

How to Create a Life Event Overview

The purpose of this Job Aid is to walk through the different life events that an employee can submit through the Employee Self-Service portal (ESS).

Birth, adoption, marriage, and divorce are currently the only life events employees will be able to initiate changes for through ESS. The Agency BA reviews the documentation once received and reverses enrollment if the event is not supported. All other life events will need to be initiated by the Agency BA when the employee requests changes and provides documentation.

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ESS_How to Create a Life Event

Revision History

Revision Date	Summary of Changes
9/4/2024	Baseline

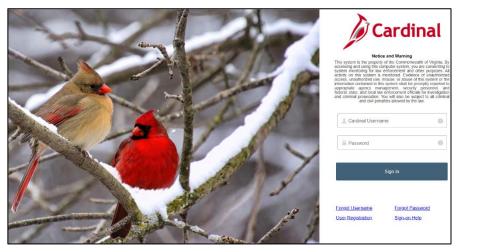


ESS How to Create a Life Event

Initiating ESS Life Events

Step	Action			
1.	Log into Cardinal (my.cardinal.virginia.gov).			
İ	For more information about Cardinal registration, see the Job Aid titled Cardinal Registration Quick Start Guide . This Job Aid is located on the Cardinal website in Job Aids under Learning.			
The Cardinal Homenage displays				

The Cardinal Homepage displays.



2.	Enter the Employee Username and Password in the Cardinal Username and Password field.
	L Cardinal Username
	Password
3.	Click the Sign In button.
	Sign In



Step	Actio	n							
The Portal Welcome page displays.									
			me!						
		Cardinal Applications		Cardinal Messages	_		? Holp		
		Human Capital Management (H	CM)	Begin Date Support Cardinal Wobsite VITA Customer Care Center Manage Your Account CAPP Manual		Message			
4.	Click	the Human	Capital Ma	nagement li	nk.				
	Huma	an Capital Ma	nagement (HC	CM)					
The Card i	inal Ho	omepage d	isplays.						
Ca	irdinal Homepag	je 🔻	Mens	Search in Menu		Q			
			Cardinal Me (Message(s) pr (Total active) ublished today)	Cardinal Portal	Cardinal Financials		P	
© ♥			Approvals	Benefits Administrator	Teem Time	Time			
			Payroll 	Personal Details	Benefit Details	Total Rewards			
			Job Summary						
i			ed on the Ca security sett		epage for ea	ach user will v	vary based	d upon indivi	dual



Step	Action				
5.	Click the Benefit	Details tile.			
	Benefit De	atails			
	& =	<u>1</u>			
	+ 1	4			
		16.2.8.F			
			·		
The Bene	fits Details page	displays with	the Benefits Summary tab o	displayed by default.	
	Eenefits Summary	Store & Warehouse Spec III	0		
	Life Events	Benefits Summary	A- 05 04/42/2024		
	Dependent/Beneficiary Info Benefits Enrollment		As Of 01/12/2021		
	Benefit Statements	Type of Benefit	Plan Description	Coverage or Participation	
	▲ Affordable Care Act ~	Medical	COVA HithAwr + Prev Den	Single	>
		Imputed Life	Imputed Life Insurance Income	Salary X 2	>
		Section 457		Waived	
6.	Click the Life Ev	ents tab on t	he left side of the page.		
	🙀 Life Events				
	Elle Events				
The Life I	E vents tab display	S.			
	Benefits Summary	Store & Warehouse Spec III	\odot		
	📫 Life Events	Life Events			—
	Dependent/Beneficiary Info		Events - also known as Life Events is that involve you as the Employee or your family members.		
	Benefits Enrollment	Review the choices an	nd select the appropriate Event. Then enter the date of your event.		
	Benefit Statements	For additional Life Eve DHRM website for add	ents, please contact your Benefits Administrator. State employees can go to ditional Life Events.	the Enrollment Form for Active Employees on the	
	Affordable Care Act	Employee			
		O I got married			
		◯ I adopted a child			
		O I got divorced			
			Start Life Event		
f			s Job Aid begin at the Life Ev is Job Aid based on the type o		
		Section of the	is Job Ald based on the type t		iue.



Birth Life Event

Step	Action					
The Life Events page displays.						
		Benefit Details				
1 в	enefits Summary					
(i) Li	ife Events	Life Events				
D	ependent/Beneficiary Info	Qualifying Mid-Year Events - also known as Life Events				
🗟 В	enefits Enrollment	There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event.				
😩 В	enefit Statements	For additional Life Events, please contact your Benefits Administrator. State employees can go to the Enrollment Form for Active Employees on the DHRM website for additional Life Events.				
		Employee				
		○ I got married				
		O I have a newborn				
		O Ladopted a child				
		O I got divorced				
		Start Life Event				
		a newborn				
The As (Of Calendar icon	displays.				
🚺 В	enefits Summary	Store & Warehouse Spec III				
÷ L	ife Events	Life Events				
🐷 D	ependent/Beneficiary Info	Qualifying Mid-Year Events - also known as Life Events				
👼 в	enefits Enrollment	There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event.				
😩 в	enefit Statements	For additional Life Events, please contact your Benefits Administrator. State employees can go to the Enrollment Form for Active Employees on the DHRM website for additional Life Events.				
<u></u> A	ffordable Care Act V	Employee I got married I have a newborn I adopted a child I got divorced 				
	*As Of *As Of Start Life Event The Life Event must be completed within 60 days of your qualifying event or you will not be eligible to change your Benefit elections.					



Step	Action				
2.	Select the child's date of birth using the As Of Calendar icon or by entering into the text field.				
	*As Of Start Life Event				
3.	Click the Start Life Event button. Start Life Event				
The Birt	h Event page displays.				
	K Exit Birth Event				
	Cancel Next >				
2	Welcome to the Birth Event © Complete Task: Welcome to the Birth Event				
اد	* Birth Date O Not Started This is a good time to consider how having a new dependent may affect your health care coverage, life insurance, tax withholdings and other important choices.				
لا	Acknowledgement O Not Started This guide will take you through all the steps necessary to ensure that your personal profile and benefits information is updated to reflect this event in your life.				
	Benefit Summary O Not Started				
4.	Read through the Welcome to the Birth Event information and then click the Next button.				
The Birt	h Date page displays.				
	Cancel Cancel Next >				
3	© Complete Birth Event Birth Date				
3	Birth Date A birth event may require a change to your benefit enrollment. You'll have an opportunity to have the system prepare your new benefit options during the Benefit Enrollment step. Once your new options are prepared, you may change your benefit enrollment.				
;	Acknowledgement O Not Started Date of Birth: 01/03/2021				
	Benefit Summary O Not Started				



Step	Action
5.	The Date of Birth field will default to the As Of date previously selected on the Birth Events page. Validate this is the child's accurate date of birth, and if required, update using the Date of Birth Calendar icon.
	Date of Birth: 01/03/2021
6.	Click the Submit button. Submit
The Subn	nit Confirmation page displays.
	Cancel Cancel Next >
	Welcome to the Birth Event Birth Date Submit Confirmation
	★ Birth Date ♥ Complete Image: Complete complete The Submit was successful.
	* Acknowledgement O Not Started Benefit Summary O Not Started
7.	Click the OK button.
The Birth	Date page redisplays.
	Cancel Cancel Next >
	* Welcome to the Birth Event Birth Date Birth Date
	Birth Date A birth event may require a change to your benefit enrollment. You'll have an opportunity to have the system prepare your new benefit options during the Benefit Enrollment step. Once your new options are prepared, you may change your benefit enrollment.
	* Acknowledgement O Not Started Date of Birth: 01/03/2021
8.	Click the Next button.



Step	Action		
The Ack	nowledgement page dis	splays.	
	-	Cance	A Previous Next Next
*	Welcome to the Birth Event © Complete	As a participant in the Local Choice Health Benefits Program for a I have reviewed and understand The Local Choice Health Benefits information and I agree to abide by all participation requirements.	
*	Birth Date Complete	Participants Covering Dependents As a participant covering dependents, I also certify that all depend requirements of the Program and that the information I have provid of my knowledge.	
*	Acknowledgement In Progress	 I understand that intentionally giving incorrect information is fullest extent of the law. I understand that the health plan and its business associates 	
	Benefit Summary O Not Started	Information in connection with the treatment, payment and h the Health Insurance Portability and Accountability Act.	
	Dependent/Beneficiary Info O Not Started	You may add the newborn as well as any eligible family member within 60 days or date will be retroactive to the date of birth (deductions will be collected for the entitive of the set of	
*	Benefit Enrollment O Not Started Required Documentation: Photocopy of birth certificate or legal adoptive agreement showing employee's name must be provided to your benefits administrator. (Note: If this a legal pre-adoptive agreement, it must be reviewed and approved by Office of Health Benefits).		
	Summary O Not Started	Mid-Year Life Event Policy	
		Save	
9.		Ith Plan Acknowledgement information ect the I Agree checkbox option.	(scroll up and/or down, as
	I Agree		
10.	Click the Save button.		
	Save		
11.	Click the Next button.		
	Next >		



Step	Action					
The Bene	The Benefit Summary page displays.					
		Cancel Cancel Next >				
	★ Welcome to the Birth Event	Task: Benefit Summary				
	Birth Date Complete	As Of 01/12/2021				
	Acknowledgement Complete	Type of Benefit Plan Description Coverage or Participation				
	Benefit Summary Visited	Medical COVA HIthAwr + Prev Den Single >				
	Dependent/Beneficiary Info	Imputed Life Imputed Life Insurance Income Salary X 2 >				
	O Not Started	Section 457 Waived				
The Depe	ndent/Beneficiary I	nfo page displays.				
		Cancel Cancel Next >				
🗶 We 📀 Cor	Icome to the Birth Event	Store & Warehouse Spec III				
★ Bin © Cor	th Date nplete	Task: Dependent/Beneficiary Info				
	knowledgement	Dependent and Beneficiary Information No data exists				
Cor Ber Visi	nefit Summary	Add Individual				
Der • Visi	pendent/Beneficiary Info					
13.	Click the Add Indiv Add Individual	idual button to submit the personal information for the child being added.				



