Complete Initial Benefit Elections

(New Hires or Job Changes)

When an employee is first hired or has a job change, he or she will get a "New Hire" or "Job Change" task in the Workday Inbox to complete initial benefit elections. The task will NOT BE in the ABC's Inbox.

Use this procedure to find the task to complete the initial benefit elections on behalf of the employee.

Procedure:

1. Search for the employee by entering the W number or name in the **Search Box** and click the **ENTER key**.

2. The Search will return the employee that meets the search criteria you entered. Click on the employee name.

3. Click on **Job** of the employee profile and look for the **Worker History tab**
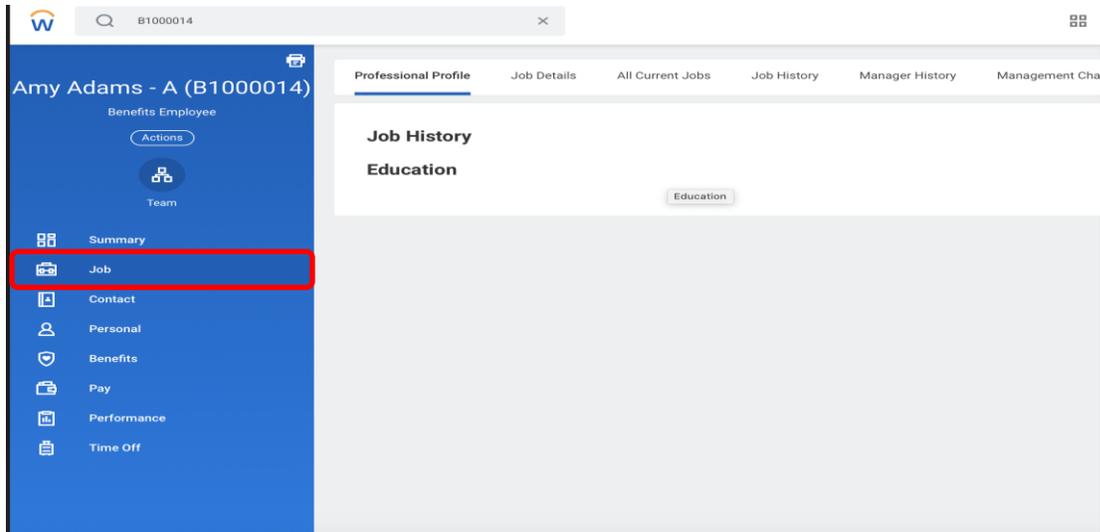
4. **You may have to click More to find the Worker History tab** depending on the size of your computer screen
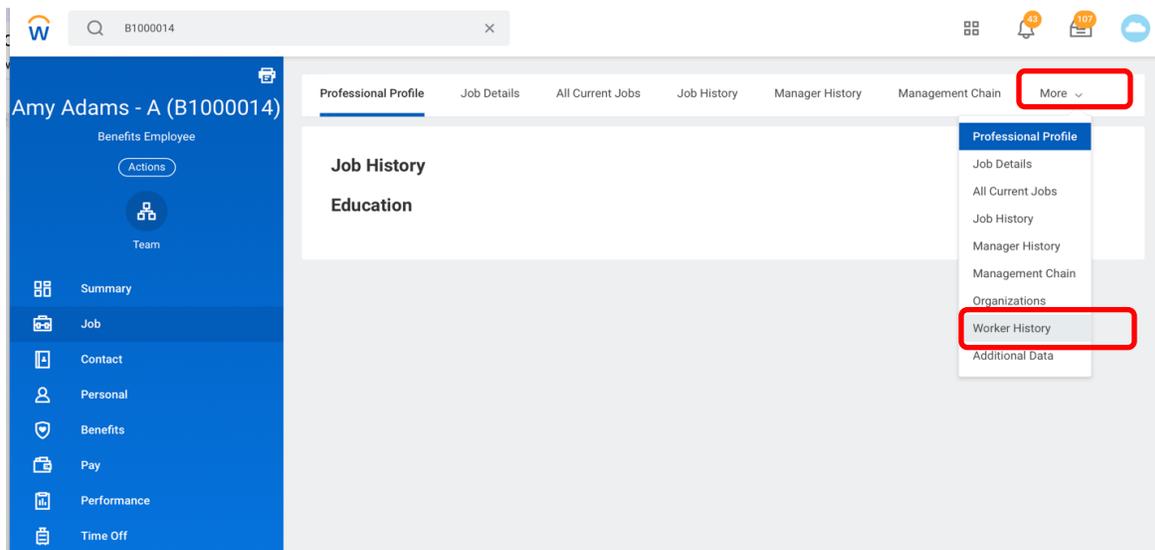
5. Find the **Benefit Change: New Hire (or Benefit Change: Job Change)** Event in the Worker History for the employee.

