PROCESS STEPS: **EE01**

This Quick Reference Guide starts from the point the employee 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 Initiate Life Event Quick Reference Guide (QRG) 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 Birth/Adoption.

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**.
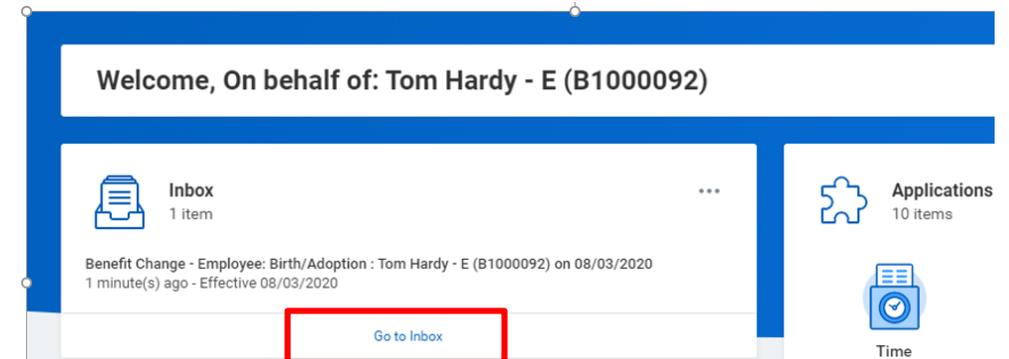
2. In the SPS Inbox, view to ensure the **Benefit Change – Employee: Birth/Adoption** task is highlighted/selected.

   Click the **Let's Get Started button**.
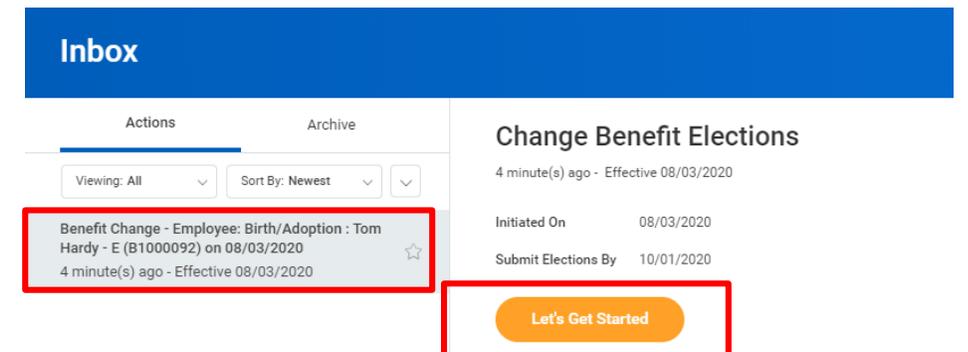
PROCESS STEPS:　　　　　　　　　　　　　　　　　　　　　　　　　　**EE01**

3. On the **Enrollment Page** you will see "tiles" for each category/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 category
- An **Enroll** button indicates coverage is waived in this category

Employee: Birth/Adoption

Projected Total Cost (Monthly)
$652.52

Health Care and Accounts

Medical	Prescription	Dental
CareFirst BCBS EPO (Employee)	Drug - (Employee)	Delta Dental DHMO (Employee)
Cost (Monthly) $142.86	Cost (Monthly) $74.80	Cost (Monthly) $13.60
Coverage Employee + Spouse	Coverage Employee + Spouse	Coverage Employee + Spouse
Dependents 1	Dependents 1	Dependents 1
Manage	Manage	Manage

