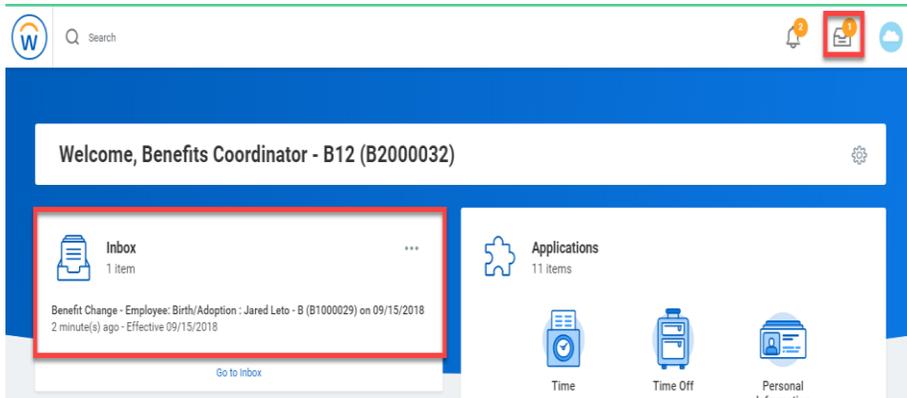


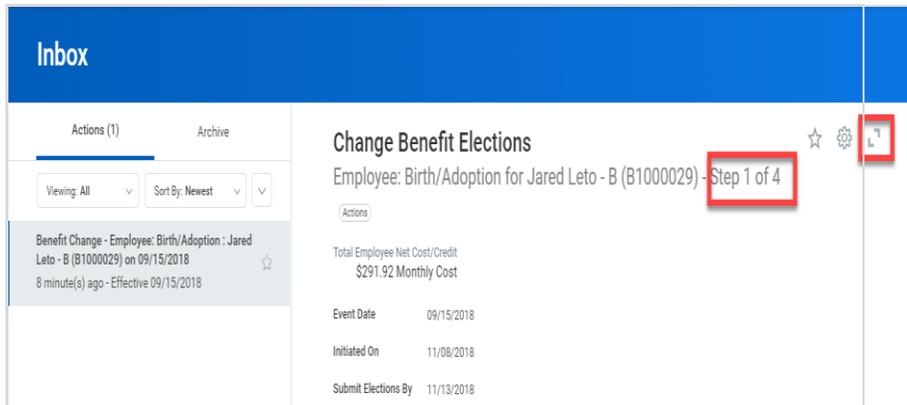
## PROCESS STEPS:

The example in the quick reference guide is for the birth or adoption of a child.

1. From the **Homepage**, click the **Inbox** icon.



2. View to ensure the **Benefit Change - Employee** task is selected.
3. On the right side, click the double arrows to expand the screen. Start with Step 1 of 4.



4. On the **Change Benefits Election** page, benefits that have been elected are indicated with a blue **Elect** radio button. Benefits that have been waived are indicated by a blue **Waive** radio button.
5. For each benefit plan, either **Elect** or **Waive** the plan.

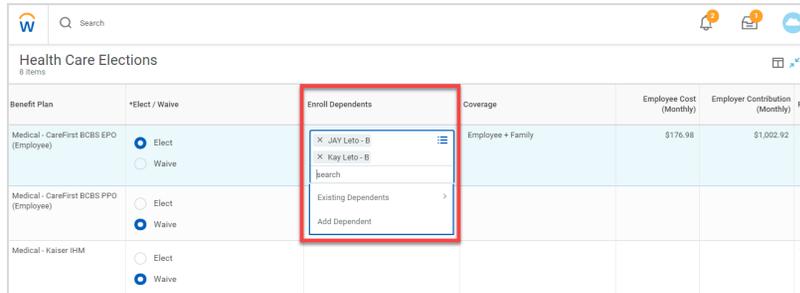
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	JAY Leto - B Kay Leto - B	Employee + Family	\$176.98	\$1,002.92
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

