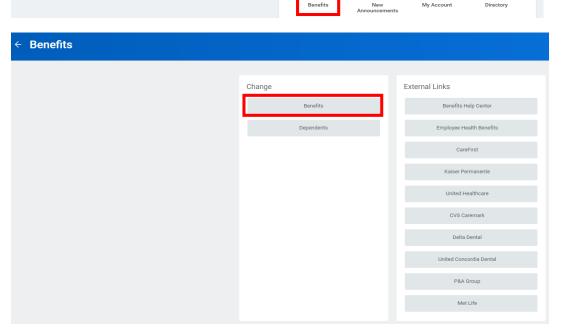
PROCESS STEPS:

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.**



Applications

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Time Off

F

Sick and Safe Usage This Year

Personal

0

10 items

Time

2

Welcome, On behalf of: Tom Hardy - E (B1000092)

Go to Inbo

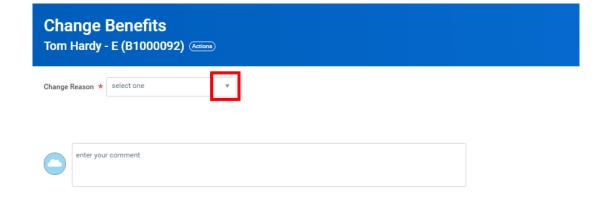
Inbox 0 items



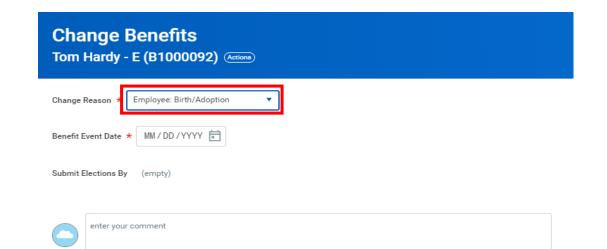
PROCESS STEPS:



Click the Change Reason dropdown. 3.



- Select the life event named **Employee: Birth/Adoption**. 4.
 - Select the **applicable** Change Reason/Life Event **for your** ٠ situation/event.
 - Always select a Change Reason name that begins with ٠ "Employee:"





SYSTEM

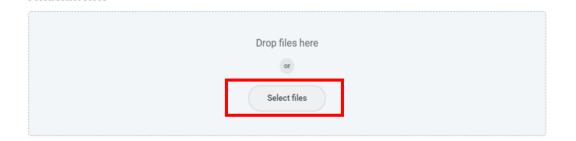
PROCESS STEPS:

- 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

Attachments

Change Reason * Employee: Birth/Adoption August 2020 MM / DD / YYYY Benefit Event Date Submit Elections By 11 12 13 14 15 enter your comment 18 19 20 21 22 17 23 24 25 26 27 28 29 31 1 2 3 4 30





PROCESS STEPS:

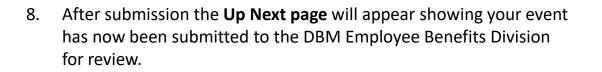
- 7. Review the entries on the page and click the **Submit** button to submit the event to DBM Employee Benefits Division (EBD) for review.
 - If you are not ready to Submit the event for review, click the Save for Later button to save the event and access it at a later time from your SPS Inbox.
 - Note 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 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)				
Attachme	nts				
Crib	Card.jpg				
Con	nment			Å	



EE07

PROCESS STEPS:



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 Wor or Personal email address in SPS.





Change Reason/Life Event Type	Required Documentation SHARED04
Employee: Birth/Adoption Retiree: Birth/Adoption	 Biological Child: Copy of child's official state birth certificate with name of employee listed as child's parent. ** Official birth certificate required within 60 days
	 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 as parent
	 Step-Child: 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 Clerk of the Court, Registrar, etc.
Employee: Change in Dependent Daycare	To Reduce the Annual Amount:
.,	Letter from the daycare provider on letterhead indicating a reduction in rate or a reduction in hours with the effective date of the change.
	To Cancel:
	Letter from the daycare provider on letterhead indicating the last day the dependent attended the daycare.
Employee: Child Support Order Retiree: Child Support Order	Copy of child support order
Employee: Death of Dependent Retiree: Death of Dependent	Death certificate

Change Reason/Life Event Type	Required Documentation		
Employee: Dependent Arriving in US Retiree: Dependent Arriving in US	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. For children: 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. For spouse: 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	 One of the following: 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	Divorce decree		
Employee: Gains Coverage Elsewhere Retiree: Gains Coverage Elsewhere	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. Copy of the child's official state birth certificate.		
Employee: Legal Guardianship Retiree: Legal Guardianship	Copy of Legal Ward/Testamentary court document, signed by a judge and proof of legal residency.		
Employee: Loses Coverage Elsewhere Retiree: Loses Coverage Elsewhere	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.		
Employee: Marriage Retiree: Marriage	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).		