



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

The screenshot displays the SPS Inbox interface. At the top, there is a blue header with the word "Inbox". Below this, there are two tabs: "Actions" and "Archive". Under the "Actions" tab, there are two dropdown menus: "Viewing: All" and "Sort By: Newest". A list of events is shown, with one event highlighted in a red box: "Benefit Change - Employee: Birth/Adoption : Amy Adams - A (B1000014) on 08/03/2020" with a star icon and "7 minute(s) ago - Effective 08/03/2020". To the right of the inbox, there is a detailed view of the selected event titled "Change Benefit Elections", showing "7 minute(s) ago - Effective 08/03/2020", "Initiated On 08/03/2020", and "Submit Elections By 10/01/2020". Below this information is a prominent orange button labeled "Let's Get Started", which is also highlighted with a red box.



Title: Elect or Change Benefit Elections
Functional Area: Benefits Administration
Role: Agency Benefits Coordinator

- 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.

Employee: Birth/Adoption
Employee: Birth/Adoption for Amy Adams - A (B1000014) [Continue](#)

Projected Total Cost (Monthly)
\$658.32

Health Care and Accounts

- Medical** (CareFirst BCBS EPO (Employee))
Cost (Monthly): \$142.86
Coverage: Employee + Spouse
Dependents: 1
Manage
- Prescription** (Drug - (Employee))
Cost (Monthly): \$74.80
Coverage: Employee + Spouse
Dependents: 1
Manage
- Dental** (United Concordia DPPD (Employee))
Cost (Monthly): \$23.26
Coverage: Employee + Spouse
Dependents: 1
Manage
- Healthcare FSA** (P&A Group)
Contribution (Monthly): \$375.00
Manage
- Dependent Care FSA** (Waived)
Enroll

Insurance

[Review and Sign](#) [Save for Later](#)

[Life Ins - Supplemental](#) [Waiver/Assignment](#)

[Term Life](#) [Waiver/Assignment](#)

- 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**.

Medical
Employee: Birth/Adoption for Amy Adams - A (B1000014) [Actions](#)

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Spouse.

5 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CareFirst BCBS EPO (Employee)	\$142.86	\$809.54

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
<input checked="" type="checkbox"/>	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

Amy Adams - A (B1000014) Actions

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 your de

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):

OK

Cancel



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

← Add Dependent

Relationship *

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth *

Age 0 years, 0 months, 1 days

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

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

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Country *

Prefix

First Name *

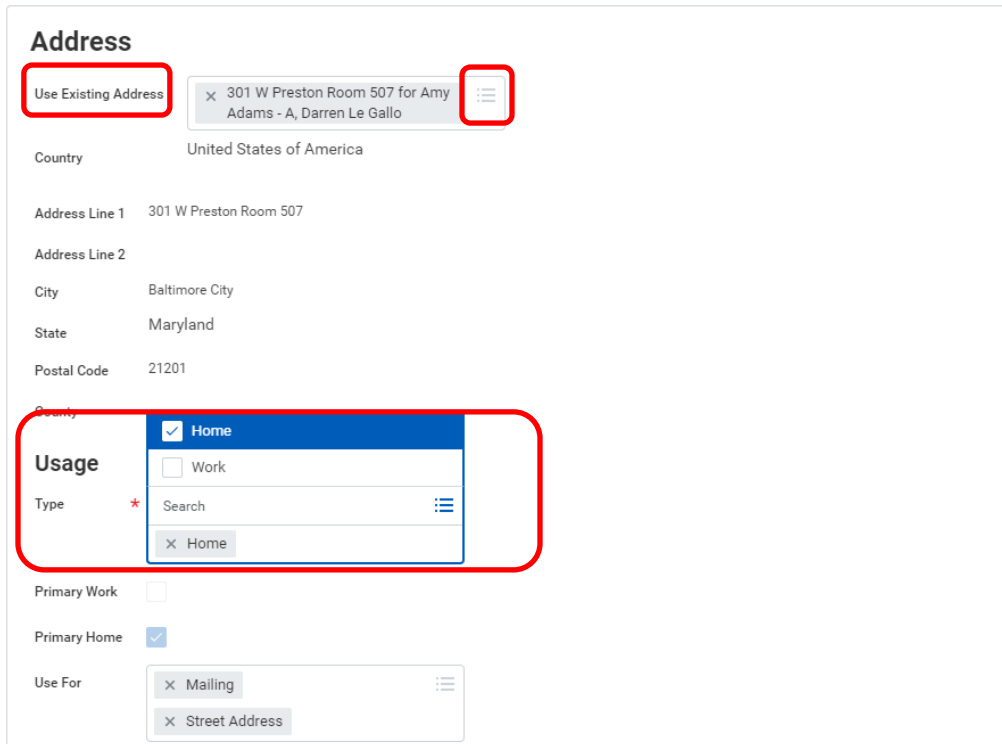
Middle Name

Last Name *

Suffix

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 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

 Home

Primary Work

Primary Home

Use For Mailing
 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
+				
-	<input type="checkbox"/> United States of America	<input type="checkbox"/> Social Security Number (SSN)		<input type="text" value="987-65-4321"/>



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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.

← **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 + Family
Plan cost (Monthly) \$176.98

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Darren Le Gallo	Spouse	07/02/1974
<input checked="" type="checkbox"/>	Avaina Le Gallo	Child	08/02/2020

Save Cancel

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.



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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.**

The screenshot shows the 'Employee: Birth/Adoption' page for Amy Adams. The 'Health Care and Accounts' section includes:

- Medical:** CareFirst BCBS EPO (Employee). Cost (Monthly): \$176.98. Coverage: Employee + Family. Dependents: 2. [Manage](#)
- Prescription:** Drug - (Employee). Cost (Monthly): \$90.14. Coverage: Employee + Family. Dependents: 2. [Manage](#)
- Dental:** United Concordia DPPO (Employee). Cost (Monthly): \$43.60. Coverage: Employee + Family. Dependents: 2. [Manage](#)
- Healthcare FSA:** P&A Group. Contribution (Monthly): \$375.00. [Manage](#)
- Dependent Care FSA:** Waived. [Enroll](#)

At the bottom, there are two buttons: **Review and Sign** (highlighted with a red box) and **Save for Later**.

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.



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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 ei
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

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.