6. If you wish to add a dependent to the elected plan, go to the **Enroll Dependents** column.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input checked="" type="checkbox"/> JAY Leto - B <input checked="" type="checkbox"/> Kay Leto - B <input type="text" value="Search"/> <input type="button" value="Existing Dependents"/> > <input type="button" value="Add Dependent"/>	Employee + Family	\$176.98	\$1,002.92
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

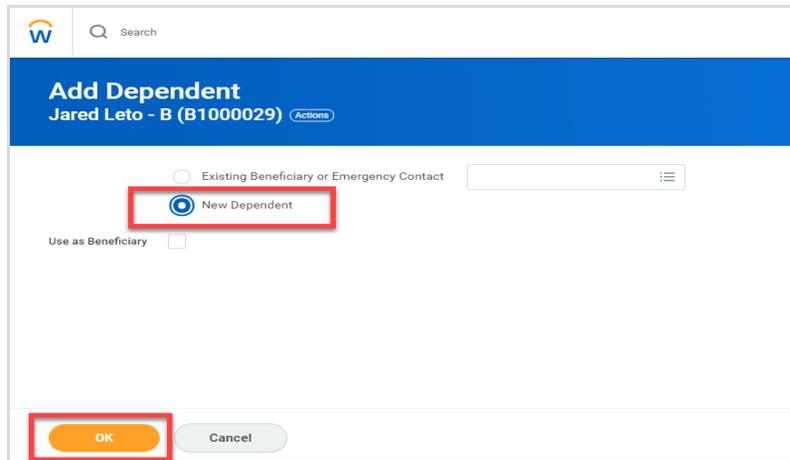
7. Click in the **Enroll Dependent** column to view the prompt drop down icon.

8. Click the prompt  and select **Existing Dependents** to add the dependent from the list. If the dependent is not already listed, select **Add Dependent**.



Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input type="radio"/> Waive	<ul style="list-style-type: none"> <li>X JAY Leto - B</li> <li>X Kay Leto - B</li> <li>Search</li> <li>Existing Dependents</li> <li>Add Dependent</li> </ul>	Employee + Family	\$176.98	\$1,002.92
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

9. On the **Add Dependent** page, click the **New Dependent** radio button. **DO NOT** select anything else on this screen. Click the **OK**  button.



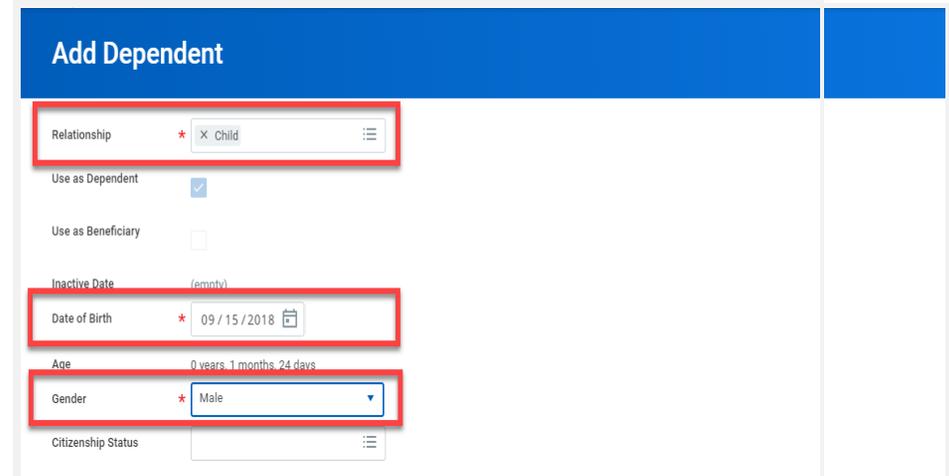
**Add Dependent**  
Jared Leto - B (B1000029) (Actions)

Existing Beneficiary or Emergency Contact  
 **New Dependent**

Use as Beneficiary

**OK** Cancel

10. On the Add Dependent page, click the prompt  in the **Relationship** field and select a relationship.
11. Enter the date of birth and gender in the **Date of Birth** and **Gender** fields.



