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.
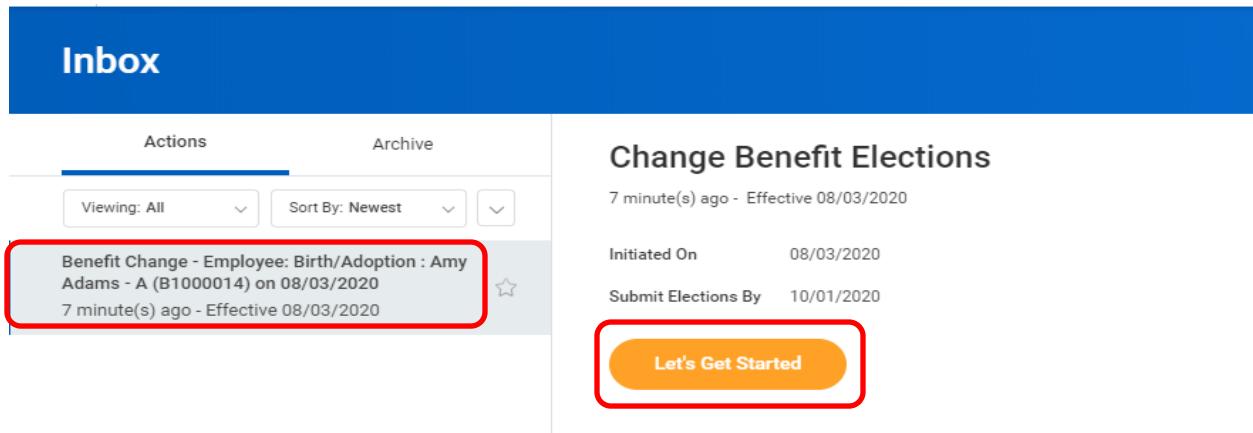
If the ABC did not initiate the life event on behalf of the employee, the **Benefit Change** event will not be in the ABCs SPS Inbox after EBD approves the initiation of the event. The ABC will need to find the **Benefit Change** event in the employees' Worker History and access the event via the Related Actions button on the event.

FOR JOB CHANGES AND NEW HIRES: Refer to the **Complete Initial Benefit Elections (New Hires and Job Changes** job aid.

Procedure:

1. **Find the Benefit Change life event in your SPS Inbox**.

   - Click on/Select the event
   - Click the **Let's Get Started button**

2. The **Enrollment page** will display. The cost, coverage, and dependents will display the employees' current elections and/or waives. **To make changes click the Manage or Enroll button** on the tile(s) for the coverage type(s) you want to elect/change.

   The **Enroll** button displays if there are no current elections for the coverage type/category

   The **Manage** button display if there are current elections for the coverage type/category.

3. After clicking either the **Manage** or **Enroll** button, the coverage type will display. **Select the coverage/Plan** and **click the Confirm and Continue button** to proceed to the **Dependents page**.

4. The **Dependents page** displays dependents that are already setup in the system and eligible for the coverage type. Currently covered dependents display as "Selected". Add or change covered dependents by **clicking in the Select box**. If the employee wants to add a new dependent click the **Add New Dependent button.**

Medical - CareFirst BCBS EPO (Employee)
Employee: Birth/Adoption for Amy Adams - A (B1000014) (Actions)

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]

1 item

Select	Dependent	Relationship	Date of Birth
☑	Darren Le Gallo	Spouse	07/02/1974

5. **After reading the Add Dependent page** to review what supporting documentation is required to add the dependent, **click the OK button** to proceed and complete the new dependent information.

Add Dependent   Tom Hardy - B (B1000032) ···

During a qualifying life event or Open Enrollment you have the ability to add dependents to medical, dental, prescription, life insurance and/or AD&D coverage.

Translation of Non-English Documentation:
If you submit dependent documentation that is written in a language other than English, it must be translated by an official translator – someone other than you or you and notarized.

DEPENDENT RELATIONSHIP = SPOUSE:
Eligibility Criteria (Spouse):
- Lawfully married to an employee or retired employee as recognized by the laws of the State of Maryland or in a jurisdiction where such marriage is legal

Required Documentation (Spouse):
- Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official, such as the Clerk of Court):
  - From the court in the County or City in which the marriage took place; or
  - From the Maryland Division of Vital Records for marriages that occurred at least six months prior to enrollment; or
  - From the Department of Health and Mental Hygiene (DHMH) website: www.dhmh.maryland.gov (Click Online Services) – also www.vitalchek.com

DEPENDENT RELATIONSHIP = CHILDREN (Biological Child, Adopted Child or Step-child):
Eligibility Criteria (Children):
- Under age 26
- Except for grandchildren and legal wards, no requirement to reside in your home
- May be eligible for coverage under own employer
- May be married or unmarried, or;

Required Documentation (Biological Child):
- Copy of child's official state birth certificate showing lineage
- NEWBORNS ONLY:
  - Official birth certificate is required within 60 days of birth.

