STATEWIDE PERSONNEL SYSTEM

**Change Benefits – Life Events
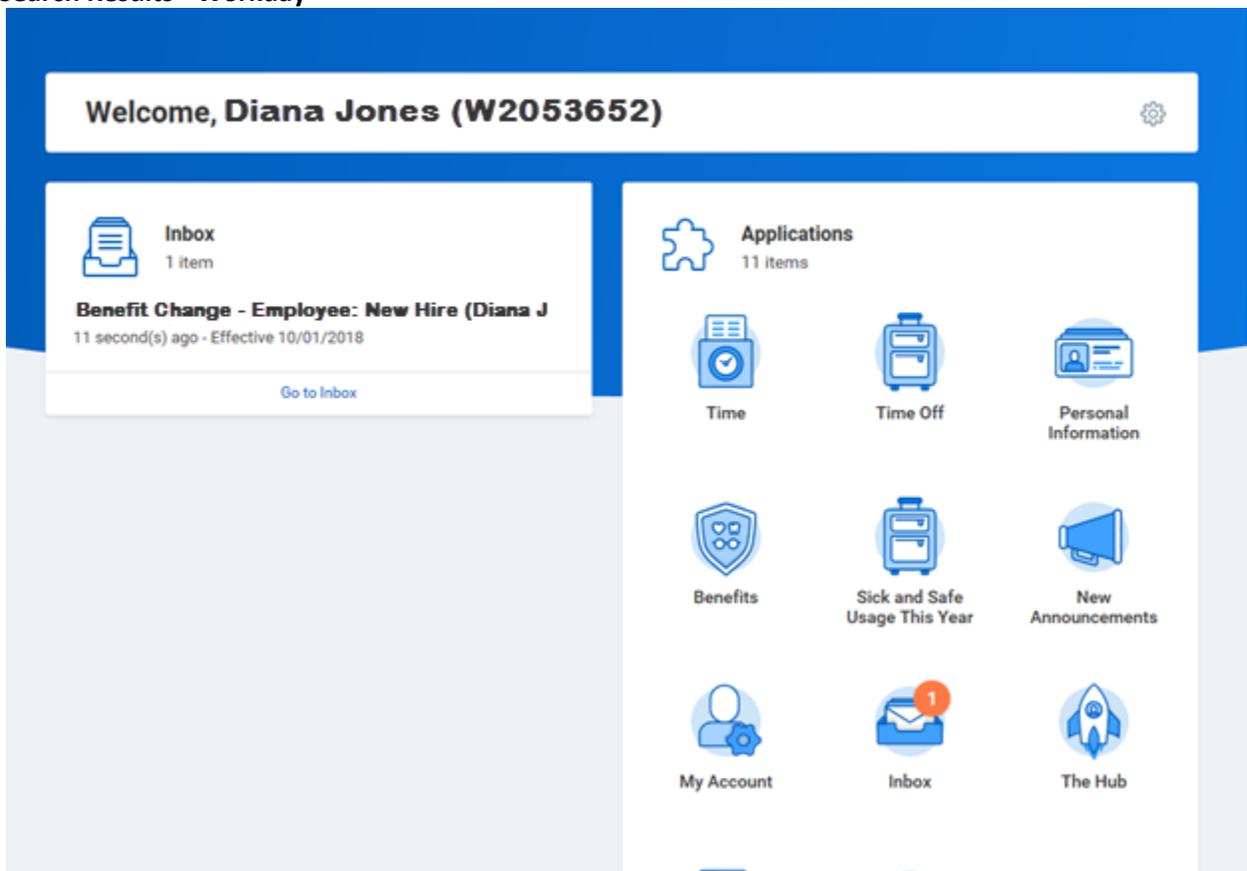Employee Job Aid**

Contents

Complete Initial Benefit Elections (New Hires)

When you are first hired, you will get a "New Hire" task in your Workday Inbox to complete your initial benefit elections. Use this procedure to find the task to complete in your Inbox.

Procedure:

