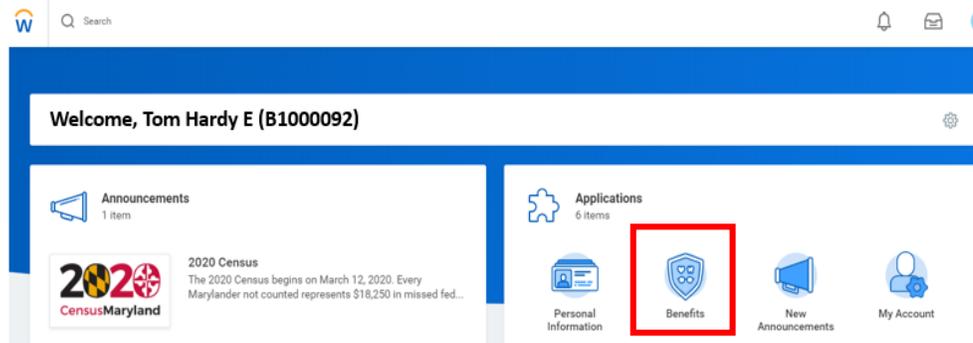


Initiate Life Event – Mid-Year Election Change (COVID)

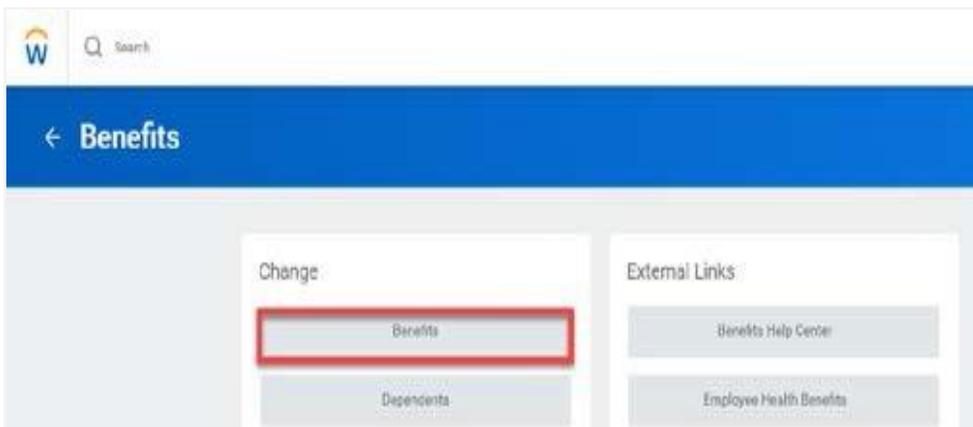
QUICK REFERENCE GUIDE

PROCESS STEPS:

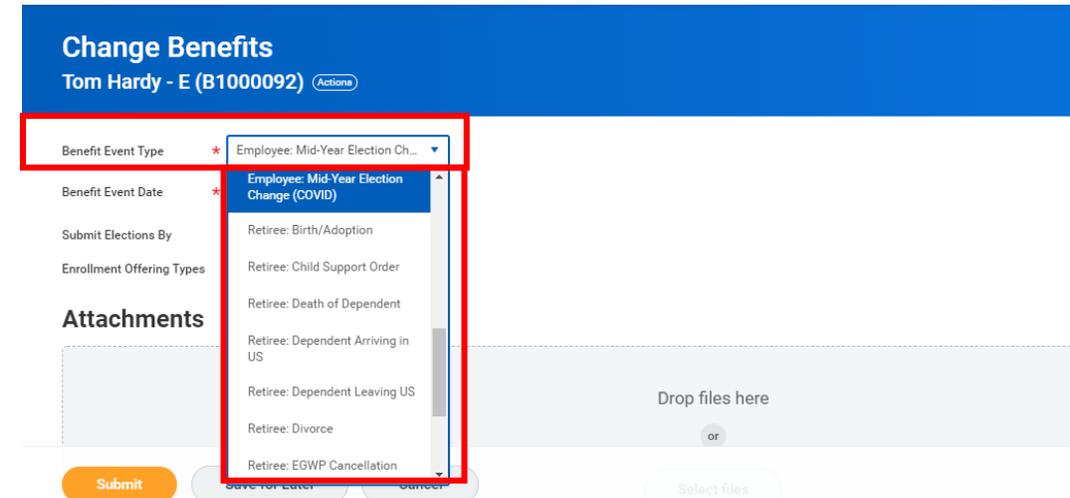
1. From the SPS homepage, click the **Benefits** application icon.



2. Click the **Benefits** button in the **Change** section.



3. Click the Benefit Event Type dropdown. Select the life event named **Employee: Mid-Year Election Change (COVID)**.



Initiate Life Event – Mid-Year Election Change (COVID)

QUICK REFERENCE GUIDE

PROCESS STEPS:

4. Enter the date of the event by manually typing the date or selecting the calendar in the **Benefit Event Date** field.

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

Benefit Event Type * Employee: Mid-Year Election Ch... ▾

Benefit Event Date * 06 / 01 / 2020

June 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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	1	2	3	4

Submit Elections By 07/30/2020

Enrollment Offering Types
AD&D
Child Life
Dental
Dependent Care FSA
Healthcare FSA
[More \(5\)](#)

Medical and Prescription changes will go into effect on the 1st of the Month on or After the Event Date AND **FSA changes** will go into effect on the 1st of the Month after approval by EBD.