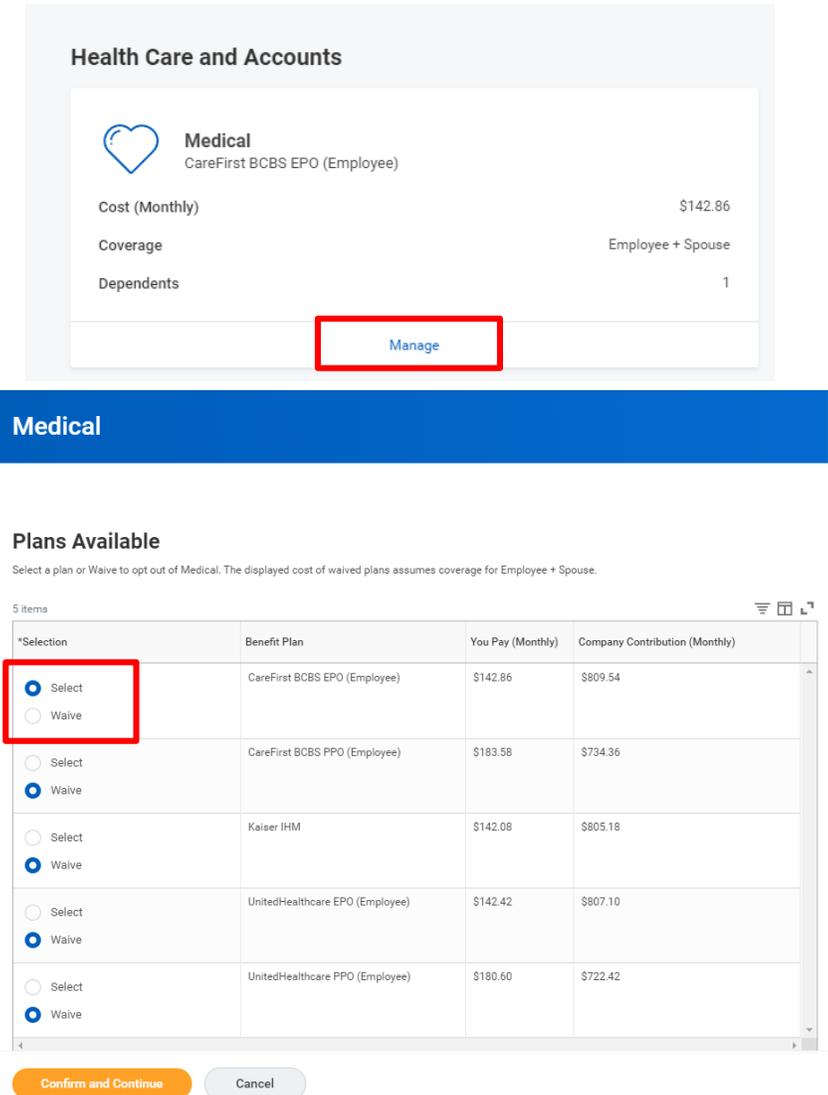| Healthcare FSA	Dependent Care FSA
Waived	P&A Group
	Contribution (Monthly) $416.66
Enroll	Manage

Insurance

Review and Sign　　Save for Later

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.

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.

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**.

Health Care and Accounts

Medical	
CareFirst BCBS EPO (Employee)	
Cost (Monthly)	$142.86
Coverage	Employee + Spouse
Dependents	1

Manage

Medical

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)
○ Select / ○ Waive	CareFirst BCBS EPO (Employee)	$142.86	$809.54
○ Select / ● Waive	CareFirst BCBS PPO (Employee)	$183.58	$734.36
○ Select / ● Waive	Kaiser IHM	$142.08	$805.18
○ Select / ● Waive	UnitedHealthcare EPO (Employee)	$142.42	$807.10
○ Select / ● Waive	UnitedHealthcare PPO (Employee)	$180.60	$722.42

Confirm and Continue   Cancel

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 your Agency Benefit Coordinator with the dependent data issue; they will assist with correcting the data.
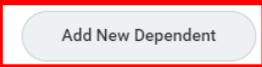
Medical - CareFirst BCBS EPO (Employee)

Dependents

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

Coverage   * Employee + Child

Plan cost (Monthly) $142.86

[Add New Dependent]

1 item

Select	Dependent	Relationship	Date of Birth
☑	Kay Lawrence - A	Child	05/16/1995

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 My Dependent From Enrollment
Tom Hardy - E (B1000092) (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 you

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: Acceptable Temporary Documentation:
  - Copy of Crib Card
  - Copy of Newborns discharge documents
  - Copy of Newborns hospital bracelet
  - 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

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 *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth * MM / DD / YYYY

Age (empty)

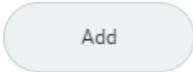Gender * select one ▼

Citizenship Status

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

11. Scroll down 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]
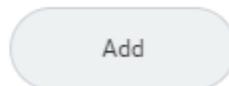
12. On the **National IDs page**, complete the following data for the new dependent:
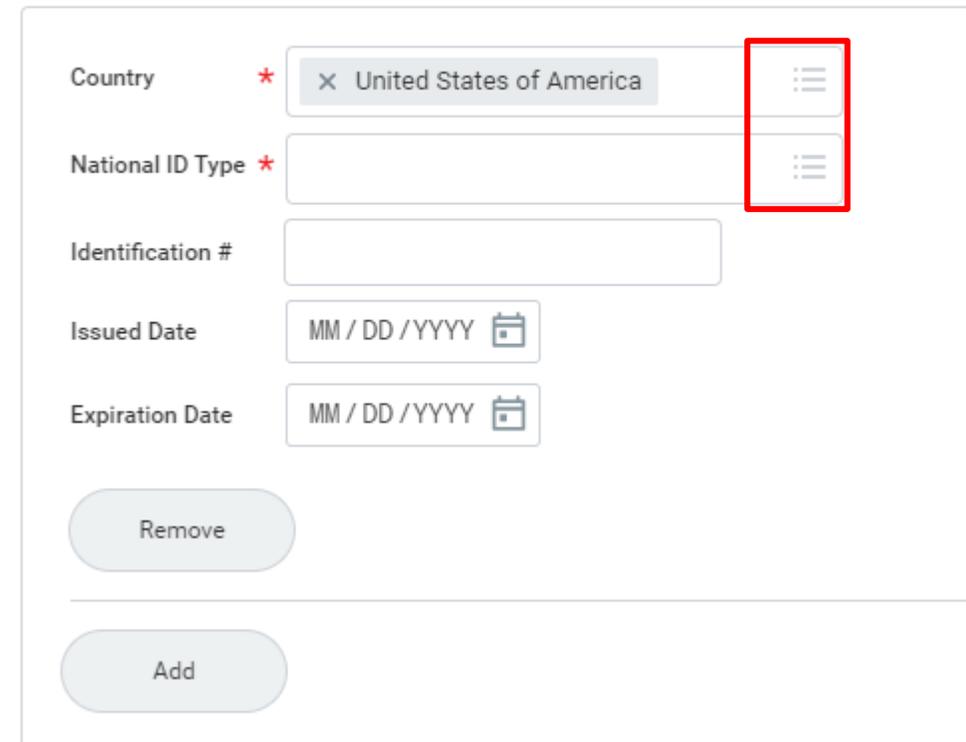
- Country
- National ID Type
- Identification #

