PROCESS STEPS:
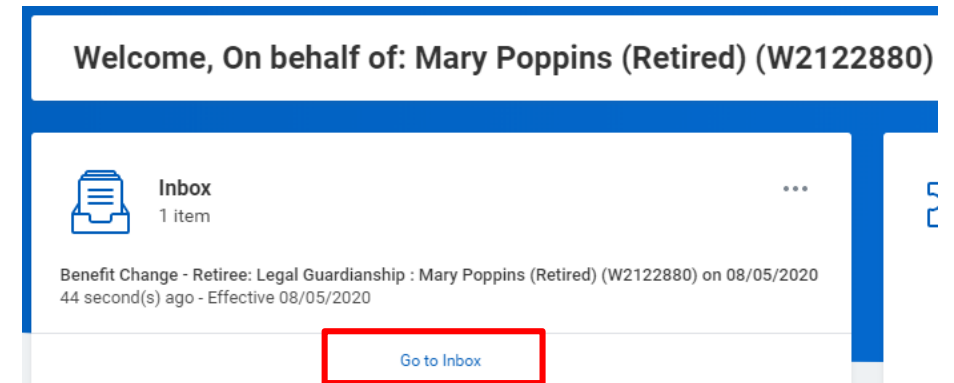
RET01

This Quick Reference Guide starts from the point the retiree has already initiated a qualifying Life Event and submitted the event to DBM Employee Benefits Division (EBD) for approval. If you have not done this step already, use the <u>Initiate Life Event Quick Reference Guide</u> to initiate and submit your qualifying Life Event to DBM EBD. **After receiving an email and/or SPS Notification that DBM EBD has approved your qualifying Life Event, start with step #1 of this guide.**
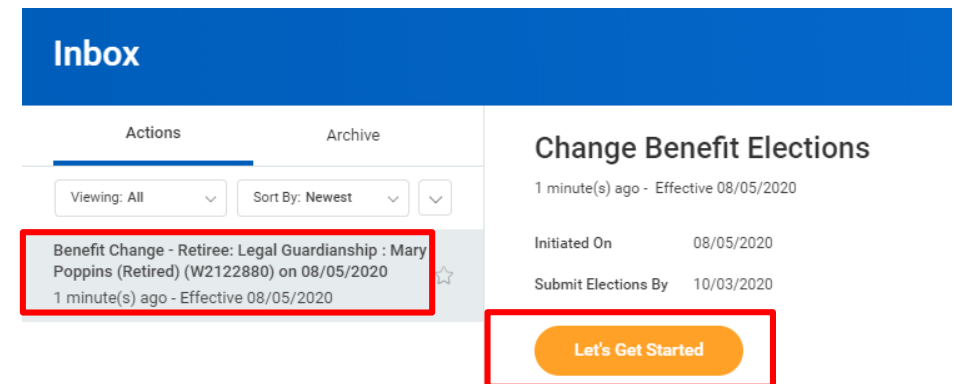
The example in the quick reference guide is for a Life Event of Legal Guardianship.

1. **After receiving an email and/or SPS Notification that DBM EBD has approved your qualifying Life Event initiation**, from the **SPS Welcome/Homepage**, click the **Go to Inbox icon**.

Welcome, On behalf of: Mary Poppins (Retired) (W2122880)

Inbox
1 item

Benefit Change - Retiree: Legal Guardianship : Mary Poppins (Retired) (W2122880) on 08/05/2020
44 second(s) ago - Effective 08/05/2020

Go to Inbox

2. In the SPS Inbox, view to ensure the **Benefit Change – Retiree: Legal Guardianship** task is highlighted/selected.

    Click the **Let's Get Started button**.

Inbox

Actions | Archive

Viewing: All | Sort By: Newest

Benefit Change - Retiree: Legal Guardianship : Mary Poppins (Retired) (W2122880) on 08/05/2020
1 minute(s) ago - Effective 08/05/2020

Change Benefit Elections
1 minute(s) ago - Effective 08/05/2020

Initiated On   08/05/2020

Submit Elections By   10/03/2020

Let's Get Started

PROCESS STEPS:

3. On the **Enrollment Page** you will see "tiles" for each category/coverage type. The benefit elections are listed by category: Medical, Prescription, Dental and Life Insurance. All current elections will display. You can select the **Manage** or **Enroll** button for each category to enroll or make changes to current elections.