Step	Action			
The Indiv	vidual Dependent/Beneficiary	Information page displa	ys.	
Can	el Individ	ual Dependent/Beneficiary Inform	nation	Save
Sele	ct Save after you have edited your Dependent/Beneficiar	's information. The changes will go into effect o	on Jan 8, 2021.	1
Nar				
	dd Name			
Per	onal Information			
	Date of Birth	iii		
14.	Click the Add Name button.			
	Add Name			
ine nam	e page displays in a pop-up wi			
	Cancel	Name	Done	
	Name Form	at English 🗸		
	Name Pref	ix 🗸		
	*First Nan			
	Middle Nan	le		
	*Last Nan	le		
	Name Suff	ix 🗸		
	Display Nan	le		
	Formal Nan			
	Nan	le		
15.	Enter the child's first and last	name in the correspondir	ıg fields.	
	"First Name			
	Middle Name			
	*Last Name			
ĺ	Optionally add the child's nar	ne prefix, middle name, o	r name suffix, as a	pplicable.



Step	Action
16.	Click the Done button.
	Done
The Indiv	idual Dependent/Beneficiary Information page returns.

	Cancel	Individual Dependent/Bene	ficiary Information		Save
	Select Save after you have edited your Dependent/	Beneficiary's information. The changes	will go into effect on Jan 8, 2021.		
	Name				
	Barrier Trans			>	
	Personal Information				
	Date of Birth				
	*Gender	~			
	*Relationship to Employee	~			
	*Marital Status	Single V	As of		
	*Student	No 🗸	As of		
	*Disabled	No 🗸	As of		
	*Smoker	Non Smoker 🗸	As of		
	Address				
	Address	Address Type	Same as mine		
	1901 Brandywine St Richmond, VA 23220	Home	Same as mine	>	
	National ID				
	No data exists				
	Add National ID				
17.	Within the Personal Infor Relationship to Employe Date of Birth *Gender		omplete the Date o	of Birth, Gene	der, and



Step	Action										
i	If the child has not received a National ID Number at the time of enrollment, skip to step 21 and update when the information becomes available.										
The Natio	The National ID page displays in a pop-up window.										
	Cancel National ID Done										
	*Country ~										
	*National ID Type										
	Primary Yes										
19.	Complete the Country, National ID Type, and National ID fields for the child.										
	*Country 🗸										
	*National ID Type										
	*National ID										
20.	Click the Done button.										
	Done										
The Indiv	idual Dependent/Beneficiary Information page returns.										
10	ational ID										
	Lountry National ID Type National ID Primary										
l	Jnited States Social Security Number										
P	hone										
-	No data exists										
	Add Phone										
21.	Click the Add Phone button.										
	Add Phone										



Step	Action									
The Phon	e Number pa	age displ	ays in a pop	o-up windo	w.					
		Cancel		Phone N	umber		Done			
			Same as mine	No						
			Туре		~	•				
			Number Extension							
			Preferred	Yes						
22.	Select "Yes'	' for the	Same as m	ine field.						
	Preferred		Yes)						
23.	Click the Do	ne butto	n.							
	Done									
The Indiv	idual Depend	dent/Ber	neficiary In	formation	page returns	6.				
F	hone									
-		xtension	Phone Ty	pe	Same as Mine		Preferred	I		
					~		~		>	
E	mail								_	
	No data exists Add Email									
									-	
24.	Click the Ad	d Email	button.							
	Add E	imail								



Ste	ep	Action							
The E	imai	I Address	page displays i	n a pop-up wi	indow.				
			Cancel	Ema	il Address		Done		
			*Em *Email A	ail Type		~			
					Delete				
25.					Type drop-do	wn menu and	d enter	the applica	able Email
26.		Click the I	Done button.						
The Ir	ndiv	idual Depe	ndent/Benefic	iary Informa	tion page retu	urns.			
	Cance	•	Indi	vidual Depende	nt/Beneficiary Ir	nformation			Save
	Select		ve edited your Dependen	t/Beneficiary's informat	tion. The changes will	go into effect on Jan 3,	2021.		>
	Pers	onal Informatior	I						
		*Rel	Date of Birth °Gender ationship to Employee	01/03/2021 Male Child	~				
27.		Click the S	Save button.						



Step	Action									
The Dependent/Beneficiary Info page returns.										
				Cancel	Previous	Next >				
	Welcome to the Birth Event Complete	Store & Warehouse Sp	ec III							
	Birth Date Complete		nt/Beneficiary Info							
	A - Im	Add Individual								
	Acknowledgement Complete	Name	Relationship	Beneficiary	Dependent					
	Benefit Summary Visited	france integration	Child	~	~	>				
	Dependent/Beneficiary Info	form from	Child	\checkmark	~	>				
•	Complete	Table Table	Child	~	~	>				
The Bene	efit Enrollment page	displays.		Cancel	< Previous	Next >				
	Welcome to the Birth Event	Task: Benefit E	nrollment							
	Birth Date Complete	Now we're ready to prepare your benefit options, based upon the Life Event information that you've entered. Your information will be analyzed to see if there is any impact to your eligibility for benefits, and determine whether changes to your existing enrollments are allowed. Select the 'Start My Enrollment' pushbutton to begin your benefit enrollment.								
	Acknowledgement Complete	Start My Enrolln	nent							
1	After an employee submits the personal information for their Dependent, the Benefits Administrator will contact the employee directly for any additional information or documentation needed to complete the Birth Event (i.e. Birth Certificate).									
29.	Click the Start My E	Inrollment butt	on.							
	Start My Enroll	ment								



Step	Action							
e Bene	fit Enrollme	ent page refre	eshes.					
					Car	ncel	Next >	
* We © Cor	come to the Adoption Event	Task: Benefit Enrollr	nent				A	
	option Date		plays which benefit options are	open for edits. All of your benefit changes will be effective th	ne date of the open enrollment ever	nt.	_	
© Cor	nplete	- Enrollment Summary					_	
* Acl © Cor	n owledgement nplete	Your Pay Period Cost \$8.50 Status Submitted 01/12/2021 11:19AM Full Cost \$8.50						
Ber Visi	nefit Summary ted		Enrollment Preview Staten	nent		Medical	_	
× Der © Cor	pendent/Beneficiary Info		Submit Enrollment					
	nefit Enrollment							
	rogress	Benefit Plans						
	nmary Started						_ _	
		Medical		Flex Spending Medical	Flex Spending Depe	endent Care		
		Current COVA H	thAwr + Prev Den thAwr + Prev Den	Current Waive New Waive	Current Waive New Waive			
		Status 🥝 Chang	ged	Status Pending Review	Status Pendin	g Review		
		- 0 bep	endenta					
		Pay Period Cost \$8,50)	Pay Period Cost \$0,00	Pay Period Cost \$0.0	0		
			Review	Revie		Revie	w	
	Pay Period Cost		Review s employee	es to change their medi	ical coverage	from "Sing	le" to ar	
e Medi	applicable o	coverage tha plays.	it includes a	i dependent.				
Cancel				Medical			Done	
	P 1 1 1						4	
sick or i	njured. Enrollment in thi	ote wellness as part of ti s benefit may require pro	neir benefits and are a pof of coverage.	vailable to protect you and your dependent		Resources		
	Il Your Dependents ents that the employee	has registered are listed	here. To add a new de	ependent, go to the Dependent/Beneficiary		COVA HealthAware Anthem		
	Dependents			Relationship		Tricare		
C				Child				
Add	Dependent							



Step	Action										
31.	Within the Enroll Your Dependents section, select the checkbox option for the child being added.										
	Dependents		Rel	ationship							
			Chi	d							
32.	Click the Add Deper										
	Add Dependent										
The Depe	ndent and Beneficia	ry Information	n page disp	lays.							
		Dependent	and Beneficiar	y Information			×				
Add	Individual										
Nam	e Relationsh	ip	Beneficiary		Dependent						
	Child		~		\checkmark		>				
33.	Click the X (Close) k		the page.	nformation		×	 1				
		Dependent	and Dementionary 1	in of mation		~					
The Medi	cal page returns with	the checkbox n	ext to the	newly enro	olled Depend	lent selecte	ed.				
Cancel			Medical				Done				
sick or in	r medical choices promote wellness as pa jured. Enrollment in this benefit may requ	art of their benefits and are av lire proof of coverage.	vailable to protect yo	u and your depende	ents if you become	COVA HealthAwa					
	II Your Dependents ents that the employee has registered are	listed here. To add a new de	pendent ao to the C	ependent/Beneficia	rv Information	Anthem					
Dopond	Dependents		Relationship		ing information.	Tricare					
			Child								
	Dependent										
	Dependent II in Your Plan										
The Em	ployee + Child(ren) cost shown for each p ents enrolled are not available to select. To										
	Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost						
Selec	t Waive				\$0.00						
~	COVA HithAwr + Prev Den	(1) \$29.00		\$614.50	\$29.00						
Selec	t COVA HIthAwr + Exp Den&Vis	(i) \$68.00		\$614.50	\$68.00						



ESS_How to Create a Life Event

Step	Action									
34.	Click the Do	Click the Done button in the upper right-hand corner of the page.								
	Done									
The upo	The updated Benefit Enrollment page returns.									
		Cancel Cancel Next								
	 Welcome to the Birth Event Complete 	Task: Benefit Enrollment								

* Birth Date © Complete	The Enrollment Overview displays which benefit options are Finoliment Summary	rollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.					
* Acknowledgement © Complete	Your Pay Period Cost \$29.00 Status Pending Review	Full Cost \$29. Employer Cost \$614					
Benefit Summary Visited	Enrollment Preview Statem	ent	Medical				
Dependent/Beneficiary Info Complete	Submit Enrollment			5			
Benefit Enrollment In Progress	Benefit Plans						
Summary Visited							
	Medical	Flex Spending Medical	Flex Spending Dependent Care				
	Current COVA HithAwr + Prev Den New COVA HithAwr + Prev Den Status Changed	Current Waive New Waive Status Pending Review	Current Waive New Waive Status Pending Review				
	A Dependents						

35.

Click the Submit Enrollment button.

Submit Enrollment

The **Benefits Alerts** page displays in a pop-up window.

