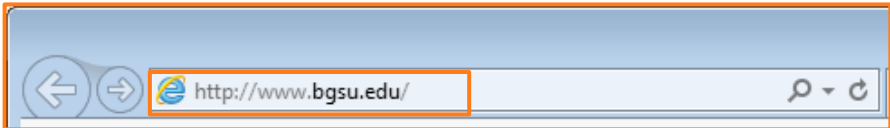
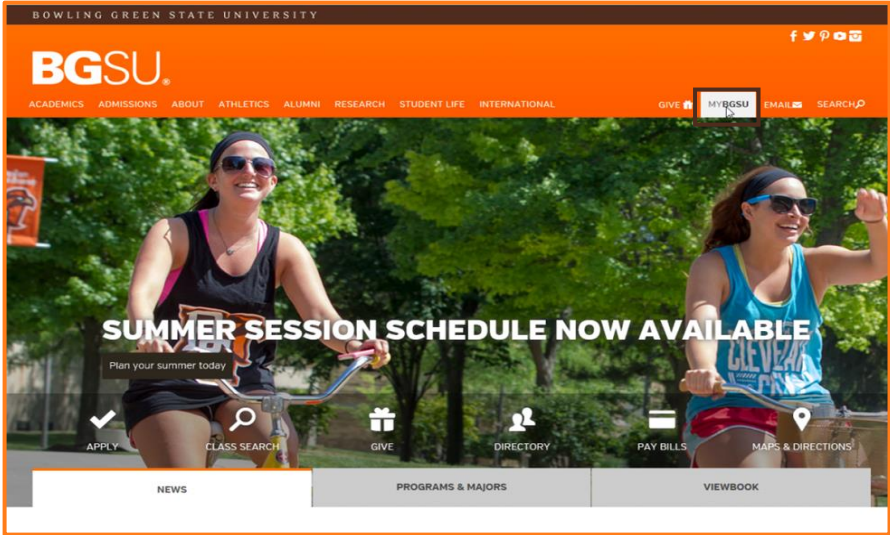
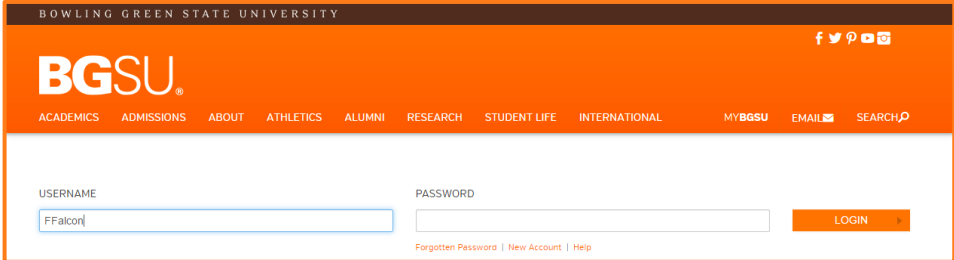
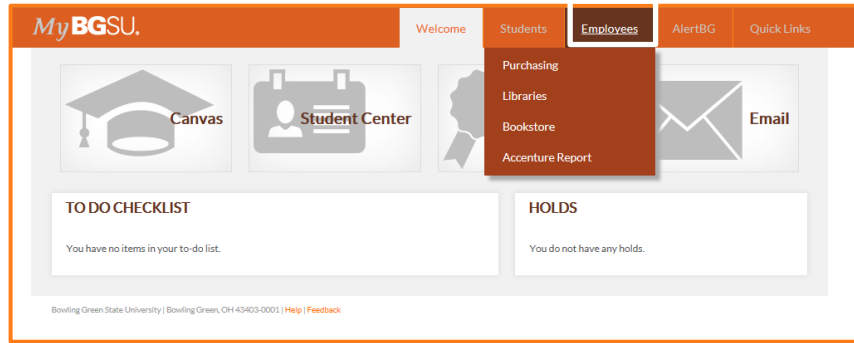


# Life Event – Birth Event

|   |  |
|---|--|
| <p>What do I do?</p> <p><b>PROCESS OVERVIEW</b></p>   | <p>The purpose of this reference guide is to assist you in modifying your dependents on your benefits. This document is set up according to the steps needed to be performed in order to complete a Family Status Change.</p> <ol style="list-style-type: none"> <li>1. Begin at the bgsu.edu home page</li> <li>2. Click <b>MyBGSU</b></li> <li>3. Enter <b>Username</b> and <b>Password</b></li> <li>4. Navigate: <b>Employees &gt; Benefits Enrollment &gt; Family Status Change/Life Event</b></li> <li>5. Choose <b>I had had a Baby</b> (Birth Life Event)</li> <li>6. Enter <b>Change Status</b> and <b>Date</b></li> <li>7. <b>Upload your Birth Certificate</b></li> <li>8. Wait for approval from the Benefits Department</li> <li>9. <b>Continue Later</b></li> <li>10. <b>Resume entering information</b> for the Birth Life Event</li> <li>11. <b>Verify Pay</b> and <b>Compensation</b></li> <li>12. <b>Enter Benefit Enrollments/Dependent Information</b></li> <li>13. <b>Complete the Birth Life Event</b></li> </ol> |
| <p><b>SECTION I NAVIGATION</b></p> <p>Begin the process at the bgsu.edu home page.</p> <p><i>Note: Please use Internet Explorer</i></p>               |    |
| <p>Where do I go?</p>   | <p>MyBGSU &gt; Employees &gt; Benefits Enrollment &gt; Family Status Change &gt; Life Event &gt; I had a Baby</p>  |
| <p><b>Step 1: Click MyBGSU</b></p>  |    |
| <p><b>Step 2: Enter USERNAME and PASSWORD</b></p> <p><i>Note: These will be your BGSU network credentials.</i></p> <p><b>Step 2a: Click Login</b></p> |    |

