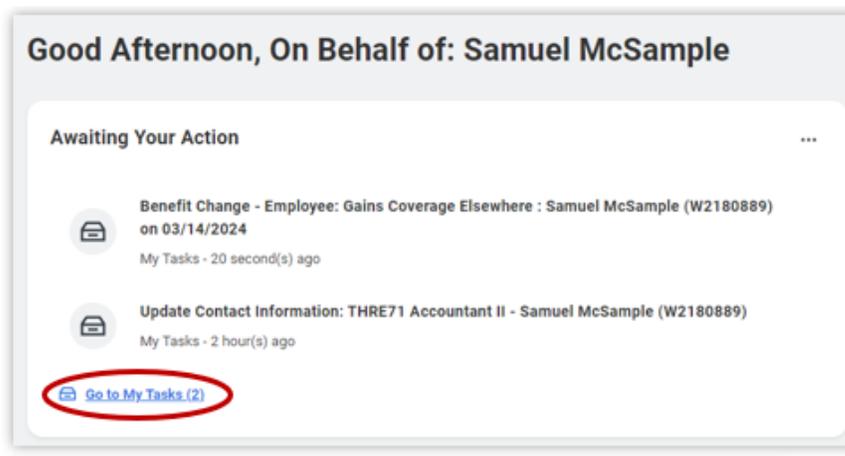


Change Benefit Elections – Remove a Dependent QUICK REFERENCE GUIDE

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](#) 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.**

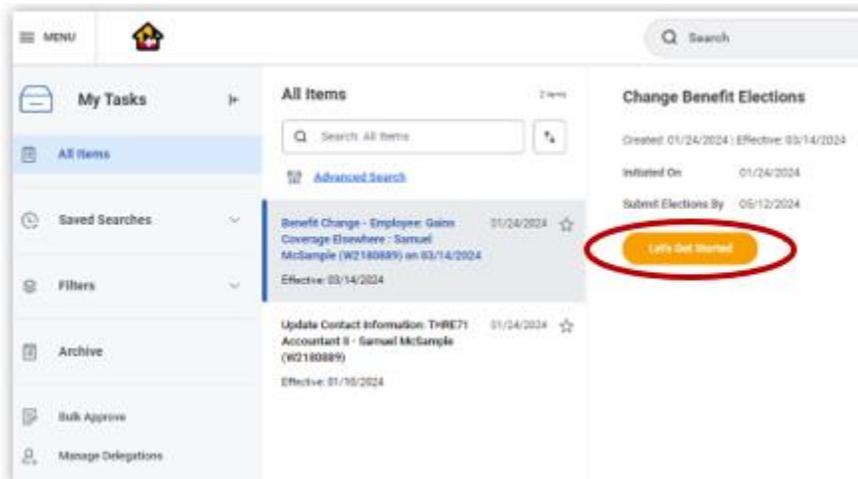
The example in the quick reference guide is for a Life Event of Gains Coverage Elsewhere.

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 My Tasks** icon.



2. In the SPS Inbox, view to ensure the Benefit Change – Employee: Gains Coverage Elsewhere task is highlighted/selected.

Click the **Let's Get Started** button.



- On the **Health Care and Accounts** page you will see “tiles” for each category/coverage type. The benefit elections are listed by category: Medical, Prescription, Dental, Life Insurance, etc. All current elections will be displayed. You can select the **Manage** or **Enroll** button for each category/coverage type 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: Gains Coverage Elsewhere

