#)

Change Reason * Employee: Birth/Adoption

Benefit Event Date * MM/DD/YYYY

| August 2020 | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| 26 | 27 | 28 | 29 | 30 | 31 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |

Submit Elections By (empty)



enter your comment

Attachments

Drop files here

or

Select files

Initiate Life Event

QUICK REFERENCE GUIDE



PROCESS STEPS:

EE07

7. Review the entries on the page and click the  **button** to submit the event to DBM Employee Benefits Division (EBD) for review.
 - **If you are not ready to Submit the event for review**, click the **Save for Later button** to save the event and access it at a later time from your SPS Inbox.
 - Note the **Submit Elections By Date**; this date is the final day you will have access to complete and submit elections AFTER DBM EBD approves the event.

Change Benefits
Tom Hardy - E (B1000092) [Actions](#)

Change Reason * Employee: Birth/Adoption

Benefit Event Date * 08 / 03 / 2020

Submit Elections By 10/01/2020

Benefits Offered
AD&D
Child Life
Dental
Dependent Care FSA
Healthcare FSA
More (5)

Attachments

CribCard.jpg
Comment

Upload

enter your comment

Initiate Life Event

QUICK REFERENCE GUIDE



PROCESS STEPS:

EE07

8. After submission the **Up Next** page will appear showing your event has now been submitted to the DBM Employee Benefits Division for review.

Click the **Done** button to exit the page.

You have submitted

Benefit Event: Tom Hardy - E (B1000092) on 08/03/2020 [Actions](#)

Up Next

Central Benefits Partner

Change Benefit: Please Review and Approve Documentation (Employee Event)

> [Details and Process](#)

The event has now been submitted to DBM Employee Benefits Department (EBD) for review.

STOP HERE and DBM Employee Benefits Division will review the Event you selected, your supporting documentation for the Event and the Event Date.

After approval, the event will be sent back to you for you to make benefit election changes. You will receive SPS Notification and email notification once the event is approved if you have a Work or Personal email address in SPS. Follow one of the Quick Reference Guides (QRGs) that begin with “Change Benefit Elections” to assist with entering your election changes.

If EBD identifies any issues with your Event they will return the event to you. Again, you will be notified via SPS and email notification if you have a Work or Personal email address in SPS.

Benefits Required Documents List

QUICK REFERENCE GUIDE



| Change Reason/Life Event Type | Required Documentation |
|--|---|
| <p>Employee: Birth/Adoption 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><u>Acceptable Temporary Documentation Examples:</u></p> <ul style="list-style-type: none"> • Copy of crib card, copy of newborn's discharge documents, copy of newborn's hospital bracelet. <p>** Official birth certificate required within 60 days</p> <p>Adopted Child:</p> <p>Pending Adoption:</p> <ul style="list-style-type: none"> • Notice of placement for adoption on adoption agency letterhead or copy of court order placing child pending final adoption. <p>Final Adoption:</p> <ul style="list-style-type: none"> • 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 |
| <p>Employee: 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 Retiree: Child Support Order</p> | <p>Copy of child support order</p> |
| <p>Employee: Death of Dependent Retiree: Death of Dependent</p> | <p>Death certificate</p> |

| Change Reason/Life Event Type | Required Documentation |
|---|--|
| Employee: Dependent Arriving in US Retiree: Dependent Arriving in US | <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. |
| Employee: Dependent Leaving US Retiree: Dependent Leaving US | <p>One of the following:</p> <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 | <p>Divorce decree</p> |
| Employee: Gains Coverage Elsewhere Retiree: Gains Coverage Elsewhere | <p>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.</p> <p>Copy of the child's official state birth certificate.</p> |
| Employee: Legal Guardianship Retiree: Legal Guardianship | <p>Copy of Legal Ward/Testamentary court document, signed by a judge and proof of legal residency.</p> |
| Employee: Loses Coverage Elsewhere Retiree: Loses Coverage Elsewhere | <p>Letter from previous employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents, the effective date of the loss of coverage, and reason for the loss.</p> |
| Employee: Marriage Retiree: Marriage | <p>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).</p> |