1. Click the My Account ☁ icon.

Search Results - Workday

2. Select the Inbox [Go to Inbox] hyperlink.

    ⓘ CPBI and Benefits Only employees will not have all of the worklets shown on this page.
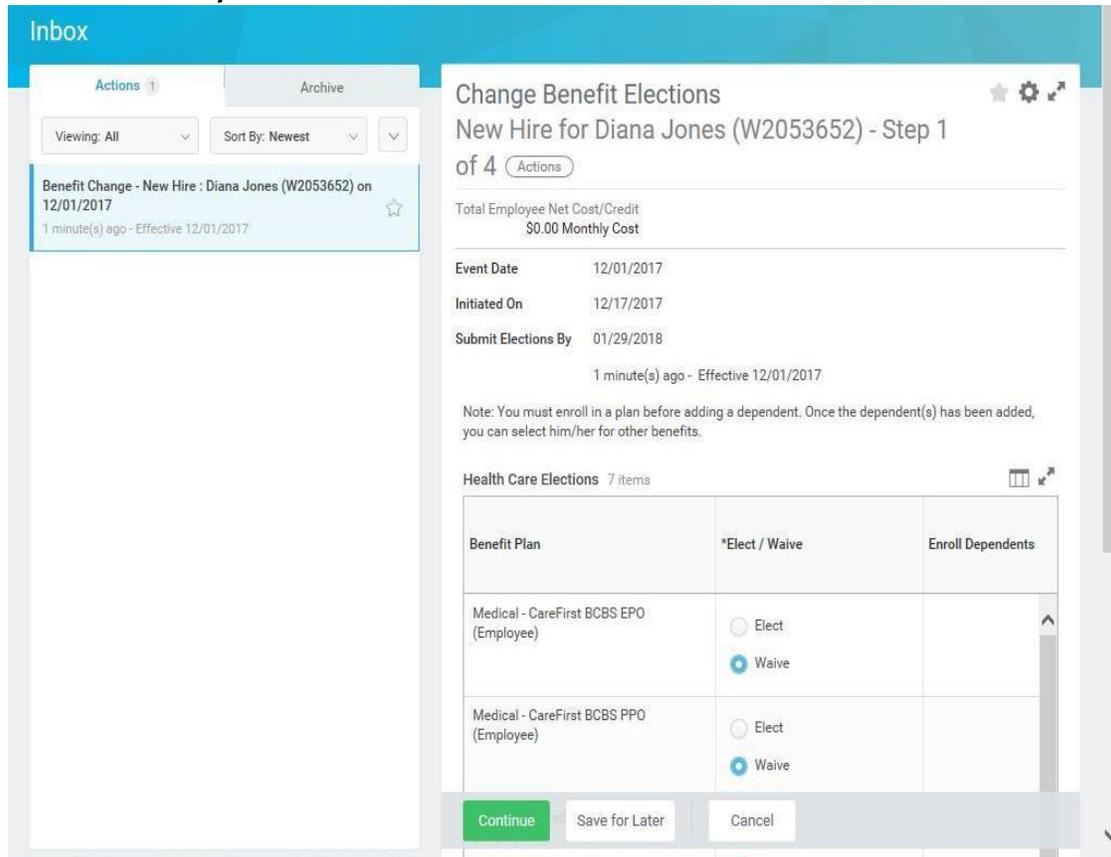
    ⚡ **Shortcut:** You can also access your Inbox by clicking the **Inbox** [Inbox] worklet from your home page.

Worker - Workday

3. Select the **Toggle Fullscreen Viewing Mode** button to enlarge the screen.

Change Benefits Elections

Refer to the **Elect or Change Benefit Elections** section of this job aid for instructions on how to complete your benefit elections.

4. The System Task is complete.

Change Benefits (Initiate a Life Event)

Use this procedure to initiate a life event. Examples of life events include birth/adoption, marriage, divorce, death of dependent, etc. When you perform this initial task, you are initiating the event and submitting the applicable documentation. You will have an opportunity later in the process to change your benefit elections.

1. Click the **Benefits** Benefits worklet.

Change	External Links
Benefits	Benefits Help Center
Dependents	Employee Health Benefits
	CareFirst
	Kaiser Permanente
	United Healthcare
	CVS Caremark
	Delta Dental
	United Concordia Dental
	P&A Group
	Securian Life Insurance Co
	MetLife
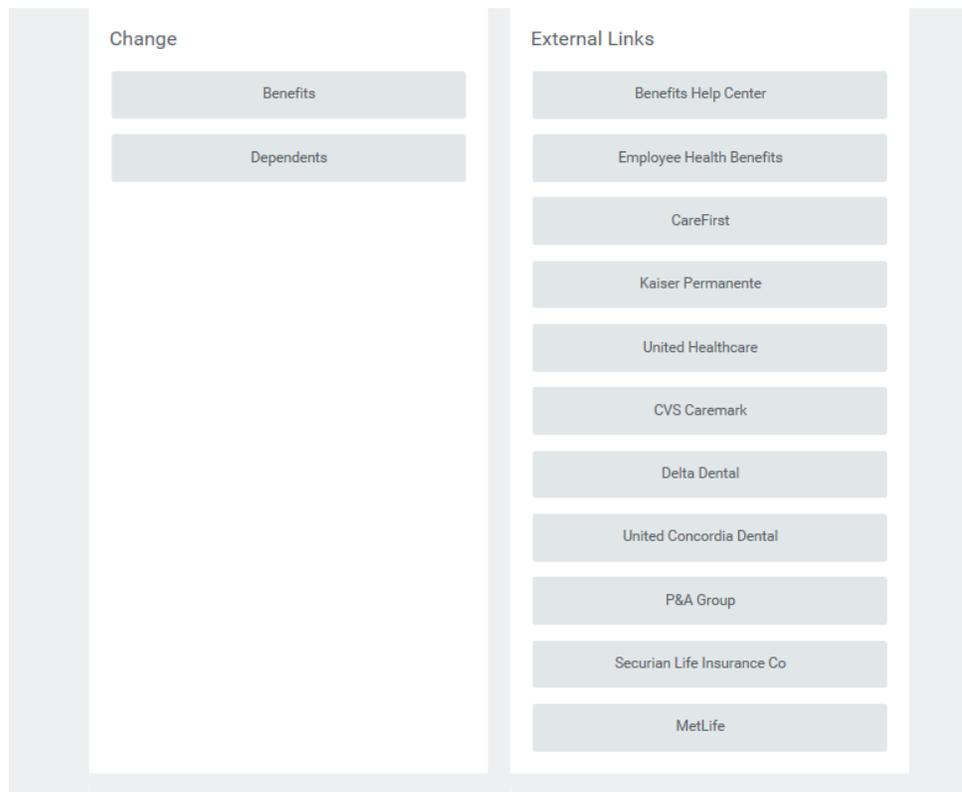
2. In the Change section, click the **Benefits** Benefits button.