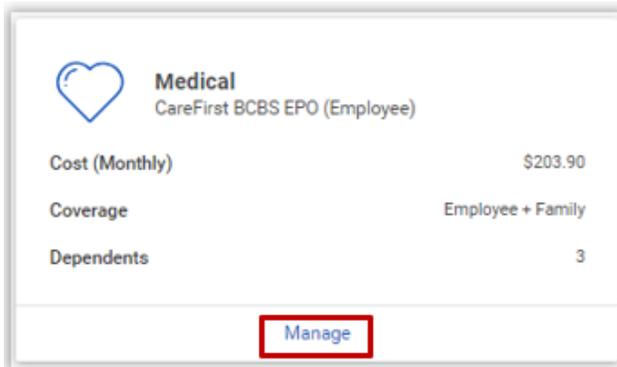
Projected Total Cost (Monthly)
\$203.90

Health Care and Accounts

 <p>Medical CareFirst BCBS EPO (Employee)</p> <p>Cost (Monthly) \$203.90</p> <p>Coverage Employee + Family</p> <p>Dependents 3</p> <p>Manage</p>	 <p>Prescription Waived</p> <p>Enroll</p>	 <p>Dental Waived</p> <p>Enroll</p>
 <p>Healthcare FSA Waived</p> <p>Enroll</p>	 <p>Dependent Care FSA Waived</p> <p>Enroll</p>	
Insurance		
 <p>Life Ins - Guaranteed Waived</p> <p>Enroll</p>	 <p>Life Ins - Supplemental Waived</p> <p>Enroll</p>	 <p>Spouse Life Waived</p> <p>Enroll</p>

- 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.



Medical
CareFirst BCBS EPO (Employee)

Cost (Monthly) \$203.90

Coverage Employee + Family

Dependents 3

[Manage](#)

- The **Select** button indicates the currently elected plan. If you want to drop/remove coverage, click the **Waive** button.

In this example, you are not changing your plan; this change is for your dependents. You will have the option to add or remove dependents on the next page.

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family.

5 items ☰ ☰ 🔍

Benefit Plan	*Selection	You Pay (Monthly)	Company Contribution (Monthly)
CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$203.90	\$1,155.48
CareFirst BCBS PPO (Employee)	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$293.78	\$1,175.12
Kaiser IHM	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$203.76	\$1,154.74
UnitedHealthcare EPO (Employee)	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$195.66	\$1,108.74
UnitedHealthcare PPO (Employee)	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$289.00	\$1,156.02

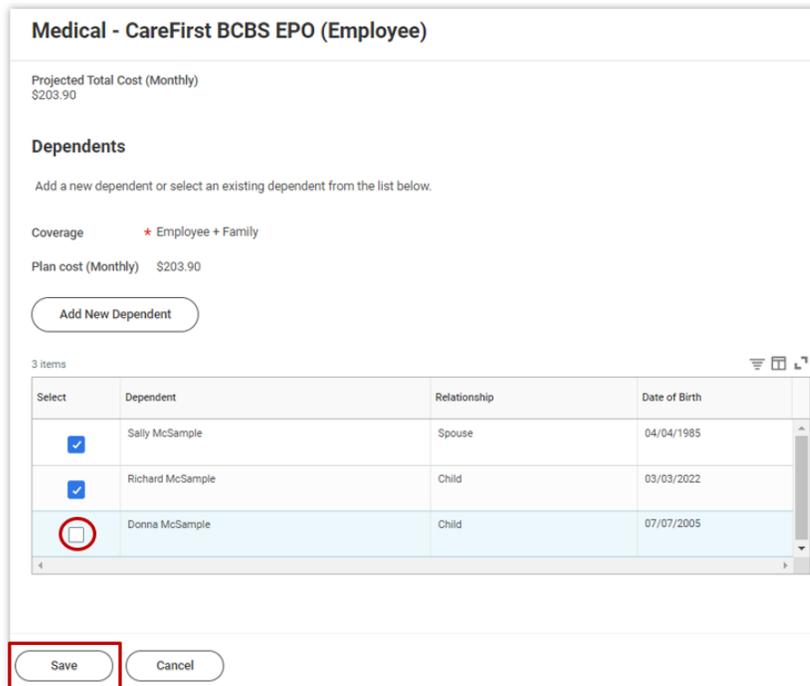
Confirm and Continue
Cancel

- Click the **Confirm** and **Continue** button 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 Waive coverage but still must click the Confirm and Continue button.

- On the Dependents page, uncheck the box next to each dependent you want to remove from the plan. When the Select box is un-checked, the dependent will be removed from the plan.

NOTE: 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 Benefits Coordinator with the dependent data issue; they will assist with correcting the data.

- Click the **Save** button to proceed.



Medical - CareFirst BCBS EPO (Employee)

Projected Total Cost (Monthly)
\$203.90

Dependents

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

Coverage * Employee + Family

Plan cost (Monthly) \$203.90

3 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Sally McSample	Spouse	04/04/1985
<input checked="" type="checkbox"/>	Richard McSample	Child	03/03/2022
<input type="checkbox"/>	Donna McSample	Child	07/07/2005

- 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 BEFORE electing Supplemental Life Insurance.
- Dependents may only have 50% of the member combined total of Guaranteed + Supplemental Life Insurance.