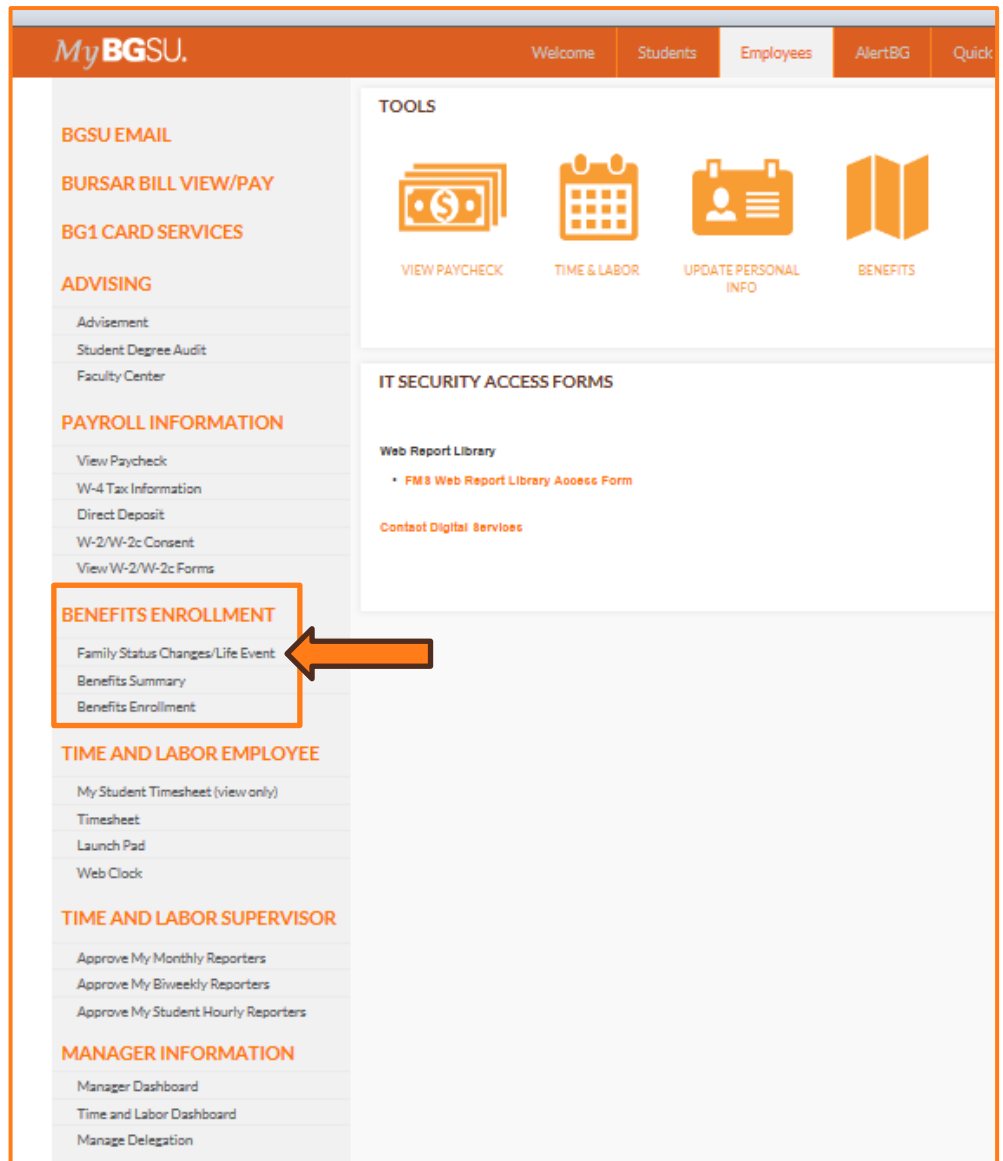
# Life Event – Birth Event

## Step 3: Click Employees



## Step 4: Under Benefits Enrollment

- Click **Family Status Change/Life Event**



# Life Event – Birth Event

## SECTION II BIRTH LIFE EVENT

**Step 1:** Choose the **I had a Baby** Life Event

### Life Events

Select Your Event

Review the choices and select the appropriate Event. Then enter the date of your event.

#### Employee

I had a Baby

I Adopted or gained legal custody/guardianship of a child

I got Married

I got Divorced

#### Other Life Events

Change in Coverage - Employee, Spouse, Dependent

Death of a Dependent

**Step 2:** Enter in the **Date** of the Birth

**Step 3 :** Click **OK**

You will be directed to the Welcome page of the Birth Life Event.

### Change Status Date

Help

### Change Status Date

Enter the date of your status change, then select the OK button. The Life Event must be completed within 30 days of your qualifying event or you will not be eligible to change your Benefit Elections until the next plan year.

Status Change Date

\*Date Change Will Take Effect 02/22/2015

OK

Cancel

# Life Event – Birth Event

## SECTION III EFFECTIVE BIRTH DATE

**Step 1:** The Welcome page will appear.

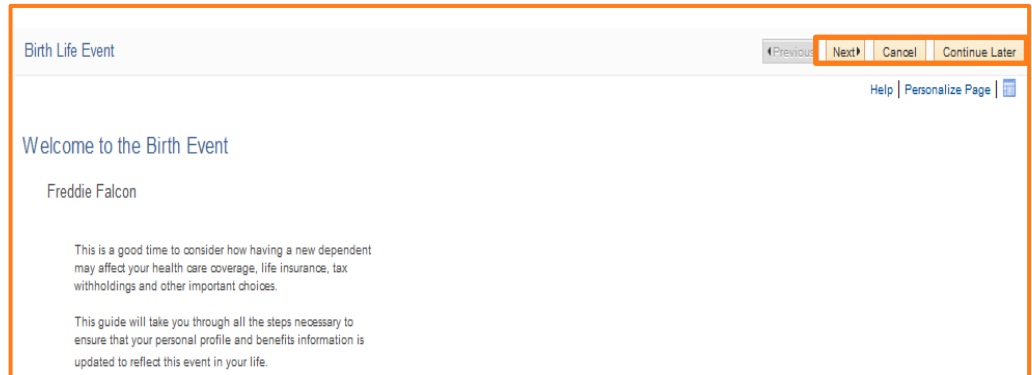
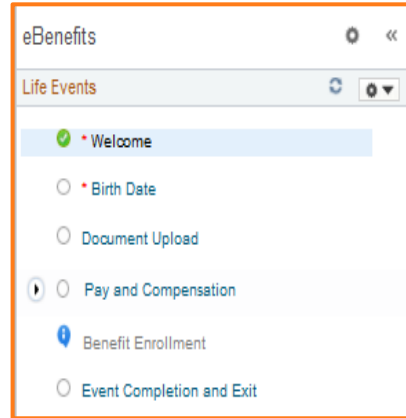
The **Activity Guide**, (located on the left side of the event) – will guide you through each step that is needed in order to complete the Birth Life Event.

### Navigational buttons:

The **Next** button, located in the right hand corner of the page will also navigate you through each step.

The **Cancel** button allows you to cancel the transaction at any time when clicked upon. Nothing will be saved if this button is pressed.