		Done	Benefits Alerts	View
		Your bene	fit choices have been successfully submitted to t Department.	the Benefits
		Select Viev	v to review your Election Preview statement, Don the Benefits Enrollment Summary	ie to return to
36.	Click the De	one button		
	Done			



Step	Action										
The Ben	efit Enrollmen	t page returns.									
	Cancel Crevious Next >										
	Welcome to the Birth Event	Complete Test Defent Enforment									
	Birth Date 0 Complete	Enrollment Summary	e open for edits. All of your benefit changes will be effective th	e date of the open enrolment event.							
	Acknowledgement Complete	Your Pay Period Cost \$29.00 Status Submitted 01/12/2021 11:05	Full Cost \$29.0 Employer Cost \$614								
•	Benefit Summary Visited	Enrollment Preview Statem		Medical							
	Dependent/Beneficiary Info Complete	Submit Enrollment			4						
	Benefit Enrollment Ocmplete	Benefit Plans									
•	Summary Visited										
		Medical	Flex Spending Medical	Flex Spending Dependent Care							
		Current COVA HithAwr + Prev Den New COVA HithAwr + Prev Den Status Changed	Current Waive New Waive Status Pending Review	Current Waive New Waive Status Pending Review							
j	update the A enrollment in	ex Spending deductions innual Pledge Amount. iformation, see the Job is located on the Cardir	For further information Aid titled BN361 Enroll	on updating the ben ment Steps for an	efit						
37.	Click the Ne	xt button.									
	Next	>									



Step	Act	ion						
The Sum	mary	page displays.						
						С	ancel < P	Previous
	2	Welcome to the Birth Event Complete	Task: Summary				Con	nplete
	2	Birth Date Complete	Congratulations! You have completed your Birth or Adop	otion/Final Custody Eve	ent.			
	2	Acknowledgement Complete	Here is a list of things to keep in mind r Find out if your medical plan offers disc Evaluate day care centers.	-		s, and postnatal cla	isses.	
		Benefit Summary Visited	Evaluate your FSA Dependent Care Sp Schedule your baby's first visit with the Order a Social Security card for your ba	pediatrician.	o assist with day care expe	nses.		
		Dependent/Beneficiary Info • Visited	Select the Complete pushbutton to end					
	د	Benefit Enrollment Complete	Steps					6 rows
		Summary		Status	Data Camalata d	Do and and	Go to Step	
		Visited	Step Welcome to the Birth Event	© Complete	Date Completed 01/12/2021	Required		
				•			Go to Step	
			Birth Date	Complete	01/12/2021	Yes	Go to Step	
			Acknowledgement	 Complete 	01/12/2021	Yes	Go to Step	
			Benefit Summary	Visited		No	Go to Step	
			Dependent/Beneficiary Info	 Visited 		No	Go to Step]
			Benefit Enrollment	Complete	01/12/2021	Yes	Go to Step]
38.	Rev	view the summary	information for ac	ccuracy a	nd then clic	k the Co	omplete	e button.
		Complete						
i		Birth Event is conninistrator for furth	omplete, and the i her action.	nformatio	n has been	submitt	ed to th	ne Benefit



ESS_How to Create a Life Event

Adoption Life Event

Step	Action								
1.	Navigate to the Life Events tab on the Benefit Details page, as described in the <u>Initiating</u> ESS Life Events section of this Job Aid.								
The Life I	The Life Events page displays.								
	Cardinal Homepage	Benefit Details 🗌 🗌							
	Benefits Summary	© Store & Warehouse Spec Ⅲ							
	🙌 Life Events	Life Events							
	Dependent/Beneficiary Info	Qualifying Mid-Year Events - also known as Life Events							
	Benefits Enrollment	There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event.							
	Benefit Statements	For additional Life Events, please contact your Benefits Administrator. State employees can go to the Enrollment Form for Active Employees on the DHRM website for additional Life Events.							
	m Affordable Care Act	Employee							
		○ I got married ○ I have a newborn							
		○ I adopted a child							
		O I got divorced							
		Start Life Event							
2.	2. Click the I adopted a child radio button option.								
	I adopted a child								
The As O	f Calendar icon dis	plays.							
	Cardinal Homepage	Benefit Details 🍙 🖓 🔅 🕖							
	E Benefits Summary	Q							

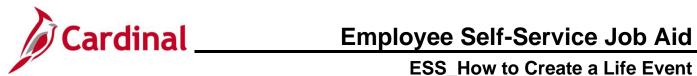
Cardinal Homepage	Denent Details	
Benefits Summary	Store & Warehouse Spec III	
🙀 Life Events	Life Events	
Dependent/Beneficiary Info	Qualifying Mid-Year Events - also known as Life Events	
Benefits Enrollment	There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event.	
Benefit Statements	For additional Life Events, please contact your Benefits Administrator. State employees can go to the <u>Enrollment For</u> DHRM website for additional Life Events.	m for Active Employees on the
m Affordable Care Act ✓	Employee	
	○ I got married	
	○ I have a newborn	
	I adopted a child	
	○ I got divorced	
	*As Of	
	Start Life Event	
	The Life Event must be completed within 60 days of your qualifying event or you will not be eligible to cha	nge your Benefit elections.



Ste	ер	Action						
3.		Select the add text field.	option da	ate of the child using the As Of Calendar icon or by entering into the				
		S	itart Life	Event				
4.		Click the Start Life Event button. Start Life Event						
The /	Adop	tion Event pag	ge displa	iys.				
Cancel Next * Welcome to the Adoption Event Task: Welcome to the Adoption Event * Complete Employee ID * Adoption Date • Not Started This is a good time to consider how having a new dependent may affect your health care coverage, life insurance, tax withholdings and other important choices. * Acknowledgement • Not Started This guide will take you through all the steps necessary to ensure that your personal profile and benefits information is updated to reflect this event in your life.								
5.	5. Read through the Welcome to the Adoption Event information and then click the Next button.							
The A	Adop	tion Date page	e display	S.				
Γ				Cancel				
*	k We ⊘ Cor	Icome to the Adoption	Event	Adoption Date				
*		option Date Progress		A birth event may require a change to your benefit enrollment. You'll have an opportunity to have the system prepare your new benefit options during the Benefit Enrollment step. Once your new options are prepared, you may change your benefit enrollment.				
*		knowledgement Started		Date child was placed in your home 01/08/2021				
		n efit Summary Started		Submit				



Step	Action						
6.	The date defaults to the As Of Date selected on the Life Events tab. Update as required. Date child was placed in your home 01/08/2021 for adoption: Submit						
7.	Click the Submit button.						
The Subn	nit Confirmation page	displays.					
		Cancel Cancel Next >					
* (Welcome to the Adoption Event Complete Adoption Date Submit Confirmation						
* (★ Adoption Date ♥ Complete ✓ The Submit was successful. 						
	Acknowledgement O Not Started Benefit Summary O Not Started						
8.	Click the OK button.						
The Ado p	otion Date page return	S.					
		Cancel					
	elcome to the Adoption Event	Adoption Date					
	doption Date omplete	A birth event may require a change to your benefit enrollment. You'll have an opportunity to have the system prepare your new benefit options during the Benefit Enrollment step. Once your new options are prepared, you may change your benefit enrollment.					
	c knowledgement ot Started	Date child was placed in your home 01/08/2021 for adoption:					
	enefit Summary ot Started						



Step	Action			
9.	Click the Next button.			
The Ackn	owledgement page dis	splays.		
		Cancel Cancel Next >		
	Welcome to the Adoption Event Complete	State Retiree Health Benefit Participant As a participant in the State Retiree Health Benefits Program for retirees, survivors and LTD participants, I certify that I have reviewed and		
	★ Adoption Date © Complete	understand the eligibility and enrollment information for the State Retiree Health Benefits Program for Non-Medicare Retirees or the State Retiree Health Benefits Program for Medicare Retirees and I agree to abide by all participation requirements.		
	Acknowledgement In Progress	Local Choice Health Program Participant As a participant in the Local Choice Health Benefits Program for active employees and retirees, I certify that I have reviewed and understand The Local Choice Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements.		
	Benefit Summary O Not Started	Participants Covering Dependents		
	Dependent/Beneficiary Info O Not Started	As a participant covering dependents, I also certify that all dependents listed meet the eligibility requirements of the Program and that the information I have provided is complete and accurate to the best of my knowledge.		
	Benefit Enrollment O Not Started	 I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law. I understand that the health plan and its business associates have the right to use Protected Health Information in connection with the treatment, payment and health plan operations allowed for by the Health Insurance Portability and Accountability Act. 		
	Summary You may add the newly adopted child as well as any eligible family member within 60 days of the date of the adoption event. O Not Started The effective date will be retroactive to the date of the adoption event (deductions will be collected for the entire month in which the event occurred).			
		Required Documentation: Photocopy of birth certificate or legal adoptive agreement showing employee's name must be provided to your benefits administrator. (Note: If this a legal pre-adoptive agreement, it must be reviewed and approved by Office of Health Benefits). Mid-Year Life Event Policy I Agree		
10.		Ith Plan Acknowledgement information and then select the	I Agree	
	checkbox option.			
	I Agree			
11.	Click the Save button.			
	Save			
12.	Click the Next button.			
	Next >			



	Action					
e Bene	fit Summary p	age displays.				
					Cancel < Previous	s Next >
* Welco Comple	me to the Adoption Event	Task: Benefit Summa	iry			
★ Adoption Date © Complete		_	As Of 01/12/20			
* Ackno © Comple	wledgement ete	Type of Benefit	Plan Des	scription	Coverage or Participation	
	it Summary	Medical		thAwr + Prev Den	Single	>
Visited		Imputed Life	Imputed	Life Insurance Income	Salary X 2	>
Depen O Not Sta	ident/Beneficiary Info arted	Section 457			Waived	
* Benefi O Not Sta	i t Enrollment arted	Flex Spending Medical			Waived	
e Depe	ndent/Benefic	iary Info page di	splays.			
× Welco	me to the Adoption Event	Tradium II II TOBOT	splays.		Cancel	Next >
★ Welcon © Comple	me to the Adoption Event	Store & Warehouse Spec III	Θ		Cancel Crevious	Next >
★ Welcon © Comple	me to the Adoption Event ale	Tradium II II TOBOT	Θ		Cancel	Next >
Welco Comple X Adopti Comple	me to the Adoption Event ete ion Date ete wledgement	Store & Warehouse Spec III Task: Dependent/Ben	Θ	Beneficiary	Cancel Previous	Next >
Welco Comple Comple Comple Comple Comple	me to the Adoption Event ale ion Date ale wledgement ale	Store & Warehouse Spec III Task: Dependent/Ben Add Individual	ତ eficiary Info	Beneficiary √		Next >
Welco Comple Comple Adopti Comple Comple Comple Benefi	me to the Adoption Event ale ion Date ale wiledgement ale it Summary	Store & Warehouse Spec III Task: Dependent/Ben Add Individual Name Individual butto	eficiary Info Relationship Child	✓ 	Dependent	>