Change Benefits - Workday

3. Select the applicable **Benefit Event Type** from the drop down box.

Benefit Event Type	Required Documentation
Employee: Birth/Adoption **Retiree: Birth/Adoption**	**Biological child:** • Copy of child's official state birth certificate with name of employee listed as child's parent. **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 as parent. **Step-Child:** • Copy of child's official state birth certificate with name of spouse of employee listed as child's parent • Copy of employee's official state marriage certificate signed by clerk of the court. **Grandchild:** • Proof of relation by blood or marriage.
Employee: Change in Dependent Daycare **Retiree: Change in Dependent Daycare**	**To Reduce the Annual Amount:** • Letter from the daycare provider on letterhead indicating a reduction in rate or a reduction in hours with the effective date of the change. **To Cancel:** • Letter from the daycare provider on letterhead indicating the last day the dependent attended the daycare.
Employee: Child Support Order **Retiree: Child Support Order**	Copy of child support order
Employee: Death of Dependent **Retiree: Death of Dependent**	Death certificate
Employee: Dependent Arriving in US **Retiree: Dependent Arriving in US**	In addition to the documentation required to show proof of relationship, a copy of the passport with the arrival date indicated and proof of permanent residency. **For children:** • One of the following – letter from school, daycare provider or pediatrician on letterhead indicating address on file, driver's license/identification card, or lease agreement. **For spouse:** • One of the following – driver's license/identification card, mortgage/lease agreement, letter from employer on letterhead indicating address on file.

Employee: Dependent Leaving US **Retiree: Dependent Leaving US**	One of the following – • Copy of flight itinerary, • Copy of Lease agreement or mortgage. • Letter from employer on letterhead indicating permanent address on file. For children - letter from school/daycare on letterhead indicating permanent address on file.
Employee: Divorce **Retiree: Divorce**	Divorce decree
Employee: Gains Coverage Elsewhere **Retiree: Gains Coverage Elsewhere**	Letter from other employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents and the effective date of the new coverage.
Employee: Legal Guardianship **Retiree: Legal Guardianship**	Copy of Legal Ward/Testamentary court document, signed by a judge.
Employee: Loses Coverage Elsewhere **Retiree: Loses Coverage Elsewhere**	Letter from previous employer (on company letterhead) or the insurance provider. The letter must list the names of your covered dependents and the effective date of the loss of coverage.
Employee: Marriage **Retiree: Marriage**	Official State marriage certificate (must be a certified copy and dated by the appropriate State or County official after the date of marriage, such as the Clerk of Court).

4. Enter or select the **Benefit Event Date**.

This is the date that the life event occurred. For example, a child was born on January 15th – the **Benefit Event Date** is January 15th.

The **Submit Elections By date** will automatically populate based on the date entered for the **Benefit Event Date**. It will populate to 60 days after the **Benefit Event Date**.

In general, the Benefit Event Date can NOT be greater than 60 days in the past except for the following:

Benefit Event Type	Benefit Event Date
Employee: Death of Dependent	Date can be > 60 days in the past
Employee: Divorce	Date can be > 60 days in the past
Employee: Gains Coverage Elsewhere	Date can be in the future
Employee: Loses Coverage Elsewhere	Date can be in the future

Change Benefits - Workday
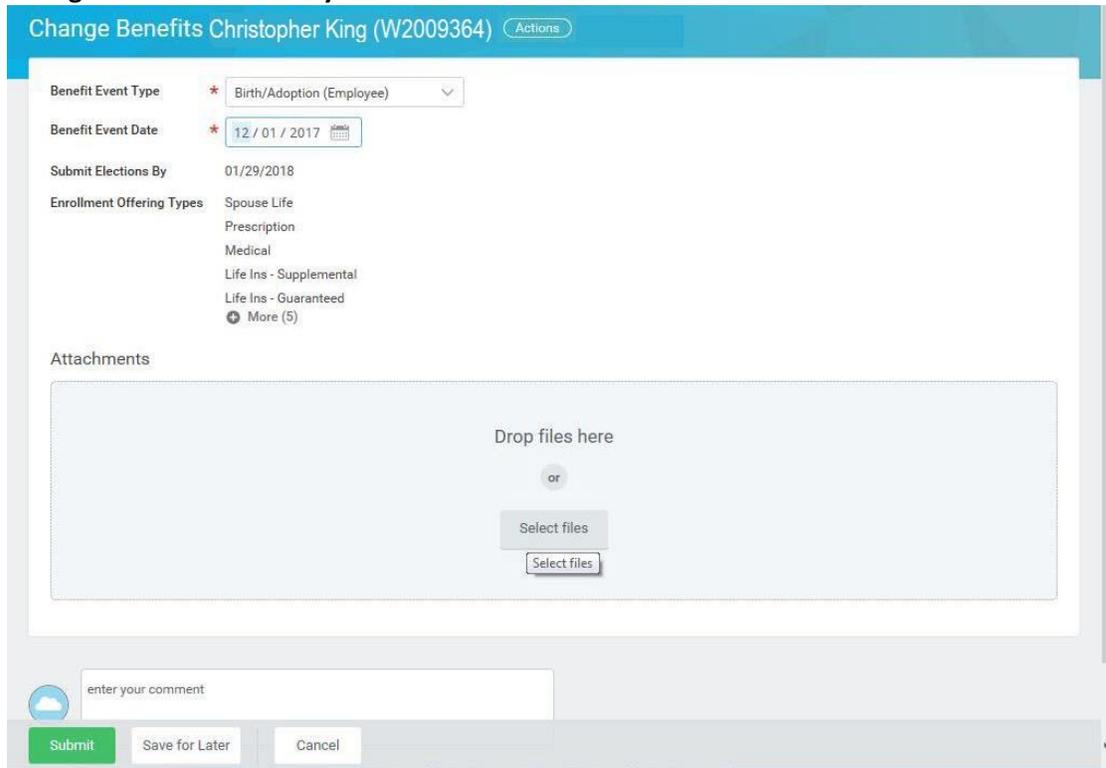
5. Attach the applicable document for the event.

    •   In the **Attachments** section, click the **Select Files** button.
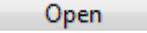
    •   Browse to the document on your computer and select it.

    •   Click the Open button to attach the required documentation.

