INSTRUCTIONS: REMOVING A DEPENDENT(S)- DEPENDENT ELIGIBILITY AMNESTY PERIOD

This process is to be used only if you are currently covering a dependent who no longer meets the definition of an eligible dependent and needs to be removed from your benefits. Eligible dependents are defined on page 3 of the <u>HCPSS Employee Benefits Enrollment Guide.</u>

- From your Workday profile select the Benefits application.
- You will see the screen below. Click **Benefits** located in the box titled **Change**.

	W County	Q Search		Ę	. <mark>3</mark> _1
← Ben	efits				
		Change Benefits	External Links HCPSS Benefits Helpdes	k	
			HCPSS Employee Benefits Infor	mauon	
		View	Current Cost		
		Benefit Elections	234.50		
		Benefit Elections as of Date			

• When the **Change Benefits** screen appears, select **Dependent Eligibility – Amnesty Period** from the **Change Reason** drop down list.

	W Howard County	Q Search	¢° 🔮
Change	Benefits		
Change Rease	 select one Adoption of Child Birth Change Beneficiaries Critical Illness & Whole Death of Dependent Dependent Eligibility - / Divorce / Legal Separat Gains Other Coverage F 	Life Amnesty Period ion temoving	 Instructions Important Note: In order to proceed with the following Life Change Events, supporting documentation must be uploaded. Please note you only have 30 days to complete the enrollment due to the Life Change Event. Birth Adoption of Child Death of Dependent Gains Coverage Loss of Coverage Marriage Divorce
Submit	Employee / Dependent(s)	

- Enter the current date as the **Benefit Event Date.**
- Click **Submit** in the bottom left corner of the screen.
- Please note, there are no required attachments. No files or documents need to be submitted in this process.

Change Benefits	
Change Reason * Dependent Eligibility – Amnesty Period *	✓ Instructions
Benefit Event Date * 03/13/2023 🛱	Important Note: In order to proceed with the following Life Change Events, supporting documentation mus be uploaded. Please note you only have 30 days to complete the enrollment due to the Life Change Event.
Submit Elections By 03/24/2023	Birth
Benefits Offered Dental Medical Vision	Adoption of Child Death of Dependent Gains Coverage Loss of Coverage Marriage Divorce
Attachments	403b and/or 457b New Enrollment Elections: (RETIREES NOT ELIGIBLE) In order to proceed enrolling in 403b and/or 457b plans, please upload a document as pro
Drop files here	that your account has been opened with the provider before salary deterrais can commen
Submit Save for Later Cancel	

- Open the Change Benefits Election task, and click Let's Get Started.
- The Dependent Eligibility Amnesty Period screen will open, and medical, dental, and or vision benefits tabs will be visible, based on whether you have enrolled dependents in those benefits.
 (Please note: if you do not have enrolled dependents in your medical, dental, and or vision benefits, then those tabs will not appear in this step and you do not need to take any further action).
- Click Manage under the first benefit listed.

ected Total Cost (20 Pay Periods) Projected Total C .99 \$21.00	redits		
Health Care			
Medical Aetna PPO Open Choice (Prescription Coverage Included Through CVS CareMark)	Dental Cigna PPO		
Cost (20 Pay \$150.49 Periods)	Cost (20 Pay Periods)	\$53.36	
Coverage Employee + Spouse	Coverage	Employee + Spouse	
Dependents			
Manage	Mar	lage	

- The next screen will be titled **Plans Available.** You do not have the option to change plans through this process, therefore this section will be grayed out. Simply click **Confirm and Continue**.
- The next screen will be titled **Dependents**. All of the dependets you are currently covering will be listed here. **Uncheck the box for any dependents who no longer meet the eligibility criteria.**

Depend	ents			Y Health Ca	are Instructions
Add a new o	lependent or select an existing	dependent from the list below.		Plan Description	Aetna
Coverage	* × E	mployee + Spouse	:=	Provider Website	Aetna
Plan cost (20 Pay Periods) \$150.4	19			
1 item			≣ ⊡ ∟	1	
Select	Dependent	Relationship	Date of Birth		
	John Smith	Spouse	01/01/1970		

- After you have deselected any ineligible dependents, you must also adjust the **Coverage** level.
- For example, in this scenario we have removed a former spouse. Coverage must be changed from **Employee + Spouse**, to **Employee** only coverage.
- Click Save.

Projected \$130.14	Total Cost (20 Pay Periods)	Projected Total Credits \$21.00			
Depend	lents			✓ Health Ca	are Instructions
Add a new	dependent or select an existing deper	ndent from the list below.		Plan Description	Aetna
Coverage	* × Employ	yee	:=	Provider Website	Aetna
Plan cost ((20 Pay Periods) \$68.64				
1 item			≣⊡ ."		
Select	Dependent	Relationship	Date of Birth		
Select	Dependent John Smith	Relationship	Date of Birth 01/01/1970		

- You must repeat this process for any other benefit in which your ineligible dependent is • enrolled.
- This includes medical, dental, and/or vision. •
- Once complete, click Review and Sign in the lower left corner. •

jected Total Cost (20 Pay Per 5.85	ods) Projected Total Cred \$21.00	its	
Health Care			
REVIEWED Medical Actna PPO Ope Coverage Inclu CareMark) Cost (20 Pay Periods) Coverage	n Choice (Prescription ded Through CVS \$68.64 Employee	REVIEWED Dental Cigna PPO Cost (20 Pay Periods) Coverage	\$23.14 Employee
Man	age	Manage	

- Be sure to check the box that states: I Accept. •
- Click Submit. •
- Removed dependents will terminate from the plan as of 3/31/2023. An offer of COBRA • coverage will be mailed to them.

Electronic Signature

LEGAL NOTICE: Please Read

Your Name and Password are considered your "Electronic Signature" and 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 have reviewed your elections and understand that your benefit elections are legal and binding transactions for the benefit plan year.
- 2. You understand that you are able to make changes to your current elections within 30 days of a qualifying event. 3. You understand that you have 30 days from becoming benefits eligible to enroll in benefits. Any missed benefit premiums will be accounted for in a future pay.
- 4. You understand that new-hires are eligible to enroll in benefits within 30 days from their Company Service Date.
- Return from leave employees are eligible to enroll in benefits within 30 days from their return from leave date.
 Employees who become newly eligible for benefits have 30 days from their benefits eligibility date to enroll in benefits.
- b. Employees who become newly eligible for benefits have 30 days from their benefits eligible, your benefits enclosing date to enroll in benefits.
 You understand that if you do not enroll within 30 days of becoming benefits eligible, your benefits are considered waived and you will have to wait until the next annual open enrollment period to enroll, unless you have a qualifying event.
 If applicable, you understand that if you do not enrolled in your elected plans are subject to the dependent eligibility audit.
 You understand that if benefits are contingent upon your enrollment and acceptance by the Benefits Office Representatives and by your benefit providers, if applicable.
 You understand that the beneficit view of the you have listed for your Basic Life / AD&D coverage will be the same for your Supplemental Life insurance if you elected it.