The **Continue Later** button allows you to logout of the event and save any information you have already entered. You are able to return at any point to complete and submit your event to the Benefits Department.



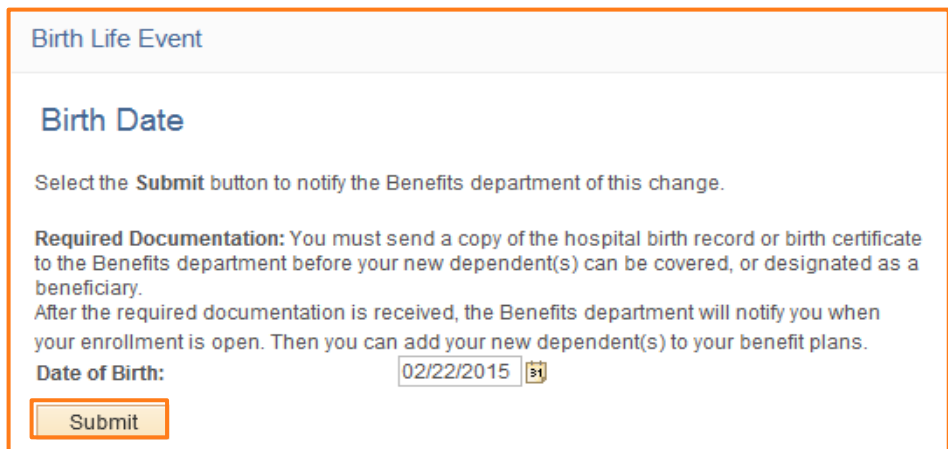
**Step 2:** Click **Next** to begin the Birth Event

**Next**

**Step 3:** Verify the Effective Date of the Change.

**Step 4:** Click

**Submit**

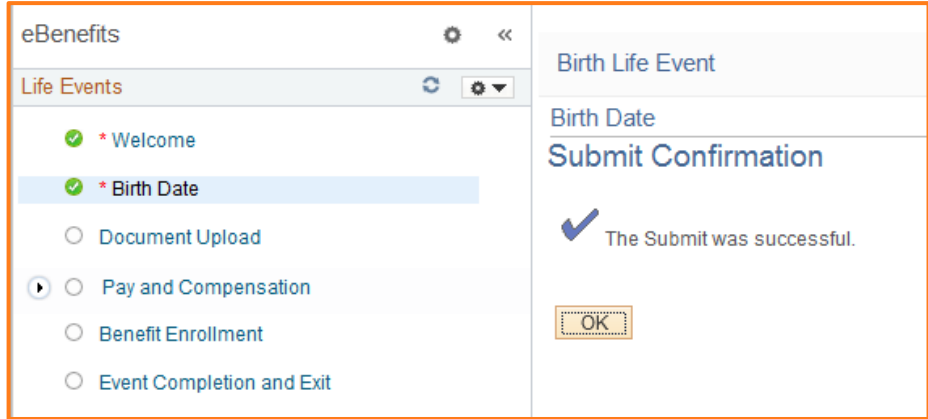


# Life Event – Birth Event

**Step 5:** A Submit Confirmation will show.

Also, you will notice that in the Activity Guide when a step is completed it will turn **green**.

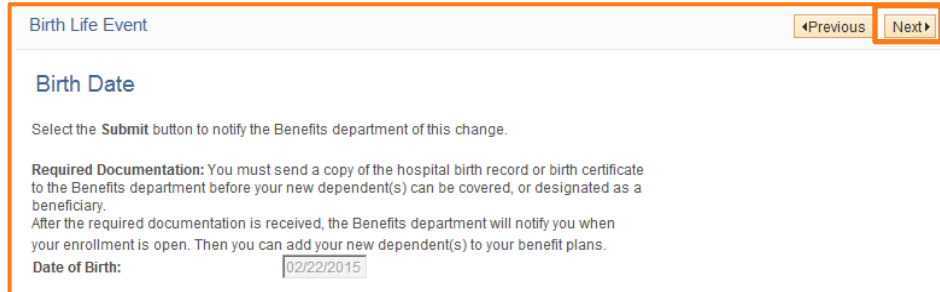
**Step 6:** Click 



The screenshot shows the eBenefits interface. On the left, a 'Life Events' sidebar lists steps: Welcome (green), Birth Date (green), Document Upload, Pay and Compensation, Benefit Enrollment, and Event Completion and Exit. The main content area is titled 'Birth Life Event' and 'Birth Date'. A 'Submit Confirmation' message with a checkmark says 'The Submit was successful.' and an 'OK' button is visible.

**Step 7:** The Birth Date page appears and shows the information that has been submitted to the Benefits Department.

**Step 8:** Click 

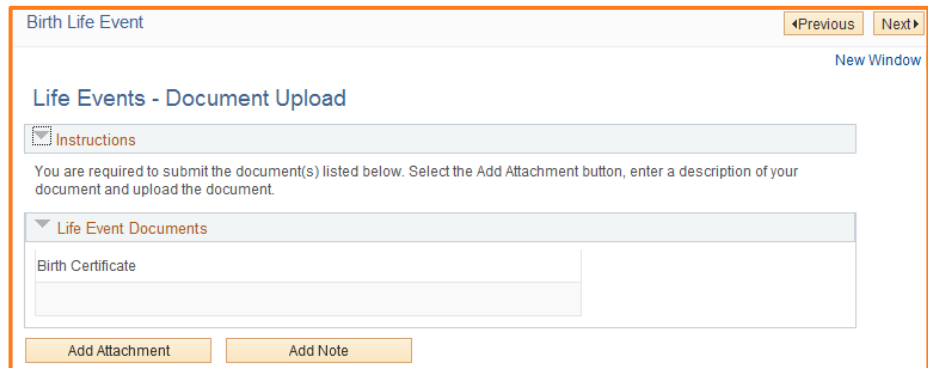


The screenshot shows the 'Birth Life Event' page with 'Birth Date' selected. It includes instructions to select the 'Submit' button and lists required documentation: a hospital birth record or birth certificate. A 'Date of Birth' field contains '02/22/2015'. Navigation buttons for 'Previous' and 'Next' are at the top right.

## SECTION IV DOCUMENT UPLOAD

**Step 1:** The Document Upload page allows you to attach your Birth Certificate or Birth Record and submit it to the Benefits Department.