See the table in step 3 for details on which documents should be attached for each **Benefit Event Type**.

IMPORTANT: *If you cannot attach the documents, you have two options:*
1) Go to your ABC and log in to the system. Have the ABC help you attach the docs.
2) Submit the event without the docs and take the docs to your ABC for them to scan/attach.

The document that you attached will be displayed in the **Attachments** section.

If you need to attach additional documents, click the Upload [Upload] button. You can attach one additional document at a time or select multiple documents to attach at once.

6. Click the **Submit** [Submit] button.

Tip: If you do not want to submit the request at this point, you can also click one of the following buttons:

- Click the **Save for Later** [Save for Later] button to save your changes but not submit. You can find this task in your Workday Inbox later to complete it.
- Click the **Cancel** [Cancel] button to cancel the process and start at another time.

You have submitted - Workday

You have submitted Benefit Event: Christopher King (W2009364) (Actions)

Up Next

Central Benefits Partner

Change Benefit: Please Review and Approve Documentation

> Details and Process

Do Another

Change Benefits

Done

7. Click the **Done** [Done] button.

The life event change that you initiated will be routed to the Central Benefits Partner at the Employee Benefits Division to review and approve the documentation. Once the event is approved, you will receive a task in your Workday Inbox to change benefit elections. See the **Elect or Change Benefit Elections** section of this job aid for instructions on how to complete this.

8. The System Task is complete.

Elect or Change Benefits Elections

Use this procedure to elect or change benefit elections

EMPLOYEES WHO HAVE INITIATED A LIFE EVENT: Start at step **1** of this procedure.

NEW HIRES: Start at step **3** of this procedure.

Procedure:

1. Click the My Account icon.
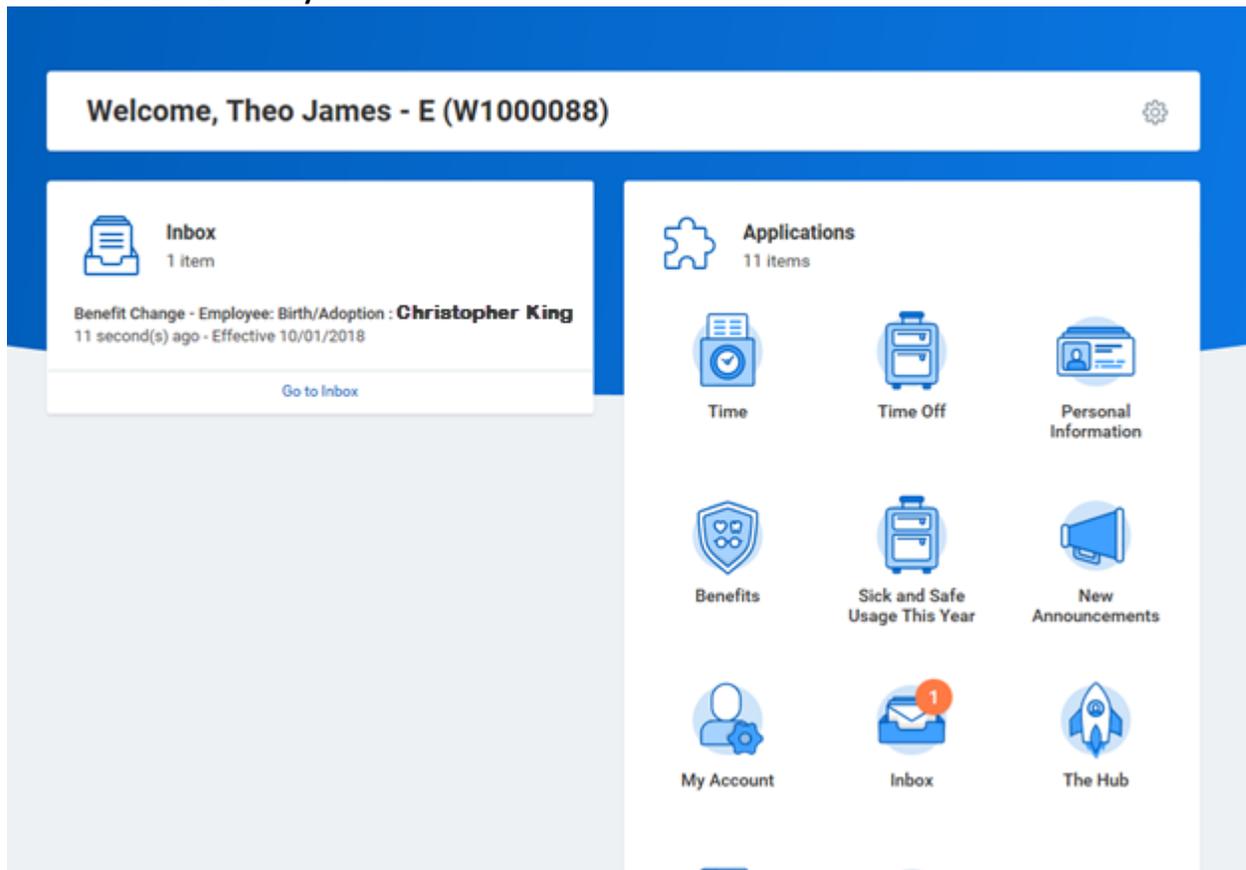
Search Results - Workday

2. Select the Inbox [Inbox] hyperlink.

Shortcut: You can also access your Inbox by clicking the **Inbox** [Inbox] worklet from your home page.

Worker - Workday

Change Benefits Elections

3. You are now on the **Health Care Elections** page of Change Benefit Elections. Scroll down if necessary to view all items.