- A **Manage** button indicates a current enrollment in this category
- An **Enroll** button indicates coverage is waived in this category

Retiree: Legal Guardianship

Projected Total Cost (Monthly)
$209.36

Health Care

Medical
CareFirst BCBS EPO (Retiree with Medicare)

Cost (Monthly)	$101.08
Coverage	Employee/Retiree + 1, One with Medicare (Ref ID: 87)
Dependents	1

Manage

Prescription
Drug (Retiree with EGWP)

Cost (Monthly)	$70.38
Coverage	Retiree + 1, Retiree with Medicare (Ref ID: 50)
Dependents	1

Manage

Dental
United Concordia DPPO (Retiree)

Cost (Monthly)	$23.26
Coverage	Retiree + Spouse (Ref ID: 41)
Dependents	1

Manage

Insurance

Retiree Life Ins.
2 Plans

MetLife Retiree (Employee)	$12.36
MetLife Retiree Spouse Life (Spouse)	$2.28

Manage

4. In this example, we will click the **Manage** button in the Medical category.

   By clicking the **Manage** button the system will open up the Medical selections where you have options to select a Medical plan, change your Medical plan, Waive Medical coverage and add or remove a dependent.

Medical
CareFirst BCBS EPO (Retiree with Medicare)

Cost (Monthly)	$101.08
Coverage	Employee/Retiree + 1, One with Medicare (Ref ID: 87)
Dependents	1

Manage

5. Click the **Select button** for the plan which you want to elect. Note that you will only be able to select one of the plans. If you want to drop/remove coverage, click the **Waive button**.

   On this page you are selecting your Medical plan. After selecting the plan you will have the option to add or remove dependents on the next page.

Medical

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee/Retiree + 1, One with Medicare (Ref ID: 87).

4 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
◉ Select ○ Waive	CareFirst BCBS EPO (Retiree with Medicare)	$101.08	$572.80
○ Select ◉ Waive	CareFirst BCBS PPO (Retiree with Medicare)	$152.98	$611.90
○ Select ◉ Waive	UnitedHealthcare EPO (Retiree with Medicare)	$113.70	$644.34
○ Select ◉ Waive	UnitedHealthcare PPO (Retiree with Medicare)	$150.48	$601.98

6. Click the **Confirm and Continue button** **Confirm and Continue** to continue to select the dependents to be added or removed from the plan, if applicable. You will not see the **Dependents page** if you selected to Waive coverage but still must click the **Confirm and Continue button**.

7. On the **Dependents page**, check or uncheck the box next to each dependent you want to add or remove from the plan. When the **Select** box is checked, the dependent will be covered in the plan.

   If you want to add a new dependent that does not appear on the page, click the **Add New Dependent button** and **follow the instructions for step #'s 9 through 16.**

   If you see an issue with one of your current or newly added dependents (i.e., Typo in Name or Date of Birth, Relationship, etc.) **DO NOT add a new dependent**. Proceed with elections with the current dependent and contact DBM Employee Benefits Division (EBD) with the dependent data issue; they will assist with correcting the data.

Medical - CareFirst BCBS EPO (Retiree with Medicare)

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee/Retiree + 1, One with Medicare (Ref ID: 87)

Plan cost (Monthly) $101.08

[Add New Dependent]

1 item

Select	Dependent	Relationship	Date of Birth
☑	Boppin Poppins	Spouse	01/31/1930

8. **If you do not need to add a new dependent**, click the [Save] button and **proceed to step #17**.

9. On the **Add My Dependent From Enrollment page**, you will see the REQUIRED supporting documentation for each dependent type.

After reviewing the information, click **OK** to proceed to add the dependent.

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
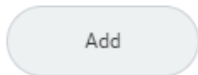- Copy of employee/retiree's official state marriage certificate

OK   Cancel

10. On the **Add My Dependent from Enrollment page**, complete the following data for the new dependent:

- First Name
- Last Name
- Relationship
- Date of Birth
- Gender

← **Add My Dependent From Enrollment**

Name

Country * ✕ United States of America

Prefix

First Name * James

Middle Name

Last Name * Smith

Suffix

Personal Information

Relationship * ✕ Legal Ward

Date of Birth * 08 / 21 / 2010

Age 9 years, 11 months, 15 days

Gender * Male ▼

Citizenship Status

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

11. Scroll down to the page to **National IDs** section. Click the **Add** button [Add] to open the section to complete.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

12. On the **National IDs page**, complete the following data for the new dependent:

- Country
- National ID Type
- Identification #

Click the Search symbol ≣ in the field to select a valid value.

