



Add a Dependent During an Enrollment Event

Use this procedure to add a dependent for benefits on behalf of an employee. Dependents can only be added to benefits when an enrollment event (i.e., New Hire Enrollment, Open Enrollment, Life Event Change) is being completed.

Procedure:

1. On the **Enrollment** page you will see “tiles” for each coverage type. The benefit elections are listed by category: Medical, Prescription, Dental, Flexible Spending, Life Insurance, etc. 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 coverage type.
 - An **Enroll** button indicates coverage is waived for this coverage type.

Employee: Birth/Adoption

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



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 DPPO (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	

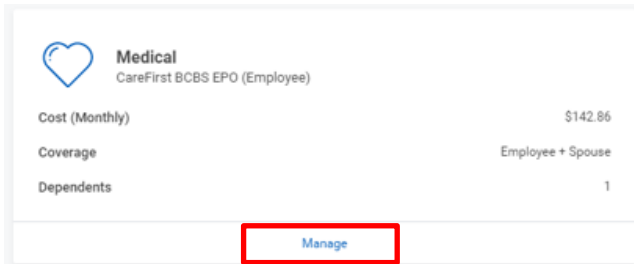
Insurance

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

Life Ins - Supplemental MetLife (Employee)	Spouse Life MetLife (Spouse)
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2. **Select the Manage or Enroll button for the coverage type you need to add a dependent.** In this example, we will choose Medical.



3. The Medical Plan coverage will display. If medical plan is not changing, 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** will display. All dependents currently setup in the system and eligible for the coverage type will display. Check or uncheck the box next to each dependent you want to add or remove from the plan.

If you see an issue with one of the 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); they will assist with correcting the data.

To add a new dependent, select the **Add New Dependent** menu item.



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. The **Add Dependent page** will display that details the required dependent documentation for each dependent type.

Please review this page BEFORE clicking the OK button to understand the required documentation DBM Employee Benefits Division MUST receive PRIOR to adding a new dependent to coverage.

If the documentation was submitted when initiating this Life Event you are not required to attach it again.

All newly added dependents on a New Hire or Job Change event will require dependent documentation attached to this event **PRIOR to submitting these elections.**



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):







6. **After reviewing the required supporting documentation** click the **OK button** to continue to add the new dependent.



7. **The Add Dependent page will display.** On this screen, complete the following fields:
- Use the prompt  to select the **Relationship** of the dependent.
 - NEVER select “**Employee**” or “**Other**” for the **Relationship** or any relationship that indicates it is for “**Internal Use Only**”.
 - Enter or select the **Date of Birth** of the dependent.
 - Select the **Gender** of the dependent.

Add Dependent

Relationship	*	<input type="text" value="x Child"/>	
Use as Dependent		<input checked="" type="checkbox"/>	
Use as Beneficiary		<input type="checkbox"/>	
Inactive Date		(empty)	
Date of Birth	*	<input type="text" value="05 / 11 / 2020"/>	
Age		0 years, 0 months, 7 days	
Gender	*	<input type="text" value="Male"/>	
Citizenship Status		<input type="text"/>	
Full-time Student		<input type="checkbox"/>	
Student Status Start Date		<input type="text"/>	
Student Status End Date		<input type="text"/>	
Disabled		<input type="checkbox"/>	



8. Scroll down the page to the Legal Name section. Complete the:

- Enter the first name of the dependent in the **First Name** field.
- Enter the last name of the dependent in the **Last Name** field.

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

9. Click on the **Contact Information** tab, click the **Add** button in the Address section to enter the address for the dependent.

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

Phone

Address

Email

Instant Messenger

Web Address

Address

Use Existing Address

Country

Address Line 1

Address Line 2

City

State

Postal Code

County

Usage

Type *

Home
 Work



The **Use Existing Address** prompt can be used to select the address associated with the employee.

- Use the prompt to select the **Country**.
- Enter the street address in the **Address Line 1** field.
- Enter the city in the **City** field.
- Enter the state in the **State** field.
- Enter the zip code in the **Postal Code** field.
- Select the **Type**.

10. **Click on the National IDs tab**, complete the following fields:

- Use the prompt to select the **Country**.
- Select the **National ID Type** (either Social Security Number or Tax Identification Number for foreign nationals).
- Enter the Social Security Number for the dependent in the **Identification #** field OR enter the Tax Identification Number for foreign nationals.

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="text" value="x United States of America"/>	<input type="text" value="x Social Security Number (SSN)"/>		<input type="text" value="987-65-4321"/>



Note that if you do not have the Social Security Number or Tax Identification Number for the dependent leave the screen empty, as shown below. You will be prompted later to enter a reason for not entering it (e.g., Newborn; no Social Security Number yet).

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

National IDs 0 items

	*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date	Expiration Dat
No Data						



Add a Dependent – Missing National ID

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 IDs 1 item

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

11. After the dependent information has been entered and reviewed for accuracy, click the **Save** button. You will **return to the Medical plan Dependents page** and the new dependent will display and be selected for coverage.

← **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](#)



Title: Add a Dependent During an Enrollment Event
Functional Area: Benefits Administration
Role: Agency Benefit Coordinators

12. **At this point the dependent has only been added to Medical coverage.** Proceed to access each coverage type (Prescription, Dental, Life Insurance and AD&D) the dependent is being added to and **Select** the dependent on the coverage type Dependents page.

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

Projected Total Cost (Monthly)
\$755.12

Health Care and Accounts

Plan Name	Cost (Monthly)	Coverage	Dependents	Action
Medical CareFirst BCBS EPO (Employee)	\$176.98	Employee + Family	2	Manage
Prescription Drug - (Employee)	\$90.14	Employee + Family	2	Manage
Dental United Concordia DPPD (Employee)	\$43.60	Employee + Family	2	Manage
Healthcare FSA FSA Group	\$375.00			Manage
Dependent Care FSA Waived				Enroll

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

13. Complete the steps to **finish the event and Submit the event for DBM EBD review.** Use the **Elect or Change Benefit Elections Job Aide** if you need assistance with these steps.