*Note: You MUST have a Birth Certificate.*



The screenshot shows the 'Life Events - Document Upload' page. It features an 'Instructions' section and a 'Life Event Documents' list with 'Birth Certificate' as the first item. 'Add Attachment' and 'Add Note' buttons are at the bottom. Navigation buttons for 'Previous' and 'Next' are at the top right.

# Life Event – Birth Event

**Step 2:** Click on

Add Attachment

Birth Life Event

## Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Birth Certificate

\*Subject

Attachment

Add Attachment

Save

**Step 3:** Enter a description of the Birth Certificate or Birth Record in the **Subject** field.

e.g. **Fredrick Falcon's Birth Certificate or Birth Record**

*Note: You MUST enter a description.*

Birth Life Event

## Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Birth Certificate

\*Subject Fredrick Falcon's Birth Certificate

Attachment

Add Attachment

Save

**Step 4:** Click

Add Attachment

Birth Life Event

## Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Birth Certificate

\*Subject Fredrick Falcon's Birth Certificate

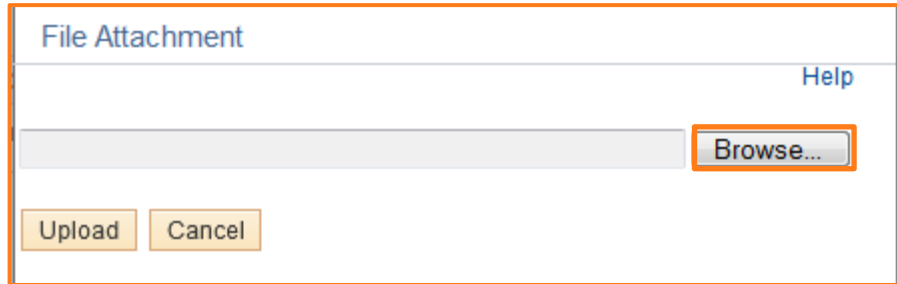
Attachment

Add Attachment

Save

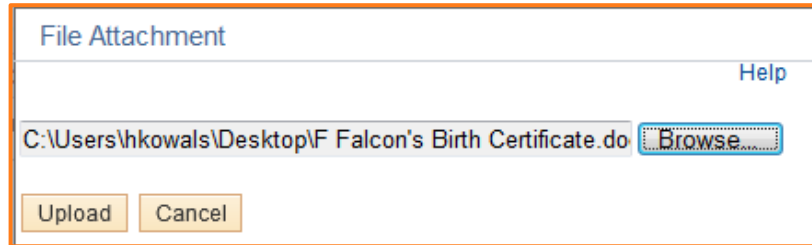
# Life Event – Birth Event

**Step 5:** Click **Browse** to locate your Birth Certificate or Birth Record document on your computer.



**Step 6:** Once the Birth Certificate or Birth Record has been located, Click on the **Upload** button.

*Note: If the wrong file is attached, you may click **Cancel** and start over with the Document Upload Activity.*



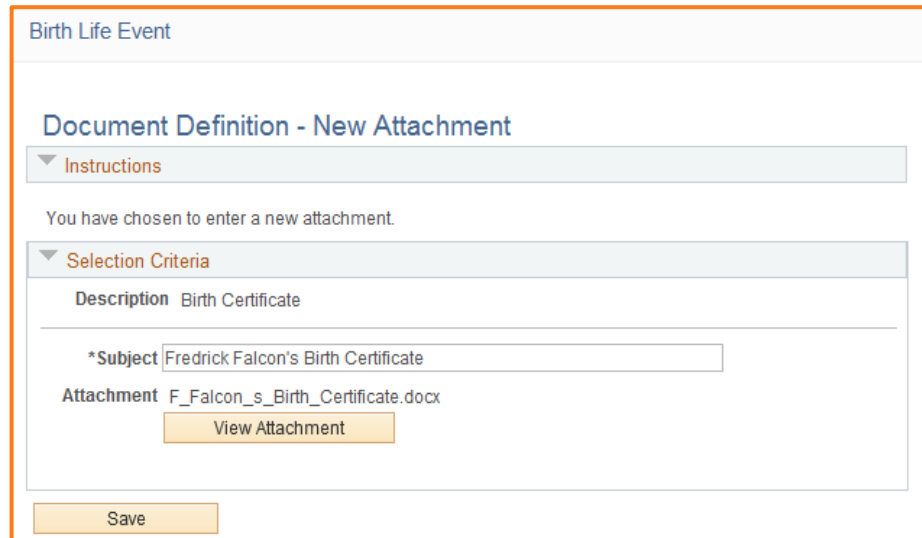
**Step 7:** Once you have uploaded the Birth Certificate, you may now view the attachment if you wish.

Click **View Attachment**

**IF**

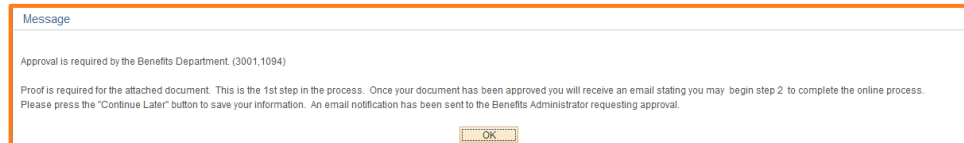
If you do not want to review the attached document then

Click **Save**



**Step 8:** You will receive a message stating the Benefits Department must approve your Birth Certificate or Birth Record in order to complete your Life Event.

**Step 9:** Click **OK**



# Life Event – Birth Event

**Step 10: (Optional)** You may **Add a Note** to your attachment if you would like.

If so desired, click on the

**Add Note**

If you **do not want** to add a note, proceed to **Step 14**.

Birth Life Event Previous Next Cancel  
New Window | Help | Per

### Life Events - Document Upload

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Birth Certificate

Attachments Personalize | Find | 1/20 | First 1 of 1 Last

| Select                   | Sequence | Created            | Author         | Entry ID          | Subject                              | Status         |
|--------------------------|----------|--------------------|----------------|-------------------|--------------------------------------|----------------|
| <input type="checkbox"/> | 1        | 02/26/2015 10:09AM | Freddie Falcon | Birth Certificate | Frederick Falcon's Birth Certificate | Needs Approval |

Select All Deselect All

**Step 11:** Enter a description of the note in the **Subject** field.

e.g. **Explanation of Falcon's Birth Certificate or Birth Record**

Birth Life Event

### Document Definition - New Note

Instructions

You have chosen to enter a new note.

Selection Criteria

Description Birth Certificate

\*Subject

\*Note Text



# Life Event – Birth Event

**Step 12:** Enter in note information in the **Note Text** field.

**Step 13:** Click 

Birth Life Event

Document Definition - New Note

Instructions

You have chosen to enter a new note.