Ste	p	Action						
The Ir	ndivi	idual Depe	ndent/B	eneficiary li	nformation page dis	splays.		
	Cance	Individual Dependent/Beneficiary Information						
	Select	Save after you have	edited your De	pendent/Beneficiary's i	nformation. The changes will go into	effect on Jan 8, 2021.		4
	Name							
	Add	d Name						
	Perso	onal Information						
			Date	of Birth	iii			
15.		Click the A	Add Nan	1e button.				
		Add	Name	•				
The N	lame	e page disp	lays in a	pop-up wind	low.			
			Cancel		Name		Done	
				Name Format	English	~		
				Name Prefix		~		
				*First Name				
				Middle Name				
				*Last Name				
				Name Suffix		~		
				Display Name				
				Formal Name				
				Name				
16.		Enter the	child's fir	st and last n	ame in the correspo	nding fields.		
		"First Name						
		Middle Name						
		*Last Name						
ĺ		Optionally	add the	child's name	e prefix, middle name	e, or name su	ffix, as a	pplicable.



Step	Action
17.	Click the Done button.
	Done
The Indiv	idual Dependent/Beneficiary Information page returns.

	-					
	Cancel	ndividual Dependent/Bene	eficiary Information		Save	
	Select Save after you have edited your Dependent/I	Beneficiary's information. The change	s will go into effect on Jan 8, 2021.			
	Name					
	Normal Taxat			>		
	Personal Information					
	Date of Birth					
	*Gender	~				
	*Relationship to Employee	~				
	*Marital Status	Single V	As of			
	*Student	No 🗸	As of			
	*Disabled	No 🗸	As of			
	*Smoker	Non Smoker 🗸	As of			
			<u></u>	,		
	Address					
	Address	Address Type	Same as mine			
	1901 Brandywine St Richmond, VA 23220	Home	Same as mine	>		
	National ID No data exists					
	Add National ID					
18.	Within the Personal Infor	mation section	omploto the Date (of Birth Gond	ar and	
10.	Relationship to Employe	e fields				
	Date of Birth					
	to and a					
	*Gender	v				
	*Relationship to Employee	~				
19.	Click the Add National ID	button.				
	Add Mational JD					
	Add National ID					



Step	Action								
i	If the child has not received a National ID Number at the time of enrollment, skip to step 21 and update when the information becomes available.								
The Natio	The National ID page displays in a pop-up window.								
	Cancel National ID Done								
	*Country 🗸								
	*National ID Type								
	Primary Yes								
20.	Complete the Country, National ID Type, and National ID fields for the child.								
	*Country 🗸								
	*National ID Type								
	*National ID								
21.	Click the Done button.								
21.									
	Done								
The Indiv	idual Dependent/Beneficiary Information page returns.								
N	lational ID								
	+ Country National ID Type National ID Primary								
	Jnited States Social Security Number								
<u> </u>	hone No data exists								
	Add Phone								
22.	Click the Add Phone button.								
	Add Phone								



Step	Action						
The Phon	e Number pa	age displays in a po	p-up window.				
		Cancel	Phone Numb	ber	Done		
		Same as mine	No				
		Туре		~			
		Number					
		Extension					
		Preferred	Yes				
23.	Select "Yes"	for the Same as n	nine field.				
	Preferred	Yes (
24.	Click the Do	ne button.					
	Done						
The Indiv	idual Depend	dent/Beneficiary I	nformation pa	ge returns.			
	Phone		Ŧ				
	+ Number	Extension	Phone Type	Same as Mine	Preferred		
	555/555-5555		Mobile		~	>	
	Email No data exists						
	Add Email						
25.	Click the Ad	d Email button.					
	Add E	mail					



Step	Action								
The Emai	I Address	page disp	plays in a pop	-up window.					
		Cancel		Email Add	ress		Done		
			*Email Type			~			
			*Email Address						
				Delete					
	Γ								
26.	Select the Address in	Email Ty h the Ema	vpe from the E ail Address fi	E mail Type ield.	drop-down	menu and	enter th	e applicabl	e Email
	*Email	Туре		~					
	*Email Add	Iress							
27.	Click the I	Done but	ion.						
	Done	•							
The second second									
F		endent/Be	eneficiary Inf	Dependent/Bene				Save	
		have edited your D	ependent/Beneficiary's inf					^	
	Name								
								>	
1	Personal Informatio		e of Birth 01/01/2021					_	
		Dati	*Gender Male 🗸						
		Relationship to E	Employee Child	~					
28.	Click the	Save butt	on.						
	Save								



Step	Action					
The De	pendent/Beneficiary	Info page retu	rns.			
				Ca	ncel	Next >
	Welcome to the Adoption Event Complete	Employee ID 10 T01 Store & Warehouse Spec				
	Adoption Date Complete	Task: Dependent	Beneficiary Info			
		Add Individual				
	Acknowledgement Complete	Name	Relationship	Beneficiary	Dependent	
	Benefit Summary Visited 	Bater Wayhold	Child	~	~	>
		Berris Kosar	Child	~	~	>
The Be	Next >	e displays.				
					Cancel < Prev	ious Next >
ن ق بر بر ن ق	Velcome to the Adoption Event Complete	information will be analyze your existing enrollments	re your benefit options, bas ed to see if there is any imp are allowed. Select the 'Sta	act to your eligibility for be	nefits, and determine wi	hether changes to
•	kcknowledgement Complete Renefit Summary	Start My Enrollmen	t			
()	After an employee Administrator will documentation ne	contact the emp	oloyee directly f	or any addition	al information	
30.	Click the Start My		utton.			



Step Action The Benefit Enrollment page refreshes. Cancel Previous Next
 Next Welcome to the Adoption Event Complete Task: Benefit Enrollment The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event. Adoption Date Complete - Enrollment Summary Full Cost \$8.50 Your Pay Period Cost \$8.50 Acknowledgement Complete Employer Cost \$338.50 Status Submitted 01/12/2021 11:19AM Benefit Summary Visited Enrollment Preview Statement Submit Enrollment Dependent/Beneficiary Info
 Complete Benefit Enrollment In Progress Benefit Plans **3** Summary O Not Started Medical Flex Spending Medical Flex Spending Dependent Care Current COVA HIthAwr + Prev Den New COVA HIthAwr + Prev Den Current Waive New Waive Current Waive New Waive Status 🔮 Changed Status Pending Review Status Pending Review No Dependents Pay Period Cost \$8.50 Pay Period Cost \$0.00 Pay Period Cost \$0.00 Review Review Review Click the **Medical** tile. 31. Medical Current COVA HIthAwr + Prev Den New COVA HIthAwr + Prev Den Status Status No Dependents Pay Period Cost \$8,50 Review The Medical tile enables employees to change their medical coverage from "Single" to any i applicable coverage that includes a dependent. The Medical page displays. Cancel Medical All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage. Resources COVA HealthAware Enroll Your Dependents Anthem Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information, Tricare Dependents Relationship have reached Child Read Trees Child Add Dependent

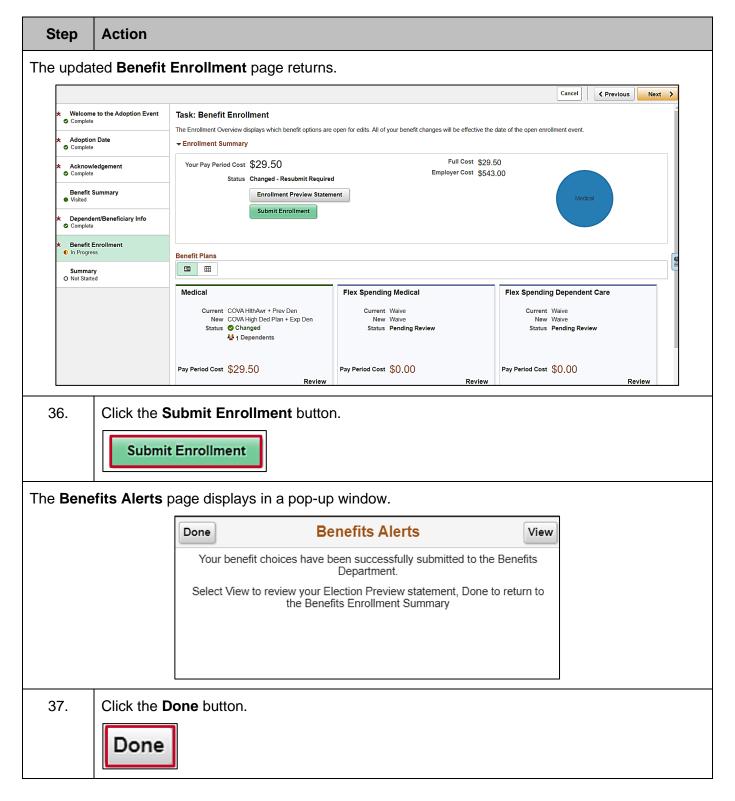


Step	Action					
32.	Within the Enroll You added.	u r Dependents se	ection, select th	ie checkbox op	otion for th	e child being
	Dependents		Relationsh	ip		
			Child			
			Child			
33.	Click the Add Depen	dent button.				
	Add Dependent					
The Depe	endent and Beneficiar	y Information pa	ge displays.			
		Dependent and Beneficiary Information ×				
	Add Individual					
	Name	Relationship	Beneficiary	Dependent		
		Child	~	~	>	
	Normal Visual	Child	~	~	>	
34.	Click the X (Close) b	utton to close the	page.			
		Dependent and B	eneficiary Information			×



