



**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 ABCs WHO HAVE INITIATED A LIFE EVENT ON BEHALF OF AN EMPLOYEE:** Start at step 1 of this procedure.

*Remember that if the ABC did not initiate the life event on behalf of the employee, the event to **Change Benefit Elections** task will not be in the ABCs Inbox once EBD approves the initiation of the event. You will have to find the event in the worker history of the employee to change benefit elections on his or her behalf.*

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

### Procedure:

1. Find the event in your Inbox.

#### Worker - Workday

The screenshot shows the 'Inbox' section of the Workday system. A notification titled 'Benefit Change - Employee: Birth/Adoption : Chris Christopher King (W2009364) on 10/01/2018' is visible. The main content area displays the 'Change Benefit Elections' task for Employee: Birth/Adoption for Chris King (W2009364) - Step 1 of 4. The total employee net cost/credit is \$291.92 Monthly Cost. The event date is 10/01/2018, initiated on 10/12/2018, and elections must be submitted by 11/29/2018. The effective date is 10/01/2018. The 'Health Care Elections' section shows 8 items, with a table for selecting or waiving plans. The 'Medical - CareFirst BCBS EPO (Employee)' plan is selected. The 'Enroll Depen' column shows 'Kay Pratt' and 'Selena Pr'. At the bottom, there are buttons for 'Continue', 'Save for Later', and 'Cancel'.

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	



**Title:** Elect or Change Benefit Elections  
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## Change Benefits Elections

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### 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.



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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](#) job aid.



The coverage level will update based on the dependents selected.



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

### Change Benefits Elections

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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.



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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 <a href="#">P&amp;A</a>  Plan Description <a href="#">P&amp;A</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)

Continue

Save for Later

Go Back

Cancel

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.



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## Change Benefits Elections

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### 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	Calculate
<a href="#">Continue</a>	<a href="#">Save for Later</a>	<a href="#">Go Back</a>	<a href="#">Cancel</a>	<a href="#">Calculate</a>

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



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> 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						<a href="https://www.metlife.com/stateofr">https://www.metlife.com/stateofr</a>
Life Ins - Supplemental - MetLife (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						<a href="https://www.metlife.com/stateofr">https://www.metlife.com/stateofr</a>
Spouse Life - MetLife (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						<a href="https://www.metlife.com/stateofr">https://www.metlife.com/stateofr</a>
Child Life - MetLife (Dependent)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						<a href="https://www.metlife.com/stateofr">https://www.metlife.com/stateofr</a>
AD&D - MetLife (Employee)	<input type="radio"/> Elect						<a href="https://www.metlife.com/stateofr">https://www.metlife.com/stateofr</a>

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 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 – Supplemental – MetLife (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.



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**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.

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





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workday Christopher Columbus (W2009364)

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### 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.



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(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
<b>Total:</b>								<b>\$341.20</b>

> 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.

that you have been provided with the opportunity to enroll in group health coverage, but

- 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.



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**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.

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## 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.