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	*	
Identification #		
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	✕ 301 W Preston Room 507 for Jay Hardy - E, Kim Hardy - E, Mary Hardy, Tom Hardy - E
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	

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.

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

3 items

Select	Dependent	Relationship	Date of Birth
☑	Jay Hardy - E	Spouse	12/14/1954
☐	Mary Hardy	Child	04/06/2020
☑	Harriet Hardy	Child	08/03/2020

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, Flexible Spending, Life Insurance and AD&D), if desired.

   Special Flexible Spending Account Notes:
   - The healthcare FSA covers eligible expenses for you, your spouse and eligible dependents.
   - The dependent daycare FSA covers daycare expenses for your eligible dependents while you and your spouse (if applicable) work.

   Special Life Insurance Notes:
   - Guaranteed Life Insurance elections must be $50,000 <u>BEFORE</u> electing Supplemental Life Insurance.
   - Dependents may only have 50% of the member combined total of Guaranteed + Supplemental Life Insurance.

Employee: Birth/Adoption

Projected Total Cost (Monthly)
$652.52

Health Care and Accounts

Medical		Prescription		Dental	
CareFirst BCBS EPO (Employee)		Drug - (Employee)		Delta Dental DHMO (Employee)	
Cost (Monthly)	$142.86	Cost (Monthly)	$74.80	Cost (Monthly)	$13.60
Coverage	Employee + Spouse	Coverage	Employee + Spouse	Coverage	Employee + Spouse
Dependents	1	Dependents	1	Dependents	1
Manage		Manage		Manage	

Healthcare FSA		Dependent Care FSA	
Waived		P&A Group	
		Contribution (Monthly)	$416.66
Enroll		Manage	

Insurance

[Review and Sign]   [Save for Later]

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

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 dependent added without having the co
- If you have any questions on the correct/required documentation please review the New Dependent Required Supporting Documentation link on the SPS Benefits Help Center (https://dbm.marylan ntation.pdf) or contact your Agency Benefits Coordinator (ABC) for assistance prior to submitting your enrollment elections.

Selected Benefits 7 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical CareFirst BCBS EPO (Employee)	08/03/2020	08/03/2020	Employee + Family	Harriet Hardy Jay Hardy - E
Prescription Drug - (Employee)	08/03/2020	08/03/2020	Employee + Family	Harriet Hardy Jay Hardy - E
Dental Delta Dental DHMO (Employee)	08/03/2020	08/03/2020	Employee + Family	Harriet Hardy Jay Hardy - E

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 Cor 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**.

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

Submit Elections Confirmation
Employee: Birth/Adoption for Tom Hardy - E (B1000092) (Actions)

Initiated On	08/03/2020
Submit Elections By	10/01/2020
Event Date	08/03/2020

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
- 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 7 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents
Medical - CareFirst BCBS EPO (Employee)	08/03/2020	08/03/2020	Employee + Family		Harriet Hardy Jay Hardy - E
Prescription - Drug - (Employee)	08/03/2020	08/03/2020	Employee + Family		Harriet Hardy Jay Hardy - E
Dental - Delta Dental DHMO (Employee)	08/03/2020	08/03/2020	Employee + Family		Harriet Hardy Jay Hardy - E
Healthcare FSA - P&A Group	09/01/2020	09/01/2020	$500.00 Annual		
Dependent Care FSA - P&A Group	01/01/2020	01/01/2020	$5,000.00 Annual		
Life Ins - Guaranteed - MetLife (Employee)	09/01/2020	09/01/2020	$50,000	$50,000.00	
AD&D - MetLife (Employee + Family)	08/01/2020	08/01/2020	$200,000	$200,000.00	Jay Hardy - E

[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**.
- **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**, only a Personal email address, you will receive the notification at your Personal email address.