Selection Criteria

Description Birth Certificate

\*Subject Explanation of Birth Certificate

\*Note Text This is a legal copy of the original. Please let me know if you have any concerns.

Save

**Step 14:** Review that your attachment and your note (if you added one) have a **Status** of **Needs Approval and Submitted**.

**Step 15:** You have now completed the first portion of the process.

Click **Continue Later** To save your information.

You will be notified by email when your documentation has been approved by the Benefits Department.

Birth Life Event

Life Events - Document Upload

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Birth Certificate

Add Attachment Add Note

| Select                   | Sequence | Created            | Author         | Entry ID          | Subject                             | Status         |
|--------------------------|----------|--------------------|----------------|-------------------|-------------------------------------|----------------|
| <input type="checkbox"/> | 1        | 02/26/2015 10:09AM | Freddie Falcon | Birth Certificate | Fredrick Falcon's Birth Certificate | Needs Approval |
| <input type="checkbox"/> | 2        | 02/26/2015 10:09AM | Freddie Falcon | Birth Certificate | Explanation of Birth Certificate    | Submitted      |

Select All Deselect All

Delete

**Step 16:** A message will appear asking if you would like to Continue Later.

Click **OK** to **Save** and **Continue Later**

OR

Click **Cancel** if you need to add additional information.

Message from webpage

Are you sure you want to exit and continue this Life Event later? Select Cancel to go back, or OK to continue.

OK Cancel

# Life Event – Birth Event

## SECTION V APPROVAL FROM BENEFITS DEPARTMENT

You have received an email from the Benefits Department stating that your Birth Certificate or Birth Record has been approved.

You may now proceed with the second phase of the process.

**Step 1:** Navigate to the Self Service Life Event page.

**Follow Section 1:  
Steps 1-4**

**MyBGSU > Employees >  
Benefits Enrollment > Family  
Status Change > Life Event**

Favorites | Main Menu > Self Service > Benefits > Life Events

**BGSU.** All Search >> Advanced Search

### Life Events

Select Your Event

Review the choices and select the appropriate Event. Then enter the date of your event.

**Employee**

- I had a Baby ...(event in progress)
- I Adopted or gained legal custody/guardianship of a child
- I got Married
- I got Divorced

**Other Life Events**

- Change in Coverage - Employee, Spouse, Dependent
- Death of a Dependent

Continue my Life Event

### Step 2: Click

Continue my Life Event

*Note: The Birth Event states that the Event is in Progress.*

*You will now be directed back to the Life Event*

### Life Events

Select Your Event

Review the choices and select the appropriate Event. Then enter the date of your event.

**Employee**

- I had a Baby ...(event in progress)
- I Adopted or gained legal custody/guardianship of a child
- I got Married
- I got Divorced


**Other Life Events**

- Change in Coverage - Employee, Spouse, Dependent
- Death of a Dependent

Continue my Life Event


# Life Event – Birth Event

The Document Upload page appears. You will notice that the Status has now changed for the Birth Certificate. It has been approved.

**Step 3:**  to begin Phase 2 of the Live Event.

Birth Life Event ◀Previous **Next▶** Cancel  
New Window | Help | Per


### Life Events - Document Upload

 **Instructions**

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

**Life Event Documents**

Birth Certificate

**Attachments** Personalize | Find |  | First 1-2 of 2 Last

| Select                   | Sequence | Created            | Author         | Entry ID          | Subject                             | Status    |
|--------------------------|----------|--------------------|----------------|-------------------|-------------------------------------|-----------|
| <input type="checkbox"/> | 1        | 02/26/2015 10:09AM | Freddie Falcon | Birth Certificate | Fredrick Falcon's Birth Certificate | Approved  |
| <input type="checkbox"/> | 2        | 02/26/2015 10:09AM | Freddie Falcon | Birth Certificate | Explanation of Birth Certificate    | Submitted |

[Select All](#) [Deselect All](#)

# Life Event – Birth Event

## SECTION VI PAY AND COMPENSATION

Due to your recent Birth, you are eligible to make changes to your W-4 Tax Information.

**Step 1:** Click on the **Pay and Compensation** link

**Step 2:** Click on the **W-4 Tax Information** link

- Review the Total number of Allowances you are claiming
- Make changes to the W-4 Tax Data if needed
- Certify the withholding year
- Click

*Note: If no changes are needed, you still must click **Submit**.*

### Marriage Life Event

#### W-4 Tax Information

Freddie Falcon  
Bowling Green State University

Social Security Number XXX-XX-0284

You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on marital status and the number of allowances claimed on this form. You may also specify that an additional dollar amount be withheld. You can file a new Form W-4 anytime your tax situation changes and you choose to have more, or less, tax withheld.

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

#### Home Address

110 McFall Center  
Bowling Green State University  
Bowling Green OH 43403

#### Mailing Address

110 Mcfall Center  
Bowling Green State University  
Bowling Green OH 43403

#### W-4 Tax Data

Enter total number of Allowances you are claiming

Enter Additional Amount, if any, you want withheld from each paycheck

Indicate Marital Status  Single  Married

Check here and select Single status if married but withholding at single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, select 'Single' status.

Check here if your last name differs from that shown on your social security card.

You must call 1-800-772-1213 for a new card.

#### Claim Exemption

I claim exemption from withholding for the year  and I certify that I meet

BOTH of the following conditions for exemption


1. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability.
2. This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

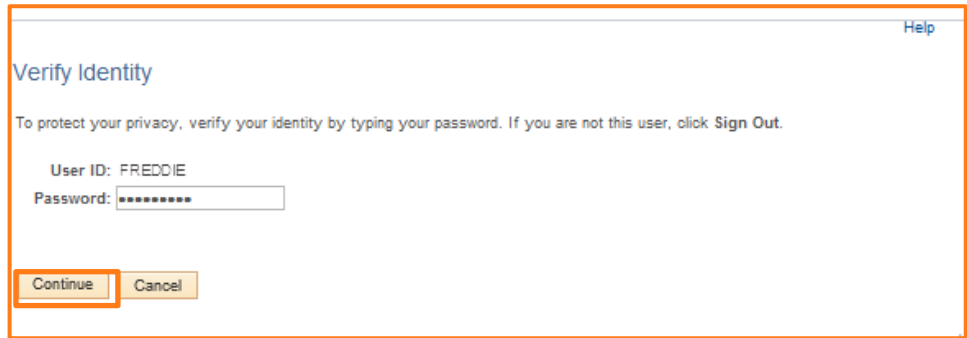
Check this box if you meet both conditions to claim exempt status.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

