ADD DEPENDENT

From the **Benefits** worklet:

1. Click **Dependents** under Change.

2. Click **Add** to add Dependents.

3. Click the **pencil icon** to edit. Enter the following required Dependent information and then click **Submit**.

   a. Under Effective Date & Reason, click on the pencil icon to select the **Effective Date** and then using the Prompt, select the **Reason** for the Dependent Event.

   b. If you wish to use your new Dependent as a Beneficiary, then select the checkbox **Use as Beneficiary**

   c. Under Dependent Personal Information, click the pencil icon to:

      i. Enter the Dependent **Legal Name.**

      ii. Enter **Gender.**

      iii. Select the **Date of Birth.**

      iv. Select **Citizenship Status**

      v. Select the **Relationship** of the Dependent to the Employee

   d. Under Contact Information, update the **Primary Address** if different from yours.

   e. Under Identifier Information, update **National or Government IDs**

   f. Click the **Select Files** button to upload the appropriate Dependent Verification documentation. Enter a description for the attachment explaining what the document is and using the prompt, select **Benefits** as the document category.

   g. If you have multiple dependent verification documents to attach for this dependent, click the **Upload** button to attach additional files.

> Refer to **page 3** of this document for a list of required Dependent Verification Documents.

4. Click **Done** to complete the task. A message will appear that states **You have Submitted, Up Next: Benefits Analyst.** The transaction is now awaiting approval from Human Resources. You must wait until HRM approves the dependent event before continuing to the next step.

5. Once HRM has approved the Dependent Verification documents, you will be able to enroll your newly eligible dependent in benefits. Refer back to your inbox where you will have an awaiting Action item titled **"Change Benefits: Dependent Event."**

   a. Click the **Change Benefits** button to begin this process. Refer to the Change Benefits job aid for assistance with this process.

   b. Click the **Submit** button if you do not wish to enroll your dependent in benefits.

EDIT DEPENDENT

From the **Benefits** worklet:

1. Click **Dependents** under Change.
2. Click **Edit** next to the dependent whose information you wish to update.
3. Click the **Pencil icon** next to the field(s) you wish you update. Click **Submit** when you are finished.

DEPENDENT VERIFICATION DOCUMENTS

If your dependent verification documents are in a language other than English, you must have them translated by a 3rd party. Please submit a copy of the original documents along with a copy of the translated documents.

DEPENDENT	VERIFICATION DOCUMENTS
Spouse	▪ Marriage license indicating date and place of marriage
Child Under 26	**One of the following:** ▪ Existing Child - Birth Certificate ▪ Newborn - Birth Letter from hospital showing the employee as the parent ▪ Adoption - Adoption decree naming employee as the adoptive parent ▪ Step-child - Marriage license and child's birth certificate ▪ Legal Custody - Signed legal judgement granting the employee legal custody

> 💡 You have **30 days** from the date of the event to make the changes. After 30 days, you will need to wait until Open Enrollment to make changes.

QUALIFYING LIFE EVENTS

You must have a qualifying life event (QLE) in order to add or remove a dependent from insurance coverage outside of annual enrollment.

▪ To **add a dependent** based on an event below, you will need to attach 2 documents in one file: 1) Dependent Verification document as listed above and 2) QLE document listed below that corresponds to your specific event.

▪ To **remove a dependent**, attach the QLE document listed below that corresponds to your specific event.

EVENT	QUALIFYING LIFE EVENT DOCUMENTS
Birth, Adoption, Marriage, Legal Custody (add)	See the Dependent Verification section of this document above
Death of Covered Dependent (remove)	Copy of certified death certificate or other official document
Divorce (remove)	Copy of official divorce, annulment or legal separation decree
Gain of other group coverage, Medicaid, or LA Chip (remove)	Proof of other coverage that includes effective date of coverage and names of covered persons *(For example, a letter from employer or insurance company that coverage is through, or an official state document regarding Medicaid/LA Chip coverage)*
Loss of other group coverage, Medicaid, or LA Chip (add)	Proof of loss of other coverage that includes coverage termination date and names of persons losing coverage. *(For example, a letter from employer or insurance company that coverage was through, or an official state document regarding Medicaid/LA Chip coverage)*
Marriage – Gain of coverage on new spouse's plan (remove)	Copy of certified marriage certificate AND proof of active enrollment on spouse's plan on company letterhead; must show coverage effective dates of each dependent