**Add Dependent**

Relationship \* X Child

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

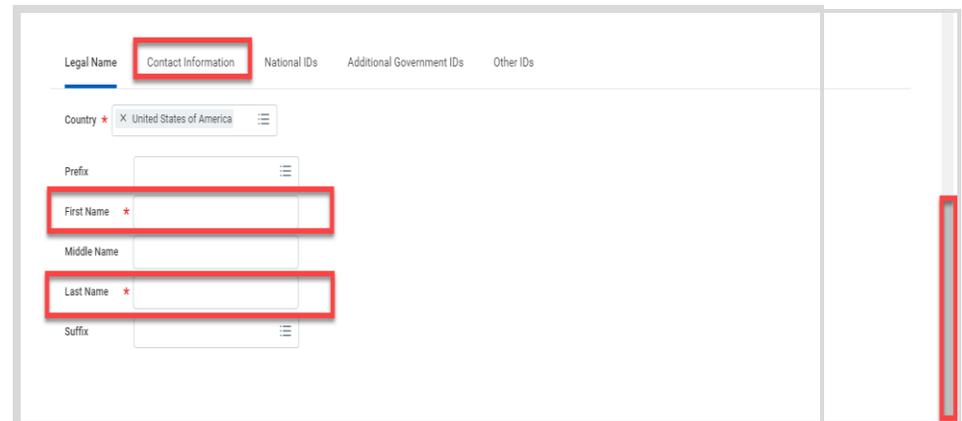
Date of Birth \* 09 / 15 / 2018

Age 0 years 1 months 24 days

Gender \* Male

Citizenship Status

12. Scroll down the page towards the bottom. Enter the child's first and last name in the **First Name** and **Last Name** fields.



Legal Name **Contact Information** National IDs Additional Government IDs Other IDs

Country \* X United States of America

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

13. Next, click the **Contact Information sub-tab**. On the **Contact Information** page, click the **Add** button under Address.

# Change Benefit Elections QUICK REFERENCE GUIDE



14. To add the employee's existing address to the dependent, click the prompt  in the **Use Existing Address** field.

15. Click **All** on the drop down and the radio button next to the address. The address attributes will auto populate the address fields.

16. Click the prompt  in the **Type** field and select address

type. Click the **OK**  button.

17. You will be returned to the elections page. You will now see the newly added dependent listed.

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer C
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	JAY Leto - B Kevin Jerod Kinsey Jerod	Employee + Family	\$176.98	
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

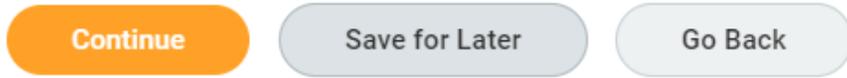
18. Once you have added the dependent to a benefit plan, click the prompt  to select **Existing Dependent** and select the dependent from the list to add to any other benefit plans.

Initiated On 11/08/2018  
Submit Elections By 11/13/2018

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer C
Prescription - Drug - (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	JAY Leto - B Kay Leto - B Kevin Jerod Kinsey Jerod	Employee + Family	\$90.14	
Dental - Delta Dental DHMO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	JAY Leto - B Kay Leto - B	Employee + Family	\$19.20	