6. Click the **Related Actions and Preview** icon on the Benefit Change – New Hire or Job Change event. In the menu, hover over **Benefits** and then click the **Enroll in Benefits** hyperlink.
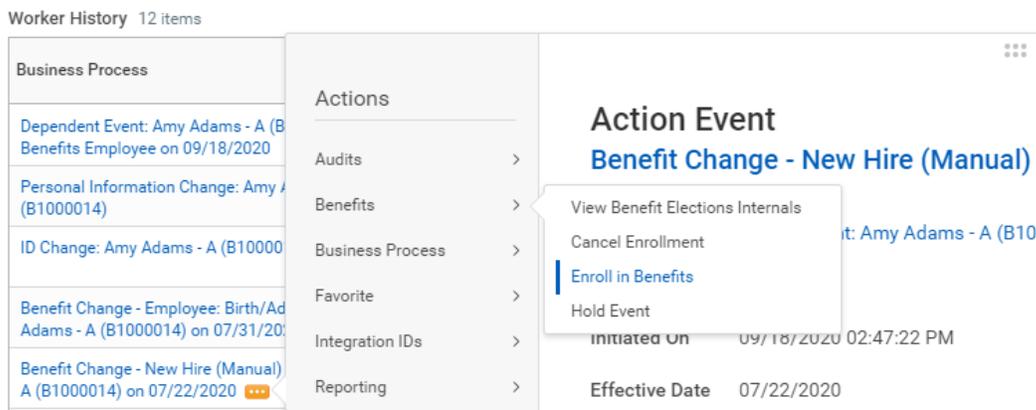
7. Click on the **Let's Get Started button** to proceed to the next page to enroll the employee in benefits

8. The **Enrollment page** will display. Depending on if the event is a **New Hire** or **Job Change** event the cost, coverage, and dependents may be currently elected or waived. **To make changes click the Manage or Enroll links** on the tile(s) for the coverage type(s) you want to elect/change.

The **Enroll** link displays if there are no current elections for the coverage type/category

The **Manage** link display if there are current elections for the coverage type/category.

9. **Select the coverage/Plan** and **click the Confirm and Continue button** to proceed to the **Dependents page**.

Medical
New Hire (Manual) 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.

5 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
○ Select ● Waive	CareFirst BCBS EPO (Employee)	$68.08	$385.76
○ Select ● Waive	CareFirst BCBS PPO (Employee)	$102.00	$407.98
○ Select ● Waive	Kaiser IHM	$67.70	$383.68
○ Select ● Waive	UnitedHealthcare EPO (Employee)	$68.48	$388.08
○ Select ● Waive	UnitedHealthcare PPO (Employee)	$100.32	$401.34

˅ Health Care Instructions

General Instructions

General Instructions:

- To enroll in a plan, select the "Elect" button next to th
- To enroll a dependent(s), click in the Enroll Depender list.
- After selecting "Add Dependent" you will see a scree type. On the last page of this enrollment, you MUST certificate, etc.) for each dependent you added. Your not received.
- You only need to setup a new dependent one time. O dependent for other coverages by selecting "Existing

[Confirm and Continue] [Cancel]

10. 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)
New Hire (Manual) for Amy Adams - A (B1000014) (Actions)

Dependents

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

Coverage ＊ Employee

Plan cost (Monthly) $68.08

[Add New Dependent]

11. **After reading the Add Dependent page** to review what supporting documentation is required to add the dependent, **click the OK button** to the proceed and complete the new dependent information.

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

13. Complete the **Legal name tab** for the dependent and click on the **Contact Information tab**.

Legal Name	Contact Information	National IDs	Additional Government IDs	Other IDs

Country * ☒ United States of America ⤢ ☰

Prefix ☰

First Name * Darren

Middle Name

Last Name * LeGallo

Suffix ☰

14. On the **Contact Information tab**, 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 ☰

Country United States of America

Address Line 1 301 W Preston Room 507

Address Line 2

City Baltimore City

State Maryland

Postal Code 21201

County

Usage

Type * ☒ Home ☰

Primary Work ☐

Primary Home ☑

Use For ☒ Mailing ☰
☒ Street Address

15. Click on the **National IDs tab.**

		*Country	*National ID Type	Current ID	Add/Edit ID	Issu
⊕						

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

National IDs 0 items

No Data

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	Issued Date
⊖		✕ United States of America	✕ Social Security Number (SSN)		987-65-4321	MM/DD/YYYY

Save   Cancel

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.

16. The new dependent now displays on the coverage plan page and is automatically selected for coverage in the plan.

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.

17. You will **return to the Enrollment page** and should proceed to select or update the other coverage types as required.

18. 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.

19. The **View Summary page** will display. Review the selections and **verify all Plans and Dependents are accurate** based on the paper enrollment form completed by the employee.

20. Scroll down to the **Attachments section** and attach any required new dependent supporting documentation along with the paper enrollment form signed by the employee using the **Select files button**.

Attachments

Drop files here

or

Select files

21. 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 en

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 ☐

Submit   Save for Later   Cancel

After clicking the Submit button, the event/elections route to DBM Employee Benefits Division 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.