Required Documentation (Adopted Child):
- 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/retiree as the parent

Required Documentation (Step-child):
- Copy of child's official state birth certificate with name of spouse of employee/retiree as child's parent
- Copy of employee/retiree's official state marriage certificate

[OK]   (Cancel)

6. Complete the dependent information: **Relationship** to the employee, **Date of Birth** of the dependent, and **Gender**.

7. Scroll down the page and complete the **Legal Name tab** for the dependent.

8. **Click on the Contact Information tab and complete the Address information**. If the dependent resides at the same address as the employee, use the **Search icon** in the **Use Existing Address field** and click on the employee address. If the dependent resides at a different address, complete the Address, City, State and Postal Code fields.

   Complete the **Usage Type value**.

Address

Use Existing Address	x 301 W Preston Room 507 for Amy Adams - A, Darren Le Gallo
Country	United States of America
Address Line 1	301 W Preston Room 507
Address Line 2	
City	Baltimore City
State	Maryland
Postal Code	21201

Usage

Type *	✓ Home
	☐ Work
	Search
	x Home
Primary Work	☐
Primary Home	✓
Use For	x Mailing
	x Street Address

9. Click on the **National IDs tab.**

   Click the "+" to open/add a row for data entry. Use the Search icon to complete the **Country** and **National ID Type**; and enter the ID in the **Add/Edit ID**.

Legal Name   Contact Information   National IDs   Additional Government IDs   Other IDs

National IDs 1 item

⊕		*Country	*National ID Type	Current ID	Add/Edit ID
⊖		x United States of America	x Social Security Number (SSN)		987-65-4321

If the dependent does not have a National ID, do not click the "+" to open/add a row. If you click the "+" and you do not have the information, you will need to click the **Remove button** to close the add feature.

Click the **Save button** to proceed.

10. The **new dependent displays on the coverage plan page and is automatically selected** for coverage in the plan.

Verify all dependents which should be covered for this coverage type are "Selected" and then click the Save button. If there are additional new dependents complete the **Add New Dependent** steps for each new dependent.

11. On the **Enrollment page,** proceed to select or update the other coverage types (Prescription, Dental, Flexible Spending, Life Insurance and AD&D) as required.

- **New dependents only need to be added once but DO NEED TO BE SELECTED ON EACH COVERAGE TYPE where desired.**

12. After all elections have been made, click the **Review and Sign button** to proceed.

Or, you may click the **Save for Later button** to save the event/elections and return to them later.

Note, **elections will not go to DBM Employee Benefits Division (EBD) for review or become effective until you click the Review and Sign button.**

13. **After clicking Review and Sign**, the **View Summary page** will display. Review the selections and **verify all Plans and Dependents are accurate** based on the paper enrollment form completed by the employee.

View Summary

Employee: Birth/Adoption for Amy Adams - A (B1000014) (Actions)

- 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 c
- 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.maryla ntation.pdf) or contact your Agency Benefits Coordinator (ABC) for assistance prior to submitting your enrollment elections.

Selected Benefits 9 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical CareFirst BCBS EPO (Employee)	08/03/2020	08/03/2020	Employee + Family	Avaina Le Gallo Darren Le Gallo
Prescription Drug - (Employee)	08/03/2020	08/03/2020	Employee + Family	Avaina Le Gallo Darren Le Gallo
Dental United Concordia DPPO (Employee)	08/03/2020	08/03/2020	Employee + Family	Avaina Le Gallo Darren Le Gallo
Healthcare FSA P&A Group	09/01/2020	09/01/2020	$1,500.00 Annual	
Life Ins - Guaranteed MetLife (Employee)	08/01/2020	08/01/2020	$50,000	
Life Ins - Supplemental MetLife (Employee)	09/01/2020	09/01/2020	$200,000	
Spouse Life MetLife (Spouse)	09/01/2020	09/01/2020	$100,000	Darren Le Gallo
	09/01/2020	09/01/2020	$50,000	Avaina Le Gallo

[Submit] [Save for Later] [Cancel]

14. Scroll down to the **Attachments section** and attach any required new dependent supporting documentation along with the **paper enrollment form signed by the employee** using the **Select files button**.

Attachments

Drop files here

or

Select files

15. Scroll down to the **Electronic Signature section**. If everything is correct check the **I Accept button** at the bottom of the page and click the **Submit button**.

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 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

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 er

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 permitte
- 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 Enrollm
- 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 fo
- 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
- 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 de, 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 an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.

I Accept ☐

[Submit] [Save for Later] [Cancel]

After clicking the Submit button, the event/elections route to DBM Employee Benefits Division (EBD) for review and approval.

If there are any issues with the elections or supporting documentation DBM EBD will return the event to the ABC. The elections will not be in effect until DBM EBD has approved the event.