12/17/2017

Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	○ Elect ○ Waive	Jillian Columbus	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	○ Elect ● Waive			
Medical - Kaiser IHM	○ Elect ● Waive			
Medical - UnitedHealthcare EPO (Employee)	○ Elect ● Waive			
Medical - UnitedHealthcare PPO (Employee)	○ Elect ● Waive			

Continue

Continue   Save for Later   Cancel

4. Make your elections on this screen. Note that benefits plans are automatically waived if you are not currently enrolled in the plan.

- Select **Elect** to enroll in Medical.
- Select **Elect** to enroll in Prescription drug coverage.
- Select **Elect** to enroll in Dental coverage.

Note that the system will only allow you to elect one of the medical and one dental plan.

Note: Leave election set to Waive for coverage in which you do not wish to enroll.

- For instructions on how to enroll a new dependent, or one who is not available to be selected from the list, refer to the **Add a Dependent During an Enrollment Event** section of this job aid.

The coverage level will update based on the dependents selected.

5. Click the **Continue** [Continue] button to go to the next screen.
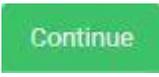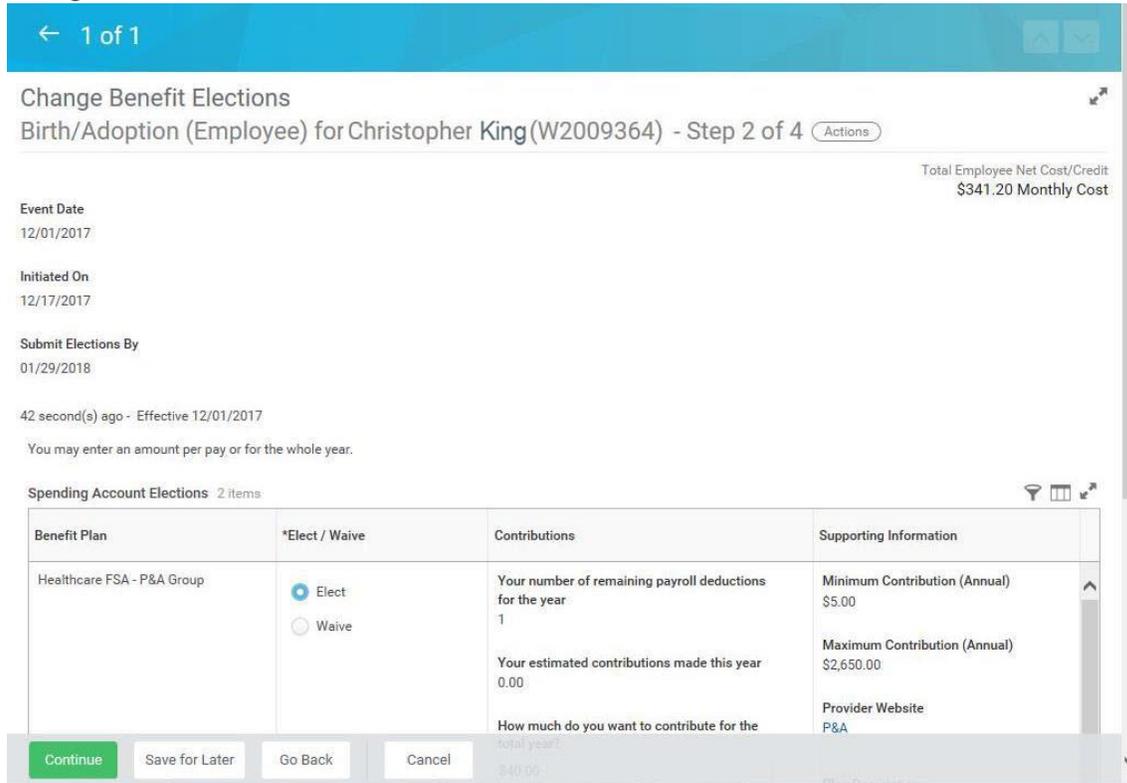
Change Benefits Elections

6. You are now on the **Spending Account Elections** page of Change Benefit Elections. Scroll down if necessary to view all items.

    Note: Contractual and Temporary employees will not have the **Spending Account Elections** page. They will go directly to the **Insurance Elections** page.

Submit Elections By
01/29/2018

42 second(s) ago - Effective 12/01/2017

You may enter an amount per pay or for the whole year.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group	● Elect ○ Waive	Your number of remaining payroll deductions for the year 1 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 840.00 How much do you want to contribute per paycheck (Semi-monthly)? 35.00 Your contribution (Monthly) $70.00	Minimum Contribution (Annual) $120.00 Maximum Contribution (Annual) $2,650.00 Provider Website P&A Plan Description P&A
Dependent Care FSA - P&A Group	○ Elect ● Waive	Your number of remaining payroll deductions for the year 1	Minimum Contribution (Annual) $120.00 Maximum Contribution (Annual)

Continue	Save for Later	Go Back	Cancel

7. On this screen:

- To enroll in the Healthcare FSA, select **Elect.**

- To enroll in the Dependent Care FSA, select **Elect**.

    You will have to enter the amount that you want to contribute for the whole year or per paycheck for both Healthcare FSA and Dependent Care FSA. The system will calculate the monthly deduction amount.

    The minimum and maximum contribution amounts are listed on the screen.

    .

8. Click the **Continue** [Continue] button to go to the next screen.

Change Benefits Elections

9. You are now on the **Insurance Elections** page of Change Benefit Elections. Scroll down if necessary to view all items.