All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage. Enroll Your Dependents Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information. Dependents Relationship Child	are
Period road bependents Anthem Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information. Tricare Dependents Relationship Child Child	are
Dependents that the employee has registered are listed here. Io add a new dependent, go to the Dependent/Beneticiary Information. Tricare Dependents Relationship Tricare Child Child Child	
Dependents Relationship Child	
Child	
Add Dependent	
▼Enroll in Your Plan	
The Employee + Child(ren) cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.	
Plan Name Cost (Before Tax) Cost (After Tax) Employer Cost Pay Period Cost	
Select Waive \$0.00	
Select COVA HithAwr + Prev Den Image: Select Select Select Select <t< td=""><td></td></t<>	
Select COVA HithAwr + Exp Den&Vis Image: Select Select \$68.00 \$614.50 \$68.00	
Select COVA HithAwr + Exp Den Image: Style st	
Select COVA HithAwr + Exp Den Image: The select State	







St	ер	Action				
The	Bene	fit Enrollm	ent page returns.			
[Cancel	Previous Next >
	* Welcom	e to the Adoption Event	Task: Benefit Enrollment			A
-	* Adoptio		 The Enrollment Overview displays which benefit options are Enrollment Summary 	open for edits. All of your benefit changes will be effective the	date of the open enrollment event.	
-		ledgement	Your Pay Period Cost \$29.50	Full Cost \$29. Employer Cost \$543		
	Benefit	Summary	Status Submitted 01/12/2021 2:35	PM	Medical	
-	 Visited Depender Complete 	ent/Beneficiary Info	Submit Enrollment		menical	
	* Benefit	Enrollment			<u> </u>	
	Complete		Benefit Plans			e
	O Not Start		Medical	Flex Spending Medical	Flex Spending Dependent Car	e
			Current COVA HithAwr + Prev Den	Current Waive	Current Waive	•
			New COVA High Ded Plan + Exp Den Status Changed	New Waive Status Pending Review	New Waive Status Pending Review	
			Nependents			
			Pay Period Cost \$29,50	Pay Period Cost \$0.00	Pay Period Cost \$0,00	
			Review	Review		Review
		enrollment This Job A	Annual Pledge Amount. information, see the Job id is located on the Cardi	Aid titled BN361 Enrolln	nent Steps for a	
38	3.	Click the N	lext button.			
The	Sumi	mary page (displays.			
						Cancel
*	Complete	e to the Adoption Event	Task: Summary			Complete
*	Adoption	n Date	Congratulations!			
*		edgement	You have completed your Birth or Adoption/Final Custody Ev Here is a list of things to keep in mind now that you have a r			
	Complete		Find out if your medical plan offers discounts on infant care Evaluate day care centers.			
	Benefit S Visited	ummary	Evaluate your FSA Dependent Care Spending Account plan Schedule your baby's first visit with the pediatrician. Order a Social Security card for your baby.	to assist with day care expenses.		
*	Depende	nt/Beneficiary Info	Select the Complete pushbutton to end this event.			
39	9.	Review the	e summary information fo	r accuracy and then click	the Complete b	utton.
L		L				



Step	Action
i	The Adoption Event is complete, and the information has been submitted to the Benefits Administrator for further action.



Marital Life Event

Step	Action	
1.		e Events tab on the Benefit Details page, as described in the <u>Initiating</u> section of this Job Aid.
The Life E	Events page display	/S.
	Cardinal Homepage	Benefit Details 🕋 🔍 🗄 🕐
	Benefits Summary	Store & Warehouse Spec III
	📫 Life Events	Life Events
	Dependent/Beneficiary Info	Qualifying Mid-Year Events - also known as Life Events There are some events that involve you as the Employee or your family members.
	Benefits Enrollment	Review the choices and select the appropriate Event. Then enter the date of your event.
	Benefit Statements	For additional Life Events, please contact your Benefits Administrator. State employees can go to the <u>Enrollment Form for Active Employees</u> on the DHRM website for additional Life Events.
	m Alfordable Care Act ∽	Employee I got married I have a newborn I adopted a child I got divorced Start Life Event
2.	Click the I got man	rried radio button option.
3.	Click the Start Life	



Step	Action	
The Marit	al Event page displays	
		Cancel Next >
	Welcome to Marital Event Complete	Task: Welcome to Marital Event
	★ Marital Status O Not Started	Employee ID A marital status change is a good time to reconsider your health care coverage, tax withholdings, and other important information.
	Acknowledgement O Not Started	This guide will take you through all the steps necessary to ensure that your personal profile, benefits, and payroll information are updated to reflect this event in your life.
	Benefit Summary O Not Started	
	Personal Information O Not Started	
	Dependent/Beneficiary Info O Not Started	
	Benefit Enrollment O Not Started	
	Summary O Not Started	
4.	Read through the Wel	come to Marital Event information and then click the Next button.
The Marit	al Status page displays	S.
		Cancel Cancel Next >
	Welcome to Marital Event	Task: Marital Status
•	Complete	Current Single
	Marital Status In Progress	Change Marital Status
		*New Status 🗸
	Acknowledgement Not Started	*Marriage Event date 01/13/2021
	Benefit Summary Not Started	
5.	Select "Married" using	the New Status field drop-down menu.
	*New Status	~



ESS_How to Create a Life Event

Step	Action					
6.	Enter/select the ap	ppropriate marriage date using the Marriage Event Date Calendar icon.				
	*Marriage Event da	ate 01/13/2021				
7.	Click the Save but	ton.				
	Save					
8.	Click the Next but	ton.				
	Next >					
The Ackn	owledgement page	e displays.				
		Cancel Cancel Next >				
*	Welcome to Marital Event	Choice Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements.				
d	Complete	Participants Covering Dependents				
*	Marital Status	As a participant covering dependents, I also certify that all dependents listed meet the eligibility requirements of the Program and that the information I have provided is complete and accurate to the best of my knowledge.				
C C C C C C C C C C C C C C C C C C C	Complete	I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law.				
	Acknowledgement In Progress	 I understand that the health plan and its business associates have the right to use Protected Health Information in connection with the treatment, payment and health plan operations allowed for by the Health Insurance Portability and Accountability Act. 				
C	Benefit Summary O Not Started	You may add your legal spouse, newly eligible children (e.g., stepchildren), and any eligible family member as well as change your health plan selection as the result of the marriage. The request must be submitted within 60 days of the date of the marriage event. The marriage must be recognized as legal in the Commonwealth of Virginia; A stepchild is the natural or legally adopted child of the				
	Personal Information O Not Started	participant's legal spouse.				
*	Dependent/Beneficiary Info O Not Started	Required Documentation: Photocopy of certified or registered marriage certificate, and photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that the applicant is the spouse; for natural and stepchildren photocopy of birth certificate showing the name of the employee and/or employee's spouse; and photocopy of certified or registered marriage certificate showing the employee's name and the name of the child's parent; and photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the child's parent is the spouse.				
*	Benefit Enrollment	irst page of the employee's most recent Federal Tax Return that shows the child's parent is the spouse.				

Mid-Year Life Event Policy

9. Read through the Health Plan Acknowledgement information (scroll up/down as required) and then select the I Agree checkbox.
I Agree
10. Click the Save button.

O Not Started

Summary O Not Started I Agree

Save



Step	Action				
11.	Click the Next bu	tton.			
	Next >				
The Ber	nefit Summary page	e displays.			
		-		Cancel	ext >
	Welcome to Marital Event	Task: Benefit Summary			
0	Marital Status Complete		As Of 01/13/2021		
* ©	Acknowledgement Complete	Type of Benefit	Plan Description	Coverage or Participation	
	Benefit Summary Visited	Medical	COVA HIthAwr + Prev Den	Single	>
	Personal Information	Imputed Life	Imputed Life Insurance Income	Salary X 2	>
0	Not Started	Section 457		Waived	
12.	Review the current Next >	nt enrollments and	then click the Next buttor	٦.	
The Per	sonal Information -	- Name page displa	ays.		
				Cancel	ct >
*	Welcome to Marital Event	Task: Personal Informa	tion - Name		
*	Marital Status	Employee ID	Current	>	
	Complete				
*	Acknowledgement Complete				
13.	Expand icon (>)		narriage resulted in a nan e current name listing. If ep 16.		
	Employee ID	Curre	ent	>	



Step	Action	
The Name	e page displays in a	pop-up window.
	Cancel	Name Save Change As Of 01/13/2021 Name Format English Name Prefix *First Name Middle Name *Last Name Display Name Name Name
14.	*First Name Middle Name *Last Name	d new last name in the corresponding fields.
ĺ	Optionally, add yo	ur Prefix, Middle Name, and/or Suffix, as applicable.
15.	Click the Save but	ton.
The Perso	onal Information –	Name page returns.
× M × A	Velcome to Marital Event Complete Marital Status Complete Acknowledgement Complete	Cancel Y Previous Next Task: Personal Information - Name Employee ID Current >
16.	Click the Next but	ton.