# Life Event – Birth Event

## Step 3: Verify Identity

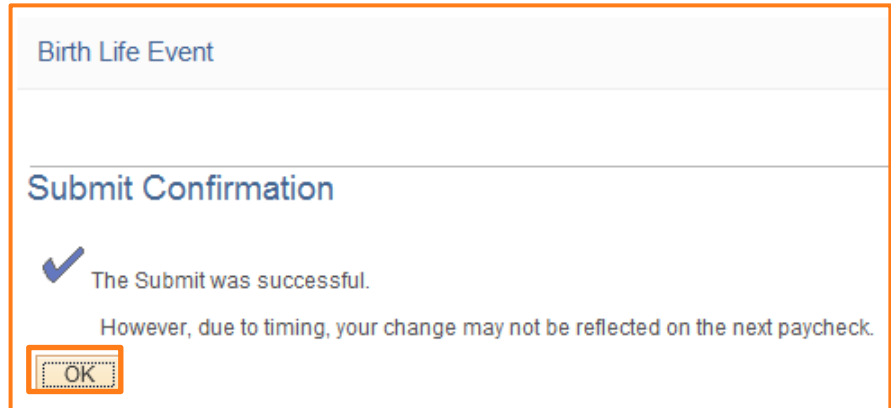
- Enter your network **Password**
- This will verify that you have made the changes to your W-4 Tax Information
- Click 



## Step 4: Submit Confirmation will appear

Step 5: Click 

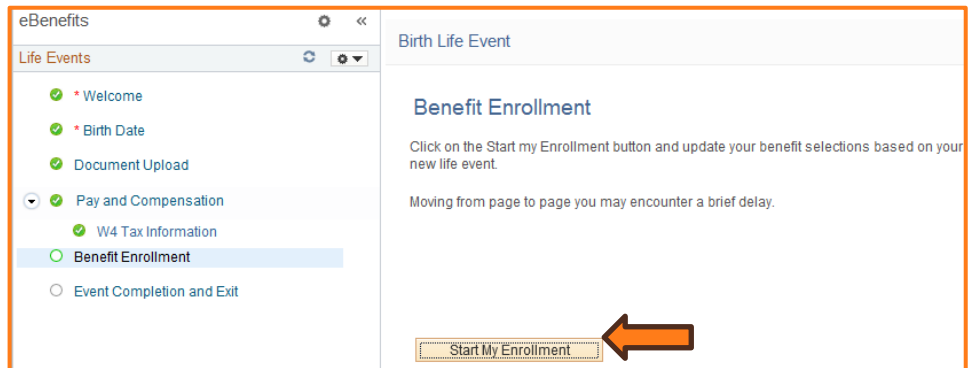
Step 6: Click 




## SECTION VII BENEFIT ENROLLMENT

The Benefit Enrollment section will allow you to add your new Dependent to your existing benefit elections.

Step 1: Click 



# Life Event – Birth Event

**Step 2:** Click  To begin your enrollment

## Birth Life Event

### Benefits Enrollment

Freddie Falcon

Your recent family status change event allows you to modify your current benefit choices. You will have 30 days from the event date below to update your benefits enrollment and submit your new choices

For each newly added dependent, you will be required to provide the birthdate and Social Security number, especially for your spouse. Before you continue, please make sure that you have this information available. You will be required to provide birth certificates and/or marriage certificate as proof of dependency to the Office of Human Resources within 30 days of the event date noted below. If you are electing to waive medical/dental coverage as a result of this family status change, you must provide proof of other coverage within 30 days of the event date noted below.



Please refer to the [Office of Human Resources](#) website for more information.

The Enrollment Summary will display which benefit options are open for edits. All of your benefits changes will be effective the date of the family status change event.

The blue Information icon below provides you with additional information about your enrollment.

The **Select** button next to an event means it is currently open for you to make enrollment elections. To begin your enrollment process, click **Select**.

**NOTE:** Some events may be temporarily closed until you have completed enrollment for a prior event.

| Open Benefit Events   |   |            |              |           |
|-----------------------|---|------------|--------------|-----------|
| Event Description     |   | Event Date | Event Status | Job Title |
| Marital Status Change |  | 02/15/2015 | Closed       | Director  |
| Birth/Adoption        |  | 02/22/2015 | Open         | Director  |

**Select**

Once you click **Select**, it will take a few seconds for your benefits enrollment information to load.

# Life Event – Birth Event

## Step 3: Current Benefit enrollment appears

- Review your current benefit enrollments
- Add your **new** dependent(s) to your plans, Click
- The plan will open with your new options

**Birth Life Event**

**Benefits Enrollment**

**Birth/Adoption**

Freddie Faloon

Your recent family status change event allows you to modify your current benefit choices. You will have 30 days from the event date to update your benefits enrollment and submit your new choices. The Enrollment Summary will display which benefit options are open for edits. All of your benefit changes will be effective the date of the family status change event.

**i** Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

**Enrollment Summary**

|   | Before Tax | After Tax | <input type="button" value="Edit"/> |
|---|------------|-----------|-------------------------------------|
| <b>Medical</b>                            |            |           |                                     |
| Current: Medical Plan A:Empl+Spous        |            |           |                                     |
| New: Medical Plan A:Empl Only             | 91.72      |           |                                     |
| <b>Dental</b>                             |            |           | <input type="button" value="Edit"/> |
| Current: Dental:Empl+Spous                |            |           |                                     |
| New: Dental:Empl Only                     | 6.84       |           |                                     |
| <b>Vision</b>                             |            |           | <input type="button" value="Edit"/> |
| Current: Vision:Empl + 1                  |            | 7.90      |                                     |
| New: Vision:Empl Only                     |            |           |                                     |
| <b>Life and AD and D</b>                  |            |           |                                     |
| Current: Basic Life: 1.5 X Salary         |            |           |                                     |
| New: Basic Life: 1.5 X Salary : \$125,000 |            | 0.00      |                                     |
| <b>Supplemental Life</b>                  |            |           |                                     |
| Current: Waive                            |            |           |                                     |
| New: Waive                                |            |           |                                     |
| <b>Dependent Life</b>                     |            |           | <input type="button" value="Edit"/> |
| Current: Waive                            |            |           |                                     |
| New: Waive                                |            |           |                                     |
| <b>Long-Term Disability</b>               |            |           |                                     |
| Current: LTD: 60.00% of Salary            |            |           |                                     |
| New: LTD: 60.00% of Salary                |            | 0.00      |                                     |
| <b>Flex Spending Health - U.S.</b>        |            |           | <input type="button" value="Edit"/> |
| Current: LTD: 60.00% of Salary            |            |           |                                     |
| New: LTD: 60.00% of Salary                |            | 0.00      |                                     |
| <b>Flex Spending Health - U.S.</b>        |            |           | <input type="button" value="Edit"/> |
| Current: No Coverage                      |            |           |                                     |
| New: No Coverage                          |            |           |                                     |
| <b>Flex Spending Dependent Care</b>       |            |           | <input type="button" value="Edit"/> |
| Current: No Coverage                      |            |           |                                     |
| New: No Coverage                          |            |           |                                     |
| <b>Health Savings Account</b>             |            |           | <input type="button" value="Edit"/> |
| Current: No Coverage                      |            |           |                                     |
| New: No Coverage                          |            |           |                                     |
| <b>Retirement Plans</b>                   |            |           | <input type="button" value="Edit"/> |
| Current: ARP OPERS Nationwide             |            |           |                                     |
| New: ARP OPERS Nationwide                 |            |           |                                     |