If after clicking the **Add button** you realize you do not have all of the data required, you must click the **Remove button** to close the National IDs page.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *	✕ United States of America	≣
National ID Type *	✕ Social Security Number (SSN)	≣
Identification #	123-45-6789	
Issued Date	MM / DD / YYYY 🗓	
Expiration Date	MM / DD / YYYY 🗓	

Remove

Add

13. Scroll down to the **Address section.** The dependent address will default to your address in the system.

If the dependent lives at your address, you do not need to update anything.

If the dependent DOES NOT LIVE at your address, you need to:

- Click on the "X" in the Use Existing Address field to remove your address as the default.

- Then complete the Address, City, State and Postal Code fields with the dependent address.

Address

Use Existing Address	× 123 Umbrella Way for Boppin Poppins, Mary Poppins
Country	* United States of America
Address Line 1	123 Umbrella Way
Address Line 2	
City	Baltimore
State	Maryland
Postal Code	21212
County	

14. After completing and reviewing the new dependent data for accuracy, click on the **Save button** **Save** to proceed.

15. You will now see the new dependent has been added to the category/coverage type.

The new dependent <u>has only been added to this category/coverage type</u>. If you want this dependent covered for other categories/coverage types you will need to "Select" the dependent on the "Dependents" page for each category/coverage type desired.

← **Medical - CareFirst BCBS EPO (Retiree with Medicare)**

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage　　　　* Employee/Retiree + 2, One with Medicare
　　　　　　　　　　(Ref ID: 88)

Plan cost (Monthly)　　$168.60

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
☑	Boppin Poppins	Spouse	01/31/1930
☑	James Smith	Legal Ward	08/21/2010

16. Click on the **Save button**　Save　to proceed.

17. After clicking the **Save** button, you will be returned to the **Enrollment page**. The system will display a message stating your changes have been updated.

    You can **now perform the same steps to make election and/or dependent changes to the remaining categories/coverage types** (Prescription, Dental and Life Insurance), if desired.

18. After reviewing and updating elections for all categories, click the **Review and Sign button** to proceed.

19. On the **View Summary page**, do a final review of the Selected and Waived benefits.

   - **Verify the Plans selected are accurate**
   - **Verify all dependents you want covered for each Plan are listed in the Dependents column next to the Plan**

   If you identify an error click your browser back button and you will return to the Enrollment page.

   NOTE: The total monthly cost displayed at the top right corner of the screen and the monthly cost displayed next to each plan will not reflect your actual costs for retirees receiving partial subsidy.

   After the event is approved, the DBM Employee Benefits Division will mail you a Confirmation Statement that will display your individual costs based on the subsidy you receive.

20. In the **Attachments sections**, you MUST attach required supporting documentation <u>if you have added a new dependent(s)</u>. If you have not added any new dependent(s), no attachment/documentation is required.

   To attach a document(s), click the **Select Files button** and then browse to find the files that need to be uploaded, select and attach. Note that LEGIBLE photos of documents are acceptable. Use the **Upload button** to attach more than one document.

View Summary

- 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 depen... 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 link on the SPS Benefits H... New%20Dependent%20Required%20Supporting%20Documentation.pdf) or contact the DBM Employee Benefits Division at 410-767-4775 for assistance prior to su...

Selected Benefits 5 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical CareFirst BCBS EPO (Retiree with Medicare)	09/01/2020	09/01/2020	Employee/Retiree + 2, One with Medicare (Ref ID: 88)	Boppin Poppins James Smith
Prescription Drug (Retiree with EGWP)	09/01/2020	09/01/2020	Retiree + 2, Retiree with Medicare (Ref ID: 53)	Boppin Poppins James Smith
Dental United Concordia DPPO (Retiree)	09/01/2020	09/01/2020	Retiree + Family (Ref ID: 43)	Boppin Poppins James Smith
Retiree Life Ins. MetLife Retiree (Employee)	02/01/2020	02/01/2020	$30,000	
Retiree Life Ins. MetLife Retiree Spouse Life (Spouse)	02/01/2020	02/01/2020	$5,000	Boppin Poppins

Attachments

Drop files here

or

Select files

21. Scroll down the page to the **Electronic Signature section**. Read the Electronic Signature section.

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

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

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 (2
- 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 any new 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
- 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 a review of additions in early 2020.
- 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 dependents timely, or in any way obtain benefits to w 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 submission in any way. Pursuant to Maryland Con record or signature cannot be denied legal effect merely because it is in electronic form.