Step	Action							
The Pers	onal Information –	Home and	d mailing Ad	ldress pa	age displa	ays.		
						Cancel	Previous Ne Ne	ext >
*	Welcome to Marital Event	Task: Person	al Information - H	lome and ma	iling Addres	s		
* e	Marital Status 2 Complete	Home Address 1901 Brandywine Richmond, VA 23			Current			>
*	Acknowledgement Complete	Mailing						
•	Benefit Summary Visited	No data exists.	Address					
17.	Your current home change, click the E marriage did not re 1901 Brandywine St Richmond, VA 23220	Expand icc	on (>) to the f	ar right o	f the curr	ent home	address list	
The Addr	r ess page displays ii	n a pop-up						
	Cancel Employee Instruction To save United States addresses at	Change As Of C Address Type H Country L Address 1 1 Address 2 2 Address 3 2 City F State V	01/13/2021		ss 2, Address 3		Sa	
18.	Update your home	address i	nformation as	s needed	using the	e correspo	onding fields	
19.	Click the Save but	ton.						
	Save							



Step Action	
The Personal Information – Home	and mailing Address page returns.
	Cancel Cancel Next >
* Welcome to Marital Event Task: P	ersonal Information - Home and mailing Address
	dress dywine St Current
Complete Richmond Acknowledgement	I, VA 23220
Complete Mailing	
Benefit Summary No data ● Visited Add I	Aailing Address
20. Click the Next button.	
The Personal Information – Conta	ct Information page displays.
	Cancel Previous Next >
* Welcome to Marital Event © Complete Phone	rmation - Contact Information
Marital Status Complete Add Phone	
* Acknowledgement © Complete Email	
Benefit Summary Visited	
Personal Information Visited	Type Preferred Business ✓
Name ● Visited Instant Message	
Home and mailing Address Complete Add IM	
	click the Add Phone button and enter the applicable phone number
22. To update an Email addr listing and update the En	ess, click the Expand icon (>) to the far right of the Email address nail address information.
Email	
Email Address	Type Preferred
	Business 🗸 >



Step	Action
i	Business Email addresses cannot be updated through self-service options. Contact your Agency HR Administrator to update your business Email address.
23.	To add an Email address, click the Add Email icon (+) under the Email section heading.
24.	Click the Next button.
The Pers	onal Information – Emergency Contact page displays.
	Cancel Cancel Next >
	Welcome to Marital Event Task: Personal Information - Emergency Contact
	* Marital Status * © Complete Contact Name Relationship Preferrec
	★ Acknowledgement © Complete
	Benefit Summary Visited
	A Personal Information
25.	Click the Add Emergency Contact icon (+) or Expand icon (>) to add an additional Emergency Contact or update an existing Emergency Contact, respectively. Task: Personal Information - Emergency Contact
	+
	Contact Name Relationship Preferrec
	Sibling
i	If an Emergency Contact has not yet been established, click the Add Emergency Contact button to add your first Emergency Contact.



Step	Action			
The Emer	gency Contact pa	age displays in a pop-u	o window.	
	Cancel	Emergen	cy Contact	Save
		*Contact Name Sibling Preferred	~	
	100	Iress Main Street hmond, VA 23219		>
	Pho +		on Type	
		5/555-5555	Business	>
		D	elete	
26.	Update or add the corresponding fie	e applicable contact info	ormation for the emerge	ency contact in the
27.	Click the Save bu	itton.		
The Perso	onal Information -	- Emergency Contact	page returns.	
ſ			Cancel	< Previous Next >
2	Welcome to Marital Event Complete	Task: Personal Infe	ormation - Emergency Cont	act
	★ Marital Status	+		
2	Complete Acknowledgement Complete	Contact Name	Relationship Spouse	Preferrec >
	Benefit Summary	_		
28.	Click the Next bu	tton.		
	Next >			



		Info page returr	าร.				
				Cancel	Previous	Next >	
★ Welcor © Comple	ne to Marital Event ^{te}	Store & Warehouse Spec	Ⅲ				
★ Marital Status © Complete		Task: Dependent/Beneficiary Info					
		Add Individual	Add Individual				
 Acknow Comple 	wledgement te	Name	Relationship	Beneficiary	Dependent		
Benefit Summary Visited 	fam: ingited	Child	~	\checkmark	>		
). Domos		in the second	Child	~	\checkmark	>	
 Visited 	al Information	ten in	Child	~	~	>	
Depend In Progr	dent/Beneficiary Info ress						
* Benefit	t Enrollment						
	dd Individua	al Beneficiary Infor	rmation page di	splays.			
		-					
Cancel		Individual Dep	pendent/Beneficiary	Information		Sav	
	after you have edited your D					Sav	
Select Save a	after you have edited your D	Individual Dep				Sav	
Select Save a						Sav	
Select Save a						Sav	
Select Save a	8					Sav	
Select Save a Name Add Name	e					Sav	



Step	Action					
The Name	The Name page displays in a pop-up window.					
		Cancel		Name	ſ	one
			Name Format	English	•	
			Name Prefix		•	
			*First Name			
			Middle Name			
			*Last Name			
			Name Suffix		*	
			Display Name			
			Formal Name			
			Name			
31.	Enter the	spouse'	s first and las	t names in the corre	sponding fields.	
	*First	Name				
	Middle	Name				
	*Last	Name				
i	Optionally	enter th	ne spouse's m	niddle name or suffix	, as applicable.	
32.	Click the	Done bu	itton.			
	Don	e				



Step	Action	
The Indiv	idual Dependent/Beneficiary Information pag	ge returns.
	Cancel Individual Dependent/Beneficia	ary Information Save
	Select Save after you have edited your Dependent/Beneficiary's information. The changes will g	go into effect on Jan 8, 2021.
	Name	
	Personal Information	
	Date of Birth	
	*Gender	
	*Relationship to Employee	As of
	*Student No V	As of
	*Disabled No V	As of
	*Smoker V	As of interview of the second
	Address Address Type	Same as mine
	1901 Brandywine St Richmond, VA 23220 Home	Same as mine >
	National ID No data exists	
	Add National ID	
33.	Complete the Date of Birth, Gender, and Rela	ationship to Employee fields.
	Date of Birth	
	*Gender 🗸	
	*Relationship to Employee	
34.	Click the Add National ID button.	
	Add National ID	



Step	Action		Action				
The Natio	onal ID page	e displays in a pop-u	p window.				
		Cancel	National ID		Done		
		*Country		~			
		*National ID Type		~			
		*National ID					
		Primary	Yes				
35.	Complete	the Country, Nation	al ID Type, and Nat	ional ID fields	for the sr	oouse.	
		Country					
			•				
	*National		Ŷ				
	*Nat	ional ID					
36.	Click the	Done button.					
	Dor						
	001	ie i					
The Indi		ndent/Beneficiary I	nformation page ret				
_			mormation page let				
	+		Madamat	1D D-	·····		
	Country United States	National ID Type Social Security Number	National	۲۹ UI ~	imary	>	
	hone						
	No data exists						
	Add Phone						
37.	Click the	Add Phone button.					
	Add Ph	one					



Step	Action							
The Phon	The Phone Number page displays in a pop-up window.							
		Cancel	Phone Number	Done				
		Same as mine	No					
		Туре		~				
		Number						
		Extension Preferred	Yes					
		Freiened	Tes					
38.	Select "Yes"	for the Same as m	ine field or enter the	phone informatio	n for the spouse.			
	Same as	mine 🔵 No						
39.	Click the Do	ne button.						
	Don	e						
The Indiv	idual Depend	dent/Beneficiary In	formation page retu	irns.				
F	Phone							
-		xtension Phone T	ype Same as Mine	e Preferre	1			
			~	~	>			
E	Email							
-	No data exists							
	Add Email							
40.	Click the Ad	d Email button.						
	Add En	nail						



Step	Action											
The Ema	The Email Address page displays in a pop-up window.											
		Cancel			Email	Address			Done			
			*Em;	ail Type			~					
			*Email A									
					D	elete						
41.	Select the Address i	e Email T n the En	Type fro nail Ad	m the dress	Email Ty field.	ype drop-o	down mei	nu and	enter	the app	licabl	e Email
	*En	nail Typ	e				~					
	*Email	Addres	S									
42.	Click the Dor		itton.									
The Indiv	idual Depe	endent/E	Benefic	iary In	formatio	on page re	eturns.					
C	Cancel		İr	ndividual	Dependent/	Beneficiary Ir	formation				Save	
	Select Save after you I	nave edited your	Dependent/Be	eneficiary's ir	nformation. The o	changes will go into	effect on Jan 8, 20	021.			Â	
	Name									>		
	Personal Informatio											
			ate of Birth	01/01/2021	iii							
			*Gender	Male 🗸	•							
	*	Relationship to	Employee	Child	~							



Step	Action					
43.	Click the Save button.					
	Save					
The Depe	endent/Be	neficiary Info p	bage returns.			
★ Welcome © Complete	e to Marital Event	Store & Warehouse Spec III	⊙		Cancel	vious Next >
* Marital S	itatus	Task: Dependent/Benef	iciary Info			
Complete		Add Individual				
Acknowl Complete	ledgement	Name	Relationship	Beneficiary	Dependent	
Benefit S Visited	Summary	Cases Constitution	Child	~	~	>
	I Information	there is an	Child	~	~	>
Visited Depende	ent/Beneficiary Info	Table The	Child	~	~	>
© Complete		care line	Spouse	~	~	>
44. The Bene		ne information t	o ensure your spous lays.	e was added and	Cancel	
* Welco	me to Marital Event	Task: Benefi	t Enrollment			
	l Status	see if there is any	o prepare your benefit options, based up impact to your eligibility for benefits, and shbutton to begin your benefit enrollment	determine whether changes to your	ou've entered. Your information will existing enrollments are allowed.	be analyzed to Select the 'Start
* Ackno © Comple	wledgement ^{ate}	Start My En	rollment			
Benefi	t Summary					
j	Administ	rator will contac	nits the personal info t the employee direc o complete the Marii	tly for any addition		
45.	documentation needed to complete the Marital Event.					