> **Insurance Plan Dependencies and Coverage Limitations**

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Plan Description
Life Ins - Guaranteed - MetLife (Employee)	○ Elect ● Waive						https://www.metlife.com/stateofn
Life Ins - Supplemental - MetLife (Employee)	○ Elect ● Waive						https://www.metlife.com/stateofn
Spouse Life - MetLife (Spouse)	○ Elect ● Waive						https://www.metlife.com/stateofn
Child Life - MetLife (Dependent)	○ Elect ● Waive						https://www.metlife.com/stateofn
AD&D - MetLife (Employee)	○ Elect						https://www.metlife.com/stateofn

10. On this screen:

- To enroll in Term Life insurance select **Elect**.

    ℹ️ You can select up to $50,000 of term life insurance under the Life Ins – Guaranteed – MetLife (Employee). **Ensure that you select the value of the life insurance that you want to choose FROM THE COVERAGE LEVEL LIST. Do not type it in manually. (To see the values, click in the Coverage Level field).**

- If you want to enroll in more than $50,000 of term life insurance, select **Elect** Life Ins – Supplemental – MetLife (Employee).

    ℹ️ DO NOT select an amount in this field unless you have entered $50,000 in the term life insurance guaranteed election. Any life insurance above $50,000 will be a post-tax deduction from your paycheck which means you WILL have to pay taxes on the amount deducted.

Evidence of insurability is required for amounts over $50,000.

(i) You need to add the Guaranteed and Supplemental insurance together to get the total amount elected.

- To enroll in Spouse Life select **Elect** and select dependent(s) covered.

(i) In order to be eligible for Spouse Term Life insurance you must be enrolled in Term Life insurance. The amount for Spouse Term life insurance cannot be more than half of the amount that you have selected for Guaranteed and Supplemental insurance combined.

- To enroll in Child Life select **Elect** and select dependent(s) covered.

(i) In order to be eligible for Child Life insurance, you must be enrolled in Life insurance. The amount for Child life insurance cannot be more than half of the amount that you have selected for Guaranteed and Supplemental insurance combined.

Note that if you elect life insurance to any amount above the guaranteed amount (or any amount already above that amount), you will not see the new amount until Securian approves the additional life insurance.

- To enroll in AD&D Insurance select **Elect**. Select either **Employee** or **Employee + Family** and select the amount from the list. Select dependents covered if **Employee + Family** is selected.

11. Click the **Continue** [Continue] button to go to the next screen.

Change Benefit Elections

Benefit Elections Review for Birth/Adoption (Employee) - Step 4 of 4 (Actions)

Total Employee Net Cost/Credit
$341.20 Monthly Cost

Details

Your Benefit Elections will not take effect unless you provide an electronic signature by marking the I Agree box and hit the SUBMIT button.

Review your elections for accuracy. If you need to change any elections, click the BACK button to go back to the screens on which you wish to make changes.

Elected Coverages 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	E
Medical - CareFirst BCBS EPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		$142.86	
Prescription - Drug RX (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		$83.12	
Dental - United Concordia DPPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		$23.27	
Healthcare FSA - P&A Group	01/01/2017	01/01/2017	$840.00 Annual				$70.00	
Life Ins - Guaranteed - MetLife (Employee)	01/01/2017	01/01/2017	$50,000	$50,000.00			$2.70	
Life Ins - Supplemental - MetLife	01/01/2017	01/01/2017	$100,000	$100,000.00			$5.40	
	17		$75,000	$75,000.00	Jillian		$6.25	

Submit   Save for Later   Go Back   Cancel

12. On the **Benefit Elections Review** page, review your benefit elections and the total monthly cost for your benefit elections.

(Employee)							
Life Ins - Supplemental - MetLife (Employee)	01/01/2017	01/01/2017	$100,000	$100,000.00			$5.40
Spouse Life - MetLife (Spouse)	01/01/2017	01/01/2017	$75,000	$75,000.00	Jillian Langley		$8.25
AD&D - MetLife (Employee + Family)	01/01/2017	01/01/2017	$200,000	$200,000.00	Jillian Langley		$5.60
						Total:	$341.20

> Waived Coverages

Attachments

Drop files here

or

Select files

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 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.

Submit   Save for Later   Go Back   Cancel

13. **New Hires Only**: Attach any documents for new dependents.

If you are selecting **Employee Only** coverage for new hire election, no documentation is needed.

14. Scroll down if necessary to view all items.

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 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 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 during this Open Enrollment period.

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.

You are entitled to request a paper form for submission of your enrollment elections. By filing this form electronically 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 Agree ☐

☁	enter your comment

| Submit | Go Back | Cancel |

---

15. Check the "I Agree" ☐ checkbox to certify the benefit elections benefit elections you have chosen.

16. Click the **Submit** [Submit] button to submit your benefit elections.

← 1 of 1

Submit Elections Confirmation
Birth/Adoption (Employee) for Christopher King (W2009364) (Actions)

Total Employee Cost/Credit
$341.20 Monthly Cost

Initiated On
12/17/2017

Submit Elections By
01/29/2018

Event Date
12/01/2017

42 second(s) ago - Effective 12/01/2017

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

You may print this form for your records. If you do not print it now, you can view your elections at any time, but cannot print this form at a later date.

Elected Coverages 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	E
Medical - CareFirst BCBS EPO (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian Columbus		$142.86	∧
Prescription - Drug RX (Employee)	01/01/2017	01/01/2017	Employee + Spouse		Jillian		$83.12	

Print	Done

17. The benefit elections have been submitted. Select the **Print** Print button from this screen if you want to print the Confirmation Summary Statement, otherwise you will not be able to go back and print until after review by Employee Benefits Division is complete. Click the **Done** Done button to finish.

(i) Note that the benefit elections that you have submitted have to be approved by Employee Benefits Division before they will be in effect. Once approved, you will be able to view the benefits. Refer to the **View Benefit Elections as of Date** section of this job aid for instructions on how to view the benefit elections.

