

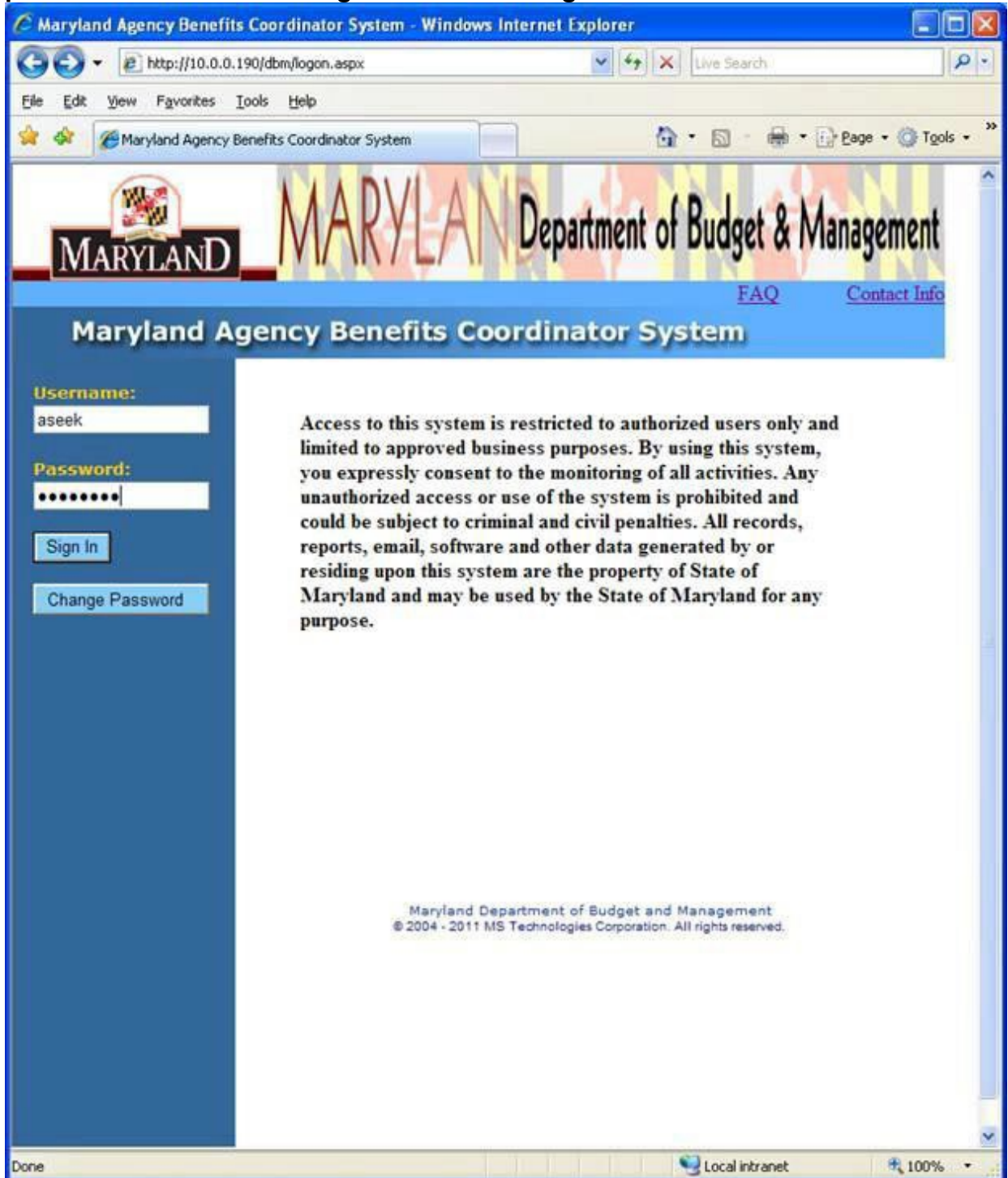
E-Summary Statement User Manual

The following steps will enable you to print your agency's summary statements which reflect the daily changes made to the Benefits Administration System (BAS). As of August 1, 2011, EBD will no longer send the summary statements to each agency. It will be the agency's responsibility to print them each day and distribute to your employees.