St	ер	Action						
The I	Bene	fit Enrollmen	t page refre	shes.				
[Cancel	< Previous	Next >
	Welcome to Marital Event Complete Marital Status Complete Acknowledgement Complete Benefit Summary Visited		Task: Benefit En	rollment				-
			The Enrollment Overview					
			Your Pay Period Cost \$8.50 Status Pending Review		Full Cost \$8.5 Employer Cost \$338			
				Enrollment Preview Stat	rement		Medical	
	 Perso Visited 	nal Information		Submit Enrollment				
	* Deper © Compl	ndent/Beneficiary Info ete	Benefit Plans					
	* Benef In Prog	it Enrollment gress						
	Summary O Not Started		Medical Current COVA HithAwr + Prev Den New COVA HithAwr + Prev Den Status Pending Review ↓ 0 Dependents		Flex Spending Medical Current Waive New Waive Status Pending Review	Flex Spending Dependent Care Current Waive New Waive Status Pending Review		
			Pay Period \$8.	50 Review	Pay Period \$0.00 Cost Review	Pay Period Cost \$0.00		/iew
46	б.	Click the Me	dical tile.					
		New COVA Status Pendin	pendents	w				
ĺ		The Medical applicable co			to change their medical e ependent	coverage fro	m "Single	e" to any



he Med i	ical page displays.					
Cancel			Medical			Done
All of our me this benefit	nedical choices promote wellness as part of th may require proof of coverage.	eir benefits and are available to protect y	ou and your dependents if you become sic	k or injured. Enrollment in	Resources	<u> </u>
← Enroll Y	Your Dependents				COVA HealthAware	
Dependents	is that the employee has registered are listed	here. To add a new dependent, go to the	Dependent/Beneficiary Information.		Anthem	
	Dependents		Relationship			
			Child			
			Child			
			Spouse			
Add Dep	pendent					
48.	Click the Add Dep					
ne Depe	endent and Benefic		page displays. d Beneficiary Information		×	
ne Depe	endent and Benefic				×	
ne Depe				Dependent	×	
ne Depe	Add Individual	Dependent an	d Beneficiary Information		×	
ne Dep e	Add Individual	Dependent an Relationship	d Beneficiary Information Beneficiary	Dependent		
ne Dep e	Add Individual	Dependent an Relationship Child	d Beneficiary Information Beneficiary	Dependent	>	
ne Dep e	Add Individual	Dependent an Relationship Child Child	d Beneficiary Information Beneficiary ✓	Dependent ✓	>	
ne Depe	Add Individual Name	Relationship Child Child Child Spouse	d Beneficiary Information Beneficiary	Dependent ✓ ✓	> > >	
ne Depe 49.	Add Individual	Relationship Child Child Child Spouse	d Beneficiary Information Beneficiary	Dependent ✓ ✓	> > >	

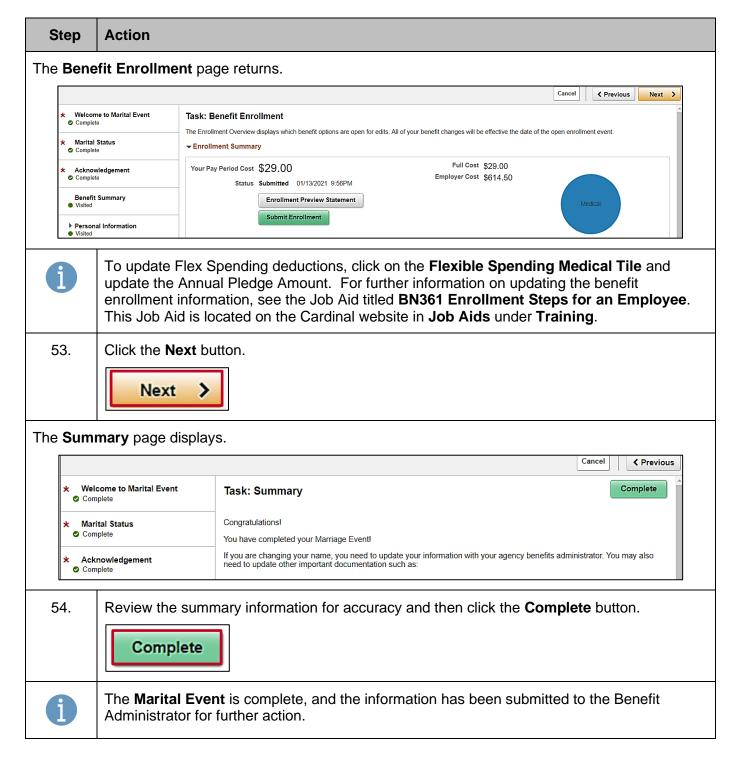


Step	Action	n	
The Medi	cal page	e returns with the checkbox next to the newly enrolled Dependent selected.	
		Cancel Medical Done	
		All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.	
		▼ Enroll Your Dependents COVA HealthAware	
		Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information. Tricare	
		Dependents Relationship	
		Child	
		Child	
		Child	
		Spouse	
		Add Dependent	
		← Enroll in Your Plan	
		The Employee + Spouse cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.	
		Plan Name Cost (Before Cost (After Tax) Employer Pay Period Cost Cost	
		Select Waive \$0.00	
		✓ COVA HithAwr + Prev Den (i) \$29.00 \$614.50 \$29.00	
		Select COVA HithAwr + Exp Den&Vis § \$68.00 \$614.50 \$68.00	
50.	Click th	he Done button in the upper right-hand corner of the page.	
		one	



Step	Action								
The updat	ted Benefit E l	nrollment page returns.							
		Cancel Cancel Next >							
★ Welc © Comp ★ Marin © Comp	al Status	Task: Benefit Enrollment The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event. For Enrollment Summary							
× Ackr © Com	iowledgement _{blete}	Your Pay Period Cost \$29.00 Status Pending Review	Full Cost \$29. Employer Cost \$614						
 Visite 		Enrollment Preview Stat	ement	Medical					
 Visite 									
© Com	ndent/Beneficiary Info	Benefit Plans							
In Pro Sum O Not 5	ngress mary	Medical	Flex Spending Medical	Flex Spending Dependent Care					
		Current COVA HithAwr + Prev Den New COVA HithAwr + Prev Den Status © Changed 24 1 Dependents	Current Waive New Waive Status Pending Review	Current Waive New Waive Status Pending Review					
		Pay Period \$29.00 Cost \$29.00	Pay Period \$0.00 Cost \$0.00 Review	Pay Period \$0.00 Cost Revie	w				
51.	Click the Sul	bmit Enrollment button							
The Bene	fits Alerts pa	ge displays in a pop-up	window.						
			nefits Alerts een successfully submitted to the Be	View					
		Select View to review your El	Department. ection Preview statement, Done to re its Enrollment Summary						
52.	Click the Do	ne button.							
	Done								







Divorce Life Event

Step	Action					
1.		Navigate to the Life Events tab on the Benefit Details page, as described in the Initiating ESS Life Events section of this Job Aid.				
The Life B	Events page displa	ays.				
	Cardinal Homepage Benefits Summary Life Events Dependent/Beneficiary Info Benefits Enrolment Benefit Statements Alfordable Care Act	Benefit Details Q is 00 Store & Warehouse Spec II Image: Comparison of the system of the				
		I have a newborn I adopted a child I got divorced Start Life Event				
2.	Click the I got di	vorced radio button option. ed				
3.	Click the Start L					
The Divo	r ce Event page di	splays.				
		Cancel Next >				
Comp Divor O Not Si Ackn O Not Si	ce Status tarted owledgement tarted	Task: Welcome to Divorce Event If you have experienced a life event change it may impact your health care choices and enrollments. This guide will take you through all the steps necessary to ensure that your personal profile, benefits, and payroll information are updated to reflect this event in your life.				



St	ер	Action				
2	1.	Read through the Welcome to Divorce Event information and then click the Next button.				
		Next >				
The	Divo	rce Status page d	isplays.			
			Cancel Cancel Next >			
	* Weld	ome to Divorce Event	Task: Divorce Status			

Welcome to Divorce Event Complete Divorce Status In Progress Acknowledgement O Not Started		Task: Divorce Status Current Single			
		Change Marital Status *New Status *Divorce Event date 01/13/2021			
5.	Select "Divorced	" using the New Status field drop-down menu.			
6.		appropriate marriage date using the Divorce Event Date Calendar icon.			
7.	Click the Save b	utton.			
8.	Click the Next be	utton.			



Step Action

The Acknowledgement page displays. Cancel Previous Next > As a participant in the State Retiree Health Benefits Program for retirees, survivors and LTD participants, I certify that I have reviewed and understand the eligibility and enrollment information for the State Retiree Health Benefits Program for Non-Medicare Retirees or the State Retiree Health Benefits Program Welcome to Divorce Event Complete for Medicare Retirees and I agree to abide by all participation requirements. Local Choice Health Program Participant Divorce Status Complete As a participant in the Local Choice Health Benefits Program for active employees and retirees, I certify that I have reviewed and understand The Local Choice Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements. Acknowledgement Participants Covering Dependents In Progress As a participant covering dependents, I also certify that all dependents listed meet the eligibility requirements of the Program and that the information I have provided is complete and accurate to the best of my knowledge. Benefit Summary O Not Started I understand that intentionally giving incorrect information is considered periury and punishable to the fullest extent of the law. · I understand that the health plan and its business associates have the right to use Protected Health Information in connection with the treatment, payment and health plan operations allowed for by the Health Insurance Portability and Accountability Act. Personal Information O Not Started You must remove your ex-spouse and stepchildren within 60-days of the date of the divorce event. Note: Ex-spouses are not eligible, even with a court Dependent/Beneficiary Info order. O Not Started Benefit Enrollment Required Documentation: Photocopy of the final divorce decree from the employee to document the date of divorce. O Not Started Mid-Year Life Event Policy Summary I Agree O Not Started Save Read through the Health Plan Acknowledgement information (scroll up/down as required) 9. and then select the I Agree checkbox. Agree 10. Click the Save button. Save 11. Click the Next button. > Next



Step	Action							
The Bene	f it Summary pag	ge displays.						
					Cancel	Previous	Next >	
* Welco © Comple	ene to Divorce Event	Task: Benefit Sumn	nary					
* Divord Comple	ce Status ete		As Of	01/13/2021				
X Ackno Complete	owledgement ete	Type of Benefit		Plan Description	Coverag	e or Participatior	1	
Benefi Visited	it Summary	Medical		COVA HIthAwr + Prev Den	Single		>	
► Perso	nal Information	Imputed Life		Imputed Life Insurance Income	Salary X	2	>	
O Not Sta		Section 457			Waived		:	=
The Perso	Next >	– Name page d	isplays.					
					Cancel	< Previous	Next >	
	Velcome to Marital Event	Task: Personal Inf	ormation -	Name				
	Aarital Status	Employee ID		Current			>	
* A	Acknowledgement Complete	-						
13.	Expand icon (>)		of the cu	age resulted in a nar rrent name listing. If 6.				n a
	Employee ID Current							



Step	Action
The Name	page displays in a pop-up window.
	Cancel Name Save
	Change As Of 01/13/2021
	*First Name
	*Last Name
	Name Suffix 🗸
	Display Name Formal Name
	Name
14.	Enter your first and last names in the corresponding fields.
	"First Name
	Middle Name
	*Last Name
i	Optionally, add your Prefix, Middle Name, and/or Suffix, as applicable.
15.	Click the Save button.
	Save
The Perso	onal Information – Name page returns.
	Cancel Cancel Next >
	ome to Divorce Event Task: Personal Information - Name
© Com	Current >
× Divo © Com	rce Status Dete
★ Ackr © Com	owledgement Dete



Step	Action						
16.	Click the Next button.						
	Next >						
The Perso	he Personal Information – Home and mailing Address page displays.						
		Cancel Cancel Next >					
	Welcome to Divorce Event Task: Personal Information - Home and mailing Address						
	Home Addres	\$\$					
	ivorce Status 1901 Brandywi omplete Richmond, VA 2	Current					
	cknowledgement omplete Moiling						
• • •	No data exists	te					
Be • Vi	isited	ng Address					
	 17. Your current home address displays. If the divorce has resulted in a personal address change, click the Expand icon (>) to the far right of the current home address listing. If the divorce did not result in a personal address change, proceed to Step 20. Home Address 1901 Brandywine St Richmond, VA 23220 Current 						
The Addro	ess page displays in a pop-u	Jp WINDOW.					
		Address					
	Employee Instruction						
	To save United States addresses at least one of the foll Change As Of	Illowing fields must get populated: Address 1, Address 3					
	Address Type						
	Country	/ United States Q					
	Address 1	1901 Brandywine St					
	Address 2	2					
	Address 3	3					
	City	/ Richmond					
	State	Virginia Q					
	Postal	23220					
	County						
T							
18.	Update your home address	s information as needed using the corresponding fields.					