22. After reading the **Electronic Signature section**. Click the **I Accept** checkbox to certify your elections and click the **Submit button**.

I Accept ☐

Submit   Save for Later   Cancel

23. On the **Submitted page** you will get a message that you have enrolled in benefit elections with the option to print a copy of your elections.

    Click on the **View Benefits Statement button**.

Submitted

Success, You're Enrolled

Your elections have been submitted to the DBM Employee Benefits Division (EBD) for review.

- **Important to note**, if EBD has any questions/issues with this event it will be sent back to you noting the reason for return. Keep watch of your email or the
- You may print this form for your records. If you do not print it now, you can view your elections online after EBD approval, but cannot print this form at a la

[View 2020 Benefits Statement]

24. On the **Submit Elections Confirmation page,** click the **Print button.**

    NOTE: The total monthly cost displayed on the printed statement will not reflect your actual costs for retirees receiving partial subsidy.

    After the event is approved, the DBM Employee Benefits Division will mail you a Confirmation Statement that will display your individual costs based on the subsidy you receive.

Submit Elections Confirmation
Retiree: Legal Guardianship for Mary Poppins (Retired) (W2122880) (Actions)

Initiated On	08/05/2020
Submit Elections By	10/03/2020
Event Date	08/05/2020

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

Your elections have been submitted to the DBM Employee Benefits Division (EBD) for review.

- **Important to note**, if EBD has any questions/issues with this event it will be sent back to you noting the reason for return. Keep watch of your email or the SPS Benefits system I
- You may print this form for your records. If you do not print it now, you can view your elections online after EBD approval, but cannot print this form at a later date.

Elected Coverages 5 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents
Medical - CareFirst BCBS EPO (Retiree with Medicare)	09/01/2020	09/01/2020	Employee/Retiree + 2, One with Medicare (Ref ID: 88)		Boppin Poppins James Smith
Prescription - Drug (Retiree with EGWP)	09/01/2020	09/01/2020	Retiree + 2, Retiree with Medicare (Ref ID: 53)		Boppin Poppins James Smith
Dental - United Concordia DPPO (Retiree)	09/01/2020	09/01/2020	Retiree + Family (Ref ID: 43)		Boppin Poppins James Smith
Retiree Life Ins. - MetLife Retiree (Employee)	02/01/2020	02/01/2020	$30,000	$6,000.00	
Retiree Life Ins. - MetLife Retiree Spouse Life (Spouse)	02/01/2020	02/01/2020	$5,000	$1,000.00	Boppin Poppins

[Print]

25. Your elections have now been submitted to DBM Employee Benefits Division (EBD) for review and approval.

- **Your elections will not go into effect until DBM EBD has completed the review/approval.**
- If there are any issues or questions, DBM EBD will return your event to you.
- **If your event is returned**, you will receive a Notification in your **SPS Notifications**.
- **When your event is approved**, you will receive a Notification in your **SPS Notifications** and a **DBM Confirmation Statement** will be mailed to your home address in the SPS system.
- **If you have a Work email address in SPS** you will also receive an email Notification at the Work email address. **If you do not have a Work email address in SPS**, you will receive the notification at your Personal email address.

Notifications

Viewing: All   Sort By: Newest

From Last 30 Days

Benefit Change - Retiree: Legal Guardianship : Mary Poppins (Retired) (W2122880) on 08/05/2020

A Benefit Event requires your attention Retiree: Legal Guardianship

43 second(s) ago

Benefit Change - Retiree: Legal Guardianship : Mary Poppins (Retired) (W2122880)

43 second(s) ago

Your Benefit Event for Retiree: Legal Guardianship has been approved. You can log into Workday in 48 hours to review your benefits

Details   Benefit Change - Retiree: Legal Guardianship : Mary Poppins (Retired) (W2122880) on 08/05/2020