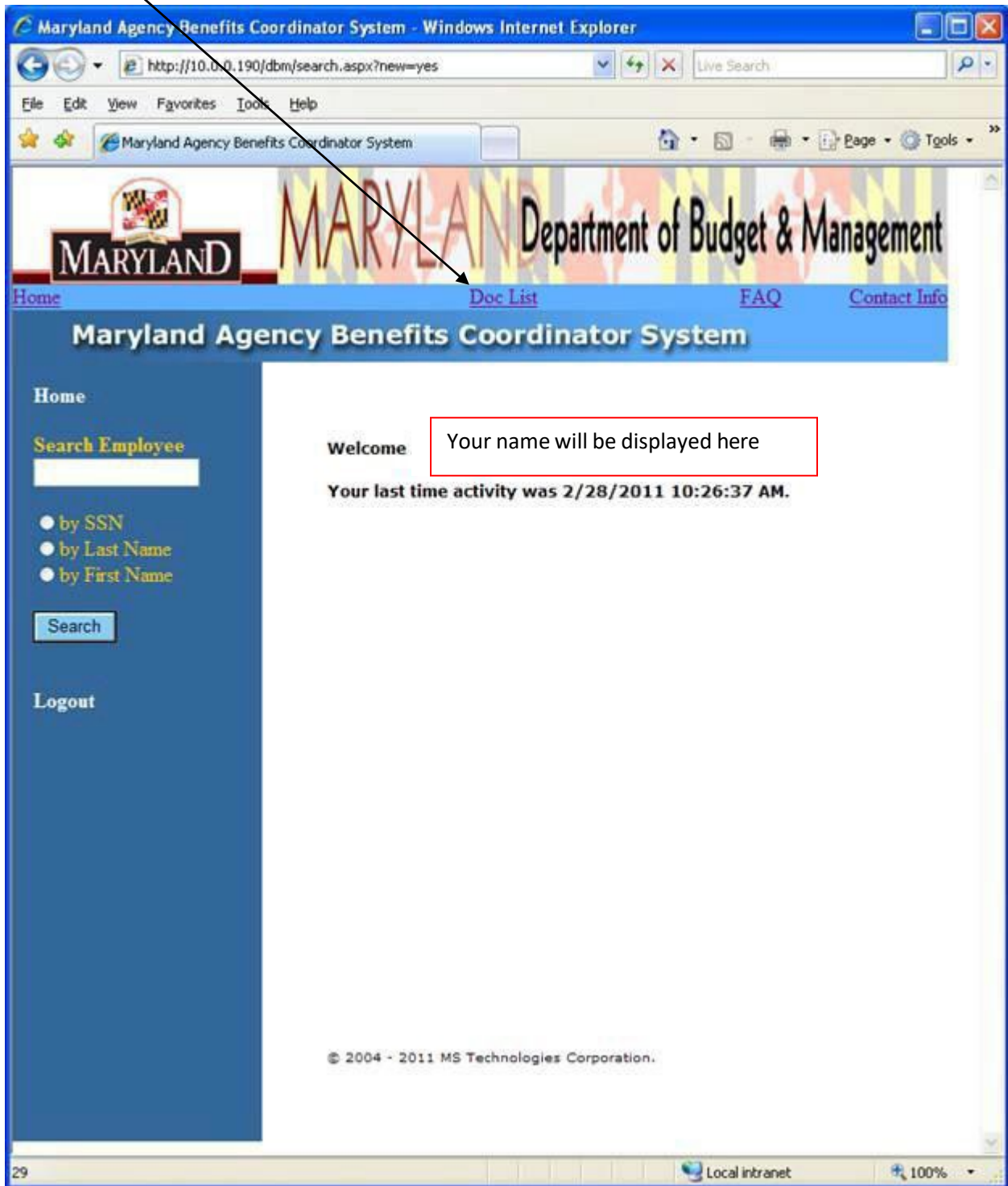
In order to be able to comply with this process, each agency must have access to the web-based BAS system. If you need to obtain access, please complete the **OPSB Authorization and Access Form** at dbm.maryland.gov/benefits>ABC Corner>Satellite ABC's>Forms

If you have questions concerning the E-Summary Statement process please contact EBD at ebd.mail@maryland.gov

Connect to web site at <https://bas.dbm.state.md.us> and enter your username and password. Click on the “Sign In” button to login.



After logging in, you will see the Welcome Screen. On the top of the toolbar, click on the Doc List link



Enter the processing date and click on the "Submit" button.

Maryland Agency Benefits Coordinator System - Windows Internet Explorer

http://localhost/dbm/docList.aspx

File Edit View Favorites Tools Help

Maryland Agency Benefits Coordinator System

MARYLAND Department of Budget & Management

Home Search FAQ Contact Info

Maryland Agency Benefits Coordinator System

Home

Processing Date:
6/28/2011

June 2011

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Submit

Logout

Please select a processing date from left side panel.