19. At the bottom of the screen you have three options:

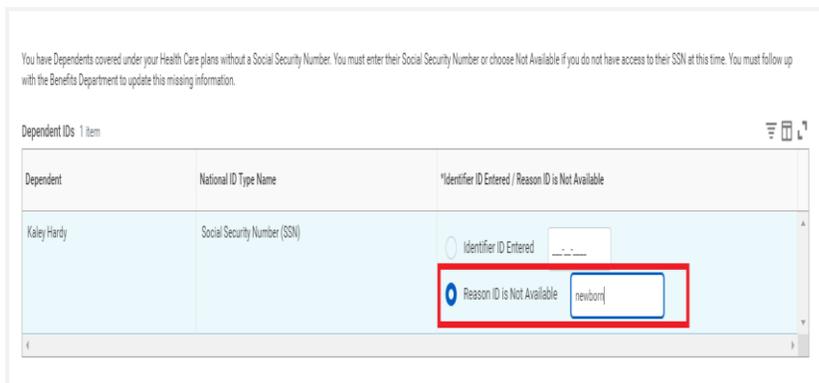


- Select **Continue** to continue selecting elections.
- Select **Save for Later** if you want to come back and complete your elections at a later time.
- Select **Go Back** to return to the previous page.



20. Click the **Continue** button.

21. If you did not enter a **social security number** for the dependent the next screen will appear. If the dependent does not have a social security number click the **Reason ID is not available** radio button and **enter a reason** in the blank field.



You have Dependents covered under your Health Care plans without a Social Security Number. You must enter their Social Security Number or choose Not Available if you do not have access to their SSN at this time. You must follow up with the Benefits Department to update this missing information.

Dependent	National ID Type Name	*Identifier ID Entered / Reason ID is Not Available
Kaley Hardy	Social Security Number (SSN)	<input type="radio"/> Identifier ID Entered <input checked="" type="radio"/> Reason ID is Not Available <input type="text" value="newborn"/>

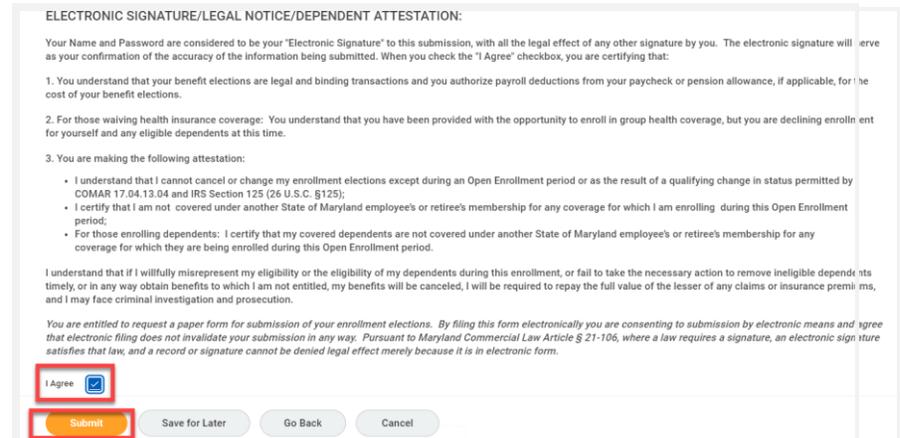


22. Click the **Continue** button.

23. Continue completing elections for **Spending Account**, and **Life Insurance** Elections following the above steps to add the dependent.

24. The last page is the **Benefit Election Review** page. Review the elections to ensure all elections are correct and include any applicable dependents.

25. Scroll down to the Electronic Signature Page. Read the **Electronic Signature** and click the **I Agree** box.



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 being submitted. When you check the "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, 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 at this time.
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 (26 U.S.C. § 125);
  - 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 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 during this Open Enrollment period.

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 which I am not entitled, my benefits will be canceled, I will be required to repay the full value of the lesser of any claims or insurance premiums, and I may face criminal investigation and prosecution.

You are entitled to request a paper form for submission of your enrollment elections. By filing this form electronically you are consenting to submission by electronic means and agree that electronic filing does not invalidate your submission in any way. Pursuant to Maryland Commercial Law Article § 21-106, where a law requires a signature, an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.

I Agree

26. Click **Submit** the **Submit** button.

27. Click **Print** the **Print** button to print a copy of the elections.

**STOP:**  The task will go to the **Central Benefits Partners (EBD)** for approval. Once approved, the benefits will be active.