For example:

If Event Date = 5/30 and EBD approves the event on 6/2: Medical and Prescription go into effect on 6/1 and FSA changes go into effect on 7/1

If Event Date = 6/1 and EBD approves the event on 6/3: Medical and Prescription go into effect on 6/1 and FSA changes go into effect on 7/1

5. In the **Attachments** section, upload/attach the applicable signed **Attestation document** using the Select Files button.

The **Attestation document** was attached to the email you received regarding this event. After signing the document, you can take a picture and attach the picture here.

Benefit Event Type * Employee: Mid-Year Election Ch... ▾

Benefit Event Date * 06 / 01 / 2020

Submit Elections By 07/30/2020

Enrollment Offering Types
AD&D
Child Life
Dental
Dependent Care FSA
Healthcare FSA
[More \(5\)](#)

Attachments

Drop files here

[Select files](#)

[Submit](#) [Save for Later](#) [Cancel](#)

6. Review the entries on the page and click the **Submit** button.

[Submit](#)

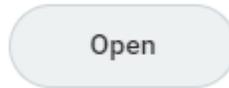
Initiate Life Event – Mid-Year Election Change (COVID)

QUICK REFERENCE GUIDE

PROCESS STEPS:

7. The **You Have Submitted** page will appear designating the event is ready for you to make your election change(s).

Click the **Open** button to start your election change(s).



8. In the event you **will see your current Medical, Prescription, Dental, FSA, Life Insurance and AD&D elections**. The **onscreen instructions will provide more guidance** on the changes you are and are not able to make on this event and how to Add or Remove Dependents from coverage.

The event has multiple pages and will present different coverage types for review or change on each page.

- Medical, Prescription and Dental
- Flexible Spending Accounts (FSA) – will not display for Contractual or Part-Time employees
- Life Insurance and AD&D

You may move forwards and back in the event using the buttons at the bottom of each page.



9. **Review the entries and onscreen instructions on each page** and click the **Continue** button when you are ready to move to the next page.



10. On the **Change Benefit Elections – Benefit Elections Review** page, the Elected Coverage will display along with the *estimated* date the change will go into effect.

Change Benefit Elections

Benefit Elections Review for Employee: Mid-Year Election Change (COVID) - Step 4 of 4 [Actions](#)

> Details

Total Employee Net Cost/Credit
\$710.34 Monthly Cost

• **PLEASE NOTE: THE COVID BENEFIT EVENT REQUIRES A SIGNED ATTESTATION DOCUMENT.**

- EBD is unable to process your request without the attestation
- Benefit Election will not take effect unless the "I AGREE" box is checked, and you click "SUBMIT"
- **REMINDER - 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 documentation attached will NOT BE APPROVED FOR COVERAGE.**
- If you have any questions on the correct/required documentation please review the [New Dependent Required Supporting Documentation](https://dbm.maryland.gov/sps/Documents/New%20Dependent%20Required%20Supporting%20Documentation.pdf) link on the SPS Benefits Help Center (<https://dbm.maryland.gov/sps/Documents/New%20Dependent%20Required%20Supporting%20Documentation.pdf>) or contact your Agency Benefits Coordinator (ABC) for assistance prior to submitting your enrollment elections.

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	06/30/2019	06/30/2019	Employee + Family		Jay Hardy - E Kim Hardy - E		\$176.98	\$1,002.92

Initiate Life Event – Mid-Year Election Change (COVID)

QUICK REFERENCE GUIDE

PROCESS STEPS:

11. If you did not attach the signed Attestation document on step 5, you must attach it on this page in the Attachments section using the **Select Files** button.

In addition, the required supporting documentation for any dependent added to coverage on this event **MUST** be submitted/attached in the **Attachments** section.

AD&D - MetLife (Employee + Family)	06/30/2019	06/30/2019	\$200,000	\$200,000.00	Jay Hardy - E Kim Hardy - E	\$4.60			
							Total:	\$710.34	\$1,385.46

> Waived Coverages

Attachments

Drop files here

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 provided. When you check the "I Agree" checkbox, you are certifying that:

I agree to the terms and conditions of the plan and to the deductions from my paycheck or pension allowance, if applicable, for the cost of my benefit elections.

12. Scroll down and click the **I Agree** checkbox after reading the **Electronic Signature** language.

I Agree

13. After final review of the entries on the page, click the **Submit** button.

Submit

14. On the **Submit Election Confirmation** page you have the option to print a copy of the election change using the **Print** button. If no print copy is desired, click the **Done** button.

Print

Done

The event has now been submitted to DBM Employee Benefits Department (EBD) for review. The election change will not go into effect until DBM EBD approves the election change. **The Medical and Prescription change(s) will go into effect on the 1st of the Month on or the Event Date AND the FSA changes will go into effect on the 1st of the Month After EBD approves the election change.** The employee will receive a SPS and email notification once the event is approved if you have a work and/or personal email address in SPS.

Please note for FSA election changes, DBM EBD will ensure the event accurately reflects the amount the employee has contributed to date before approval. Based on this review, the per paycheck amount may slightly change, but the Annual election will remain the same.