This table summarizes estimated pay period costs for your new benefit choices.

| Election Summary |        |            |           |
|------------------|--------|------------|-----------|
| Cost Summary     | Total  | Before Tax | After Tax |
| Costs            | 106.46 | 98.56      | 7.90      |
| Your Costs       | 106.46 | 98.68      | 7.90      |

Click **Submit** to send your final choices to the Benefits Department.

Or click the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

**i** Important: Your enrollment will not be complete until you **Submit** your choices to the Benefits Department at the end of the enrollment process.

# Life Event – Birth Event

## Step 4: Add/Update Dependents

- Dependents that are currently covered are in the box at the bottom of the page.
- At the bottom of the Plan page, click

Add/Review Dependents

## Step 5: The Add/Review Dependent/Beneficiary page will appear

- You may edit your Dependent/Beneficiary information if needed.

### Birth Life Event

#### Required Documents

If you are adding eligible dependents for the first time, all of the documents that you may be required to complete are available below. You will also be required to provide proof of dependency such as birth certificate or adoption finalization papers or marriage certificate.

[Older Adult Child Certification 26-28 years of age](#)  
[Other Insurance Information Certification](#)  
[Primary Coverage Certification](#)  
[Same-Sex Domestic partner Affidavit](#)

You may enroll any of the following individuals for coverage under this plan by [checking the Enroll](#) box next to the dependent's name.

| Dependent Beneficiary    |               |              |
|--------------------------|---------------|--------------|
| Enroll                   | Name          | Relationship |
| <input type="checkbox"/> | Freida Falcon | Spouse       |

Add/Review Dependents

Continue

Cancel

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

## Step 6: Click Add a dependent or beneficiary

To add the new baby to your benefits.

### Birth Life Event

◀Previous Next▶ Cancel Continue Later

#### Add/Review Dependent/Beneficiary

Freddie Falcon

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

#### Dependent Information

| Name                          | Relationship to Employee | Date of Birth | Marital Status | Marital Status Date | Student | Disabled | Dependent | Beneficiary |
|-------------------------------|--------------------------|---------------|----------------|---------------------|---------|----------|-----------|-------------|
| <a href="#">Freida Falcon</a> | Spouse                   | 02/25/1966    | Married        | 02/15/2015          | No      | No       | Yes       | Yes         |
| Mable Flowers                 | Child                    | 04/24/1994    | Single         |                     | Yes     | No       | No        | Yes         |


Add a dependent or beneficiary

[Return to Event Selection](#)



# Life Event – Birth Event

## Step 7: Dependent/Beneficiary Personal Information

- Enter Personal Information
- Status Information
- Address and Telephone
- Click 

*Note: Any field that has an \* is a required field. Data **MUST** be entered.*

Birth Life Event

### Dependent/Beneficiary Personal Information

Freddie Falcon  
Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Feb 22, 2015.

**Personal Information**

\*First Name   
Middle Name   
\*Last Name   
Name Prefix   
Name Suffix   
Date of Birth  [R]  
\*Gender   
SSN  (Social Security Number)  
\*Relationship to Employee

**Status Information**

\*Marital Status  As of  [D]  
Student  As of  [R]  
Disabled  As of  [D]  
Smoker  As of  [R]


**Address and Telephone**

Same Address as Employee

Country   
Address

Same Phone as Employee

Phone



## Step 8: Personal Information Save Confirmation


You will receive a Save Confirmation once your new dependent information has been saved.


Click 

Birth Life Event

Personal Information

### Save Confirmation

 The Save was successful.



# Life Event – Birth Event

## Step 9: Add/Review Dependent/Beneficiary page will appear

Your new dependent will now show on your summary page.

Click **Return to Event Selection**

Birth Life Event ◀Previous Next▶ Cancel Continue

**Add/Review Dependent/Beneficiary**

Freddie Falcon

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

| Dependent Information |                          |               |                |                     |         |          |           |             |  |
|-----------------------|--------------------------|---------------|----------------|---------------------|---------|----------|-----------|-------------|--|
| Name                  | Relationship to Employee | Date of Birth | Marital Status | Marital Status Date | Student | Disabled | Dependent | Beneficiary |  |
| Freida Falcon         | Spouse                   | 02/25/1966    | Married        | 02/15/2015          | No      | No       | Yes       | Yes         |  |
| Mable Flowers         | Child                    | 04/24/1994    | Single         |                     | Yes     | No       | No        | Yes         |  |
| Frederick Falcon      | Child                    | 02/22/2015    | Single         |                     | No      | No       | Yes       | Yes         |  |

## Step 10: Enroll new dependent into your benefit elections

1. Place a **checkbox** in the **Enroll box** to add this dependent to the benefit plan.
2. You will need to do this for each plan you would like to add your dependents too.

Step 9: Click

Birth Life Event

**Required Documents**

If you are adding eligible dependents for the first time, all of the documents that you may be required to complete are available below. You will also be required to provide proof of dependency such as birth certificate or adoption finalization papers or marriage certificate.