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29 Trusted sites 100%

The search results will show on the main panel. Click on the “Download All” button to download all of your agency’s summary statements processed on the selected date or click on a specific employee’s SSN to download an individual summary statement.

Home

Processing Date:
6/28/2011

June 2011

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Submit

Logout

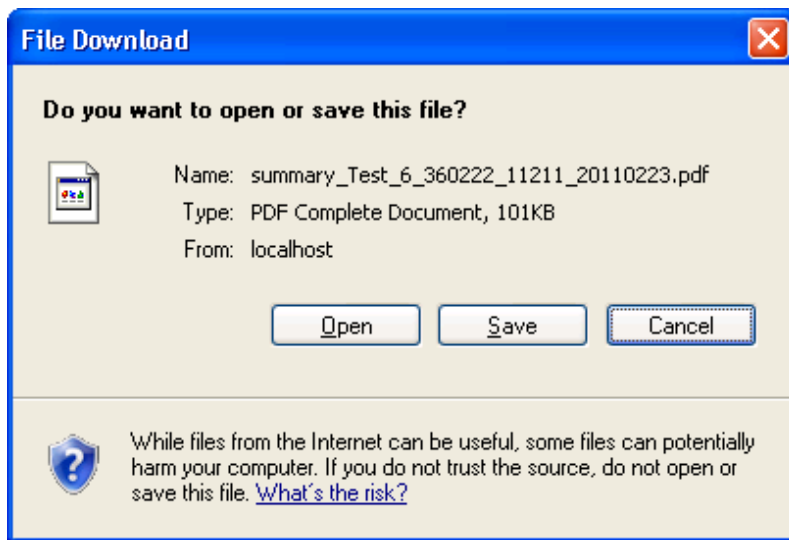
Total number of 7 summary statement(s) have found.

Note: Click on Social Security Number to view the summary statement document

SSN	Name	Birth Date	Agency Code	CDC	Create Date
000401057	ANTHONY ZALOGA	02/05/1953	360226		02/24/2011
0	J FF	0D	0	18 360222 11211	02/24/2011
0	J R		0	18 360222 11211	02/23/2011
0	S AI	RY	0	14 360222 11211	02/23/2011
6	3 T		1	9 360222	02/24/2011
6	3 R		0	7 360222 16202	02/24/2011
6	3 B		1	00, 10'6 360222 11211	02/23/2011

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After clicking on the “Download All” button, you can either open the file to view and/or print the summary statements listed. You can also save a copy for future reference.



If you elect to open the file, you will be able to view the summary statement(s) in PDF format.

Troubleshooting Tip: If you are unable to view the summary statement(s) in PDF format, ensure you have an up to date version of Adobe Reader. This is available for download online free charge.

MARYLAND Department of Budget & Management

Summary Statement of Benefit Elections for Year
Benefits Coverage Period through

Year Benefit Elections

	Enrolled	Plan Name or Coverage Amount	Coverage Level	Deductions Pre Tax	Deductions Post Tax	Effective Date
Medical Plan						
Prescription Drug						
Dental						
Accidental Death & Dismemberment						
Term Life						
Employee						
Spouse						
Children						
Health Care FSA						
Dependent Care FSA						

Your Dependent(s) Information

Code Number	Name	Relationship	Sex	Date of Birth	Social Security Number	Health	Drug	Dental

This is a summary of your health plan elections for Year . **Please review your statement carefully for benefits enrolled, coverage levels, dependent information and benefit indicators (Yes/No), for dependents enrolled.** If any of the information on this statement is incorrect due to an Employee Benefits Division error, note the required correction(s) on this statement, sign and date, and return it to the Employee Benefits Division **no later than 30 days from the "Date Printed" (below)** by mail to 301 W. Preston Street, Room 510, Baltimore, MD 21201 or by fax to (410) 333-5191.

The following applies to Term Life Insurance only:
If your Term Life selection has an (*) next to it, **YOU MUST SUBMIT A MEDICAL REVIEW FORM** attached to a copy of this Summary Statement to your Agency Benefits Coordinator **no later than 30 days from the "Date Printed"** (below) for approval by the Life Insurance carrier. See Benefits Guide for more information.

Name: _____ **Date Printed:** _____
Birth Date: _____ **Agency/Check Distr. Code:** _____
Social Security Number: _____

If you elect to save the file, you will be prompted to do so by the “Save As” box.