Step	Action					
19.	Click the Save b	putton.				
	Save					
The Pers	onal Information	- Home and mailing Address page returns	•			
			Cancel	< Previou	us Next	>
	Velcome to Divorce Event	Task: Personal Information - Home and mailing Address	i			
	ivorce Status complete	1901 Brandywine St Richmond, VA 23220			:	>
	cknowledgement complete	Mailing				
	enefit Summary isited	No data exists. Add Mailing Address				
The Pers	Next >	- Contact Information page displays.				
			Cancel	< Previou	IS Next	>
	/elcome to Divorce Event	Task: Personal Information - Contact Information				
	ivorce Status	No data exists.				
	cknowledgement complete	Add Phone				
	enefit Summary isited	Email +				
	ersonal Information	Email Address xxx00900008000_ABC@virginia.gov	Type Business		Preferred	>
21.	To add a phone information.	number, click the Add Phone button and ent	er the a	applicab	le phone	number



Step	Action					
22.	To update an En listing and updat		•	• •	he far right	of the Email address
	Email Address			Туре	Preferred	
	xxx00900008000_ABC@virg	jinia.gov		Business	~	>
i	Business Email a Agency HR Adm					ions. Contact your
23.	To add an Email	address, clic	k the Add Em a	iil icon (+) und	ler the Ema	il section heading.
	+					
	Email Address			(Туре	Preferred
	xxx00900008000 AB	C@virginia.gov		E	Business	\checkmark
24.	Click the Next bu	utton.				
	Next >					
The Pers	onal Information	– Emergenc	y Contact pag	e displays.		
					Cancel	Previous Next >
× Welc © Com	come to Divorce Event	Task: Personal	Information - Eme	gency Contact		
* Divo	rce Status	+				
🗢 Com	plete	Contact Name		Relationship		Preferred
* Ackr	nowledgement	1000		Spouse		✓ >
25.	Click the Add Er Emergency Cont					
	+					
	Contact Name		Relationship		Preferred	
	and the		Spouse		~	>
j	If an Emergency button to add you			stablished, clic	k the Add I	Emergency Contact



Step	Action							
The Emer	The Emergency Contact page displays in a pop-up window.							
		Cancel		Emergency Co	ontact	Save		
	*Contact Name							
			*Relationship	Spouse	~			
			Preferred					
	Address							
		100 Main S Richmond,				>		
		Phone Nur	nbers					
		Phone		Extension	Туре			
		555/555-55	55		Business	>		
				Delete				
26.	Update or ad	ld the ap	plicable co	ontact informa	ation for the e	emergency co	ntact in the	
	correspondin	g fields.	1					
27.	Click the Sav	e butto	า.					
	C							
	Save							
	nal Informat	ion Fr			o roturno			
The Perso	onal Informat	ion – El	nergency	Contact pag	e returns.			1
						Cancel < Pr	revious Next >	
	 Welcome to Divorce E Complete 	vent		Information - Emer	gency Contact			
	Divorce Status Complete		+ Contact Name		Relationship		Preferred	
	* Acknowledgement	-	inen Teo		Sibling		✓ >	
	Complete							
	Benefit Summary Visited							
28.	Click the Nex							
20.								
	Next	>						



Step	Action					
The Depe	endent/Beneficiary	Info page disp	olays.			
					Cancel Cancel	Next >
* e	Welcome to Divorce Event Complete	Store & Warehouse Spec II	I			
*	Divorce Status Complete	Task: Dependent/	Beneficiary Info			
*	Acknowledgement	Add Individual				
e	Complete	Name	Relationship	Beneficiary	Dependent	>
•	Benefit Summary Visited		Child	~	~	
	Personal Information Visited		Child	~	\checkmark	>
*	Dependent/Beneficiary Info	Contraction of the second	Child	~	~	>
Ĩ	D In Progress		Spouse	~	~	>
The Indiv	ridual Dependent/B	Spouse Seneficiary Inf	ormation page	✓ displays.		
	Cancel	Individua	I Dependent/Beneficiary I	nformation	Sav	•
	Select Save after you have edited Name Personal Information	d your Dependent/Beneficiary's in	formation. The changes will go into ef	ffect on Jan 13, 2021.	>	
		Date of Birth 12/18/1986				
	*Relations	*Gender Female + hip to Employee Spouse	~			
		*Marital Status Married V]			
		*Student No 🗸 *Disabled No 🗸				
		*Smoker Non Smoker	~			
30.	Update the Relation	onship to Em	ployee field to "l	ExSpouse" us	ing the drop-do	own menu.
	*Relationship to Employee	Spouse 🗸				
A warning	g message displays	in a pop-up wi	ndow.			
	Changing	g relationship may aff	ect current enrollment.	Contact administrator	r if needed.	
			ок			



Address Address

1901 Brandywine St Richmond, VA 23220

*Marital Status

Married

~

Employee Self-Service Job Aid

ESS_How to Create a Life Event

>

Step	Action
31.	Click the OK button.
	ОК
The Indiv	idual Dependent/Beneficiary Information page returns.
	Cancel Individual Dependent/Beneficiary Information Save
	Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 13, 2021.
	Name
	Personal Information
	Date of Birth 12/18/1986
	*Gender Female V
	*Relationship to Employee ExSpouse
	"Marital Status Married 🗸
	*Student No V

Same as mine

Same as mine

*Disabled No v *Smoker Non Smoker v

Address Type

Update the Marital Status field to "Divorced" using the drop-down menu.

Home

32.



Step	Action							
The Indiv	he Individual Dependent/Beneficiary Information page refreshes.							
	Cancel	Individual Depe	endent/Beneficiary I	nformation	Sav	e		
	Select Save after you have edited your Dep	Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 13, 2021.						
	Name							
	- and Tax				>			
	Personal Information							
	Date o	f Birth 12/18/1986	iii					
	*@	ender Female 🗸						
	*Relationship to Em	bloyee ExSpouse	~					
	*Marital	Status Divorced V		As of 01/13/2021				
	*S	tudent No 🗸						
		sabled No 🗸						
	*S	moker Non Smoker V						
	Address							
	Address	Address Type	e	Same as mine				
	1901 Brandywine St Richmond, VA 23220	Home		Same as mine	>			
33. 34.	The As of field defaults to the system date. Enter/select the appropriate divorce date using the As of Calendar icon. As of 01/13/2021 Click the Save button.							
The Depe	ndent/Beneficiary In	formation page	e returns.					
				Can	cel	Next >		
	Welcome to Divorce Event Complete	tore & Warehouse Spec III	\odot					
	Divorce Status Ta Complete	ask: Dependent/Bene	eficiary Info					
		Add Individual						
	Acknowledgement N Complete	ame	Relationship	Beneficiary	Dependent			
	Benefit Summary Visited	an tate	Child	~	~	>		
	Personal Information	tere fast	Child	~	~	>		
	Visited	10. To	Child	~	~	>		
	Dependent/Beneficiary Info Complete	an 710	ExSpouse	~	~	>		



Step	Action						
35.	Click the Nex	t button.					
	Next	>					
The Ben	efit Enrollment	page displays.					
					Cancel < F	Previous Next >	
*	Welcome to Divorce Event Complete	Task: Benefit Enrollment					
*	Divorce Status © Complete	The Enrollment Overview displays which benefit options	are open for edits. All of your ben	efit changes will be effective the date of	of the open enrollment eve	nt.	
*	Acknowledgement Complete	Your Pay Period Cost \$29.00		Full Cost \$29.00 Employer Cost \$614.50			
	Benefit Summary	Status Submitted 01/13/2021 9:5					
-	Visited Personal Information	Submit Enrollment			Medical		
	Visited						
×	Dependent/Beneficiary Info Complete	Benefit Plans				e	
*	Benefit Enrollment In Progress	Medical	Flex Spending Medical	Eloy St	pending Dependent C		
	Summary O Not Started	Current COVA HithAwr + Prev Den	Current Waive		urrent Waive	,are	
36.	Click the Nex	the benefit enrollments					
	Next	>					
The Sum	mary page disp	olays.					
					•	Cancel	
	elcome to Divorce Event	Task: Summary				Complete	
	ivorce Status omplete	You have completed your Divorce Even	nt.				
	cknowledgement omplete	Steps				10 rows	
	enefit Summary isited	Step	Status	Date Completed	Required	∩_ Go to Step	
	ersonal Information	Welcome to Divorce Event	Complete	01/13/2021	Yes	Go to Step	
	isited	Divorce Status	Complete	01/13/2021	Yes	Go to Step	
	ependent/Beneficiary Info omplete	Acknowledgement	Complete	01/13/2021	Yes	Go to Step	
	enefit Enrollment Progress	Benefit Summary	Visited		No	Go to Step]



Step	Action
37.	Review the summary information for accuracy and then click the Complete button.