18. The System Task is complete.

Add a Dependent During an Enrollment Event

Use this procedure to add a dependent for benefits. 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 of 1 - Workday

1. On the **Health Care Elections** page of Change Benefits Elections, select the item(s) to elect under health care elections.

1 of 1 - Workday

12/17/2017

Submit Elections By

01/29/2018

42 second(s) ago - Effective 12/01/2017

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Em
Medical - CareFirst BCBS EPO (Employee)	● Elect ○ Waive	Jillian King	Employee + Spouse	
Medical - CareFirst BCBS PPO (Employee)	○ Elect ● Waive			
Medical - Kaiser IHM	○ Elect ● Waive			
Medical - UnitedHealthcare EPO (Employee)	○ Elect ● Waive			
Medical - UnitedHealthcare PPO (Employee)	○ Elect ● Waive			

Continue
Continue Save for Later Cancel

2. Use the prompt ☰ in the **Enroll Dependents** field to enroll dependents for benefits.

ⓘ If you are not enrolling in medical coverage, follow the steps for the coverage type for which you want to enroll the dependent.

1 of 1 - Workday

Event Date
01/01/2018

Initiated On
06/29/2017

Submit Elections By
11/15/2017

11 day(s) ago - Effective 01/01/2018

Health Care Elections 4 items

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Medical - CareFirst BCBS EPO SLEOLA	● Elect ○ Waive	☰	Employee
			Existing Dependents >	
			Add My Dependent From Enrollment	
	Medical - CareFirst BCBS POS SLEOLA	○ Elect ● Waive		
	Medical - CareFirst BCBS PPO SLEOLA	○ Elect ● Waive		
	Prescription - : RX SLEOLA Employee	○ Elect ● Waive		

Continue   Save for Later   Cancel

3. To add a new dependent, select the **Add My Dependent From Enrollment** Add My Dependent From Enrollment menu item.

ℹ️ If you already have an existing dependent, the dependent can be selected using the **Existing Dependents** menu item. **YOU SHOULD CHECK TO SEE IF THE DEPENDENT ALREADY EXISTS BEFORE ADDING A NEW DEPENDENT.**

Add My Dependent From Enrollment - Workday

4. **For SPMS employees only**: Select the **Yes** radio button under the **Is your new dependent already a beneficiary or emergency contact?** question and check to see if the dependent you are adding is already listed as an Emergency Contact. If so, choose from the list. If the new dependent is not an emergency contact, select the **No** radio button.
CPBI and Benefits Only employees: Select **No** for this question.

5. **Important System Note:** Answer **No** to the "Use your new dependent as a beneficiary" question.

   Information: Life insurance beneficiaries are not managed in SPS. Beneficiaries are managed directly by the life insurance vendor. See the Beneficiary Designation form on the DBM Health Benefits website under Term Life and AD&D to designate beneficiaries for your life insurance.

6. Click the **OK** [OK] button.

Add My Dependent From Enrollment - Workday

7. On this screen, complete the following fields:

- Enter the first name of the dependent you are adding in the **First Name** field.

- Enter the middle name of the dependent you are adding in the **Middle Name** field

- Enter the last name of the dependent you are adding in the **Last Name** field.

- 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.

8. Scroll down to continue.

Add My Dependent From Enrollment - Workday

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

Additional Nationalities [☰]

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

[Add]

Address

Use Existing Address	[☰]
Country ✱	[✕ United States of America ☰]
Address Line 1 ✱	[ ]
Address Line 2	[ ]
City ✱	[ ]
State ✱	[☰]
Postal Code ✱	[ ]
County	[ ]

Phone & Email

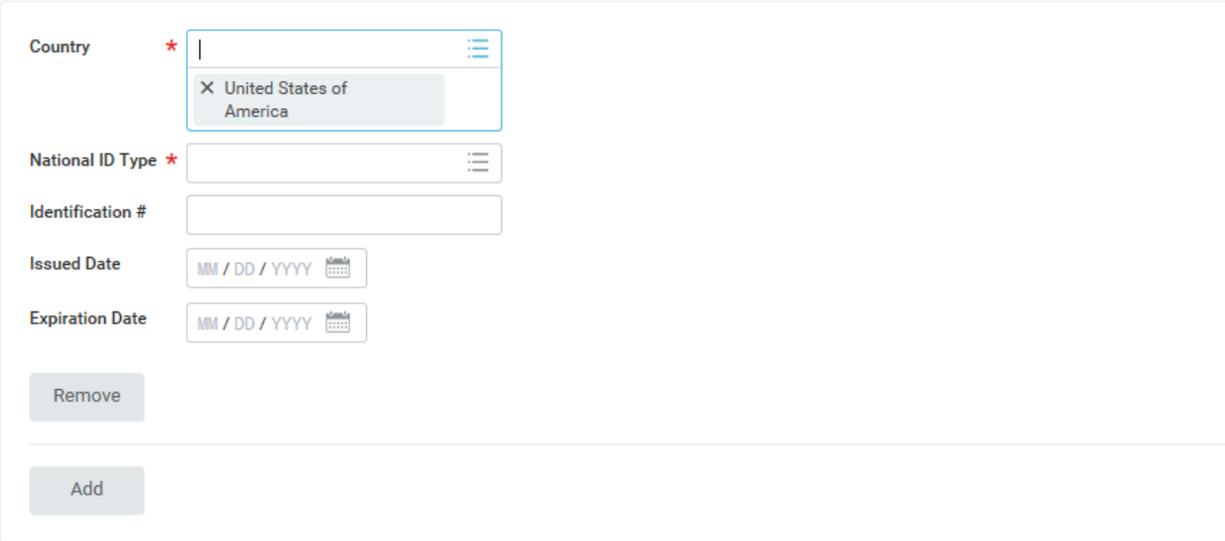|	
Use Existing Phone	[✕ +1 (240-486-1112 for Aaron King ☰]
Country Phone Code	United States of America (+1)
Area Code	240
Phone Number	362-7704
Phone Extension	
Email Address	[ ]

[OK] [Cancel]

9. In the National IDs section, click the **Add** [Add] button.
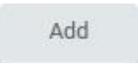
National IDs

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]

to

10. 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.

