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 My Tasks box to complete initial benefit elections. The task will NOT BE in the ABC's My Tasks box.

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's name.

3. Click on **Job** of the employee profile and look for the **Worker History tab.**
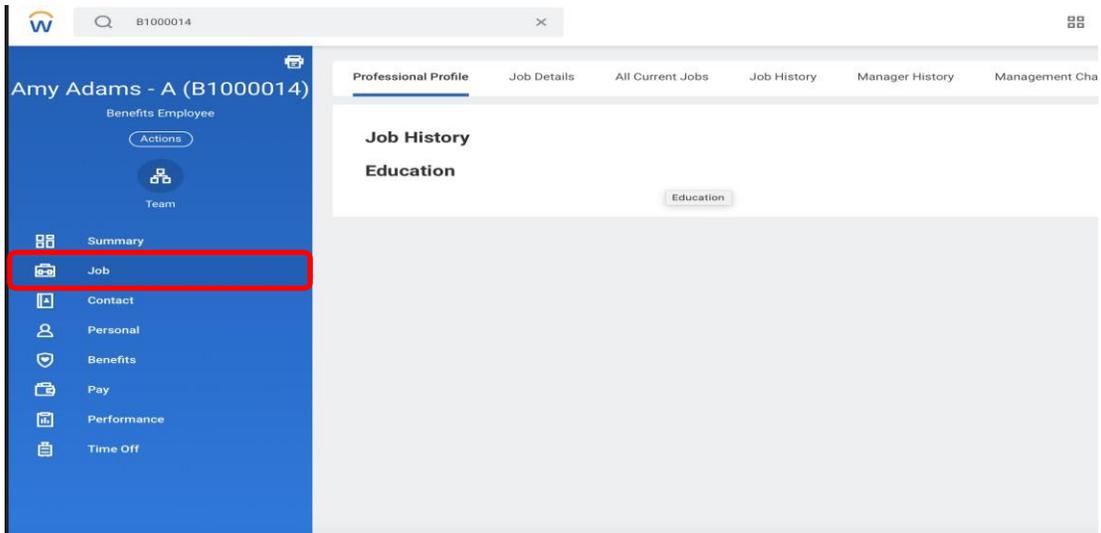
4. **You may have to click More to find the Worker History tab** depending on the size of your computer screen.

5. Find the **Benefit Change: New Hire (or Benefit Change: Job Change)** Event in the Worker History for the employee.

Business Process	Effective Date	Initiated On	Due Date	Completed On	Status	Assigned To
Benefit Change - New Hire (Manual) : Amy Adams - A (B1000014) on 07/22/2020	07/22/2020	08/03/2020 03:09:30 PM			In Progress	Amy Adams - A (B1000014)

Worker History 10 items

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.

Worker History 12 items

Business Process

Dependent Event: Amy Adams - A (B Benefits Employee on 09/18/2020

Personal Information Change: Amy A (B1000014)

ID Change: Amy Adams - A (B10000

Benefit Change - Employee: Birth/Ad Adams - A (B1000014) on 07/31/20

Benefit Change - New Hire (Manual) A (B1000014) on 07/22/2020 ...

Actions

Audits >
Benefits >
Business Process >
Favorite >
Integration IDs >
Reporting >

View Benefit Elections Internals
Cancel Enrollment
Enroll in Benefits
Hold Event

Action Event
Benefit Change - New Hire (Manual)

:t: Amy Adams - A (B10

Initiated On   09/18/2020 02:47:22 PM

Effective Date   07/22/2020

7. Click on the **Let's Get Started button** to proceed to the next page to enroll the employee in benefits.

Change Benefit Elections

Initiated On   08/03/2020

Submit Elections By   09/19/2020

Let's Get Started

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 displays 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**.

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.**

Add Dependent   Tom Hardy - B (B1000032)   ...

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 and notarized.

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:
    - 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

Required Documentation (Step-child):

- Copy of child's official state birth certificate with name of spouse of employee/retiree as child's parent
- Copy of employee/retiree's official state marriage certificate

OK   Cancel

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.**

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

National IDs 0 items					
⊕		*Country	*National ID Type	Current ID	Add/Edit ID	Issu
			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.

← 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 + Spouse

Plan cost (Monthly) $142.86

[Add New Dependent]

∨ Health Care Instruction

Provider Website   www.carefirst.com/state

General Instructions

General Instructions:

- To enroll in a plan, select the "Elect" bu
- To enroll a dependent(s), click in the En list.
- After selecting "Add Dependent" you w type. On the last page of this enrollme certificate, etc.) for each dependent yo not received.
- You only need to setup a new depende dependent for other coverages by sele

1 item

Select	Dependent	Relationship	Date of Birth
☑	Darren LeGallo	Spouse	07/02/1974

[Save]   [Cancel]

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.

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

✓ Your Medical changes have been updated, but not submitted   ✕
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Projected Total Cost (Monthly) $142.86

Health Care and Accounts

Medical	Prescription	Dental
CareFirst BCBS EPO (Employee)	Waived	Waived
Cost (Monthly) $142.86		
Coverage Employee + Spouse		
Dependents 1		
Manage	Enroll	Enroll

Healthcare FSA	Dependent Care FSA
Waived	Waived
Enroll	Enroll

Insurance

Life Ins - Guaranteed	Life Ins - Supplemental	Spouse Life
Waived	Waived	Waived

[Review and Sign]   [Save for Later]

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
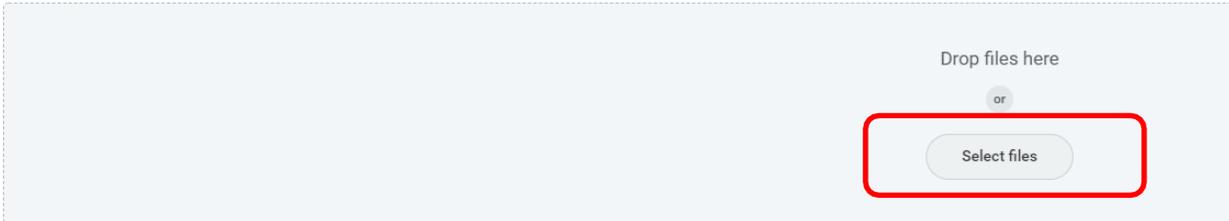
21. Scroll down to the **Electronic Signature section**. If everything is correct check the **I Accept button** at the bottom of the page and click the **Submit button**.

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 e

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.