Employee: Gains Coverage Elsewhere

Projected Total Cost (Monthly)
\$203.90

Health Care and Accounts

Medical
CareFirst BCBS EPO (Employee)
UPDATED

Cost (Monthly) \$203.90

Coverage Employee + Family

Dependents 2

[Manage](#)

Prescription
Waived

[Enroll](#)

Dental
Waived

[Enroll](#)

Healthcare FSA
Waived

[Enroll](#)

Dependent Care FSA
Waived

[Enroll](#)

Insurance

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

[Life Ins - Supplemental](#) [Spouse Life](#)

10. After reviewing and updating elections for all categories, click the **Review and Sign** button to proceed.

11. 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.

View Summary

Projected Total Cost (Monthly)
\$203.90

Your Benefit Elections will not take effect unless you check the "I Accept" box below AND click the "SUBMIT" button.

- Verify the Plans selected are accurate
- Verify all dependents are covered for each Plan type.

If you identify an error click your browser back button; you will return to the Enrollment page.

IMPORTANT – When adding a new dependent or re-enrolling a dependent, the State of Maryland requires dependent verification documentation be attached to your enrollment election. Any New Dependent added without having the correct documentation attached will NOT BE APPROVED FOR COVERAGE. *The Event will be returned to you to upload the required documentation, delaying approval of coverage for you and all other dependents. Resubmitted events must be received on or before the Submit Elections by Date.*

[Dependent Supporting Documentation](#)

- o "Newly added dependents" are dependents that have never been covered
- o "Re-enrolled dependents" are dependents that were covered at one time in the past but haven't been insured under the State of Maryland plan since January 2019.

If you change plans, you MUST **reselect** the dependents you wish to cover by clicking/selecting the dependent on the "Dependents" page. If you fail to do this your dependents will not be covered.

IMPORTANT - If you are removing a former spouse from coverage you must attach a copy of the Divorce decree as the required supporting documentation and it MUST be submitted/attached to your open enrollment event.

After you submit your benefit election updates, the coverage begin dates might change. Review your impacted plans in the Messages section.

Selected Benefits 1 item

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical CareFirst BCBS EPO (Employee)	04/01/2024	04/01/2024	Employee + Family	Richard McSample Sally McSample		\$203.90

Waived Benefits 9 items

Prescription	Waived
--------------	--------

[Submit](#) [Save for Later](#) [Cancel](#)



12. Scroll down the page to the Electronic Signature section. Read the Electronic Signature section.

13. After reading the Electronic Signature section. Click the **I Accept** checkbox to certify your elections 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 will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Accept 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, 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 new dependent(s): 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.
 - For those enrolling new dependent(s): I certify that the required supporting documentation is submitted/attached to my open enrollment event.
 - I understand that new dependent(s) added during an Open Enrollment event without the corresponding legal documentation attached will be removed from coverage prior to January 1st of the following year.
 - I understand that new dependent(s) added as a result of a qualified Life Event without the corresponding legal 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 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.

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 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 Accept

Submit Save for Later Cancel



14. On the **Submitted** page you will get a message that you have submitted your elections with the option to print a copy of your elections.

Click on the **View Benefits Statement** button.

On the Submit Elections Confirmation page, click the **Print** button.

Submitted

You've submitted your elections.

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 system inbox until you receive notification that this event has been approved.
- 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.

[View 2024 Benefits Statement](#)

15. 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.

Submit Elections Confirmation

Employee: Gains Coverage Elsewhere for Samuel McSample (W2180889)

Initiated On 01/24/2024
Submit Elections By 05/12/2024
Event Date 03/14/2024

Total Employee Cost/Credit
\$203.90 Monthly Cost

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 system inbox until you receive notification that this event has been approved.
- 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.

Your submitted benefit election updates may have their coverage begin dates changed.

Elected Coverages 1 item

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	04/01/2024	04/01/2024	Employee + Family	Richard McSample Sally McSample		\$203.90	\$1,155.48
						Total:	\$203.90 \$1,155.48

Waived Coverages 9 items

Plan Type
Prescription
Dental

[Print](#)