  ⓘ Note that if you do not enter the Social Security Number or Tax Identification
  Number at this point, you will be prompted later to enter a reason for not entering it (e.g.,
  birth of a child who does not yet

  have a Social Security Number).

11. In the **Address** section, click the **Add** [Add] button to enter the address for the dependent.
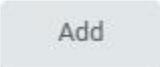
ℹ️ The **Use Existing Address** prompt can be used to select the address associated with the employee.

- 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.

12. Click the **OK** [OK] button.

ℹ️ You have successfully added the dependent. When you complete subsequent elections, you will not have to add the dependent again. The dependent will be listed in the Existing Dependents menu item of the **Enroll Dependents** field.

13. The System Task is complete.

View Benefit Elections as of Date

Your current benefit elections will display using the View Benefit Elections button. If you want to view future-effective elections or your benefit election history as of a certain date use the View Benefits Elections as of Date button.
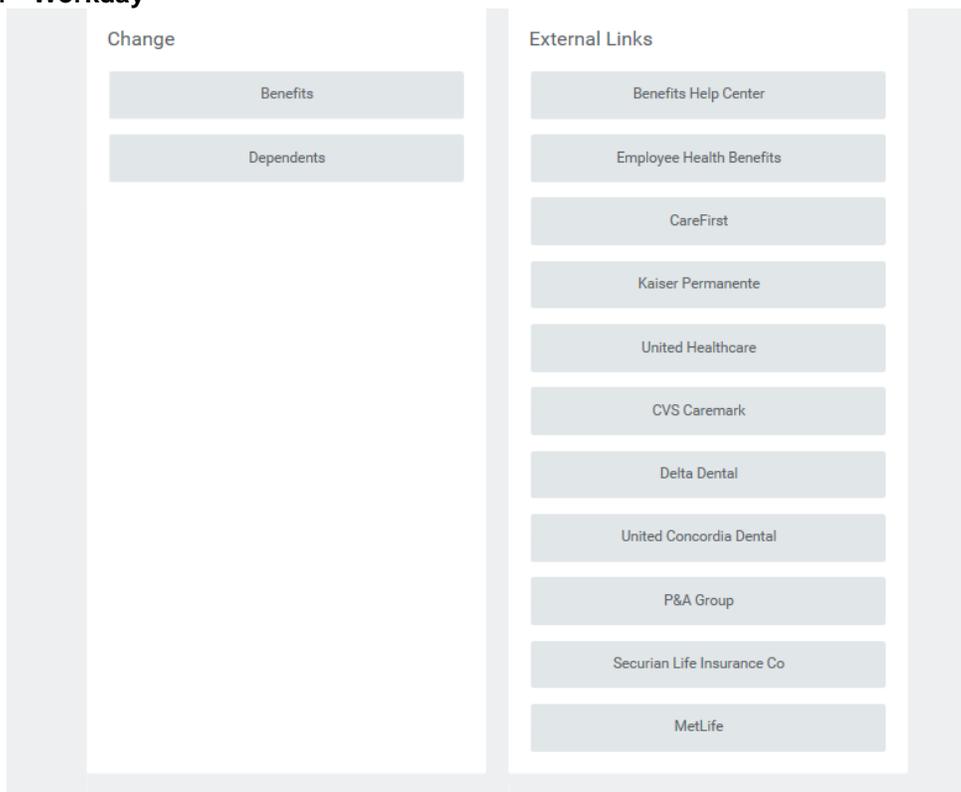
Procedure:

1. From the home page, click the Benefits **Benefits** worklet.

    Worker - Workday

Change	External Links
Benefits	Benefits Help Center
Dependents	Employee Health Benefits
	CareFirst
	Kaiser Permanente
	United Healthcare
	CVS Caremark
	Delta Dental
	United Concordia Dental
	P&A Group
	Securian Life Insurance Co
	MetLife

2. Scroll down to the "View" section.

3. Click the **Benefit Elections as of Date** Benefit Elections as of Date button.
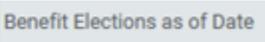
Benefit Election History - Workday

4. Enter the date for which you want to view your benefit elections.

You have to select an appropriate date otherwise you won't see the change in benefits.

Example: If you are a New Hire you would enter the 1st of the month on or after your Hire Date (the day the benefits would take effect).
i.e. **Hire Date = 3/1/18   View as of 3/1/18**
    Hire Date = 4/2/18   View as of 5/1/18

5. Click the OK button.

← Benefit Elections as of Date Diana Prince (W1234521) (Actions)

View As Of 01/01/2018

Current Benefit Elections and Costs 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)
Medical - CareFirst BCBS PPO (Employee)	01/01/2017	01/01/2017	Employee + Family		Barry Prince Mary Prince		$254.
Prescription - Drug - (Employee)	01/01/2017	01/01/2017	Employee + Family		Barry Prince Mary Prince		$90.
Dental - United Concordia DPPO (Employee)	01/01/2017	01/01/2017	Employee + Family		Barry Prince Mary Prince		$43.
Healthcare FSA - P&A Group	01/01/2018	01/01/2018	$2,600.00 Annual				$226.
Life Ins - Guaranteed - MetLife (Employee)	01/01/2017	01/01/2017	$50,000	$50,000.00			$4.

6. View your benefit elections as of a certain date.

   Note: You can use the printer icon {insert icon} to print a copy of the elections.

7. The System Task is complete.