[Older Adult Child Certification 26-28 years of age](#)  
[Other Insurance Information Certification](#)  
[Primary Coverage Certification](#)  
[Same-Sex Domestic partner Affidavit](#)

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

| Dependent Beneficiary               |                  |              |
|-------------------------------------|------------------|--------------|
| Enroll                              | Name             | Relationship |
| <input checked="" type="checkbox"/> | Freida Falcon    | Spouse       |
| <input checked="" type="checkbox"/> | Frederick Falcon | Child        |

# Life Event – Birth Event

## Step 11: Review new elections for plan

1. Verify your new coverage choices
2. Your new Cost will show per pay period
3. Covered Dependents for this plan only

Once you have reviewed your new information for this plan

Click



### Birth Life Event

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#### Benefits Enrollment

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#### Medical

Freddie Falcon

**i** Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

**Your Choice**

You have chosen Medical Plan A with Employee+Family coverage.

In order for Medical Mutual to apply appropriate benefits to treatment and services provided to me and or my dependent, I consent to any medical professional, clinic, or other medical or medically related facility, government agency or other provider of care to provide Medical Mutual information including copies of medical records (if needed) concerning care of treatment, information relating to mental illness or use of drugs or alcohol. I understand that this health care coverage I am enrolling in contains coordination of benefits, workers' compensation and subrogation provisions and I acknowledge Medical Mutual's right on behalf of BGSU to enforce these provisions.

**Your Estimated per-pay-period Cost**

Your Cost      \$318.37

**Your Covered Dependents**

| Primary Care Provider Details |              |
|-------------------------------|--------------|
| Name                          | Relationship |
| Freida Falcon                 | Spouse       |
| Frederick Falcon              | Child        |

**Notes**

Once submitted, this choice will take effect on 02/22/2015. Deductions for this choice, if applicable, will start with the pay period which includes 02/22/2015.

OK      Cancel

Click OK to store your choices.  
Click Edit to go back and change your choices.

# Life Event – Birth Event

## Step 12: Benefit Enrollment page

You will be returned to the Benefit Enrollment page where you will see the change that was made to the plan you just changed.

- Add new dependent (s) to other plans.
- **Repeat Steps 10-11 until you have completed adding the dependent to your current elections.**

Birth Life Event

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Benefits Enrollment  
Birth/Adoption

Freddie Falcon

Your recent family status change event allows you to modify your current benefit choices. You will have 30 days from the event date to update your benefits enrollment and submit your new choices. The Enrollment Summary will display which benefit options are open for edits. All of your benefit changes will be effective the date of the family status change event.

**Important:** Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

| Enrollment Summary                        |            |           |                                     |
|---|------------|-----------|-------------------------------------|
|   | Before Tax | After Tax | Edit                                |
| <b>Medical</b>                            |            |           | <input type="button" value="Edit"/> |
| Current: Medical Plan A:Empl+Spous        |            |           |                                     |
| New: Medical Plan A:Emp+Family            | 318.37     |           |                                     |
| <b>Dental</b>                             |            |           | <input type="button" value="Edit"/> |
| Current: Dental:Empl+Spous                |            |           |                                     |
| New: Dental:Empl Only                     | 6.64       |           |                                     |
| <b>Vision</b>                             |            |           | <input type="button" value="Edit"/> |
| Current: Vision:Empl + 1                  |            |           |                                     |
| New: Vision:Empl Only                     |            | 7.90      |                                     |
| <b>Life and AD and D</b>                  |            |           |                                     |
| Current: Basic Life: 1.5 X Salary         |            |           |                                     |
| New: Basic Life: 1.5 X Salary : \$125,000 |            | 0.00      |                                     |
| <b>Supplemental Life</b>                  |            |           |                                     |
| Current: Waive                            |            |           |                                     |
| New: Waive                                |            |           |                                     |
| <b>Dependent Life</b>                     |            |           | <input type="button" value="Edit"/> |
| Current: Waive                            |            |           |                                     |

# Life Event – Birth Event

**Step 12:** Click at the bottom of the **Benefit Enrollment** page after you have added your dependent to your plans.

Submit

Birth Life Event

Benefits Enrollment

Birth/Adoption

Freddie Falcon

Your recent family status change event allows you to modify your current benefit choices. You will have 30 days from the event date to update your benefits enrollment and submit your new choices. The Enrollment Summary will display which benefit options are open for edit. All of your benefit changes will be effective the date of the family status change event.

**i** Important: Your enrollment will not be complete until you submit your choices to the Benefits Department at the end of the enrollment process.

Enrollment Summary

|  | Before Tax | After Tax |             |
|--|------------|-----------|-------------|
| <b>Medical</b>   |            |           | <b>Edit</b> |
| Current: Medical Plan A:Emp+Spous                                  |            |           |             |
| New: Medical Plan A:Emp+Family                                     | 315.27     |           |             |
| <b>Dental</b>  |            |           | <b>Edit</b> |
| Current: Dental:Emp+Spous  |            |           |             |
| New: Dental:Emp Only   | 0.54       |           |             |
| <b>Vision</b>  |            |           | <b>Edit</b> |
| Current: Vision:Emp + 1  |            |           |             |
| New: Vision:Emp Only<br>Life and AD and D                          |            | 7.90      |             |
| <b>Current: Basic Life: 1.5 X Salary</b>                           |            |           |             |
| <b>New: Basic Life: 1.5 X Salary : \$125,000 Supplemental Life</b> |            |           |             |
| Current: Wave  |            |           |             |
| New: Wave  |            | 0.00      |             |
| <b>Dependent Life</b>  |            |           | <b>Edit</b> |
| Current: Wave  |            |           |             |
| New: Wave  |            |           |             |
| <b>Long-Term Disability</b>  |            |           |             |
| Current: LTD: 60.00% of Salary                                     |            |           |             |
| New: LTD: 60.00% of Salary   |            | 0.00      |             |
| <b>Flex Spending Health - U.S.</b>                                 |            |           | <b>Edit</b> |
| Current: No Coverage   |            |           |             |
| New: No Coverage   |            |           |             |
| <b>Flex Spending Dependent Care</b>                                |            |           | <b>Edit</b> |
| Current: No Coverage   |            |           |             |
| New: No Coverage   |            |           |             |
| <b>Health Savings Account</b>                                      |            |           | <b>Edit</b> |
| Current: No Coverage   |            |           |             |
| New: No Coverage   |            |           |             |
| <b>Retirement Plans</b>  |            |           | <b>Edit</b> |
| Current: ARP OPERS Nationwide                                      |            |           |             |
| New: ARP OPERS Nationwide  |            |           |             |

This table summarizes submitted pay period costs for your new benefit choices.

| Cost Summary | Total  | Before Tax | After Tax |
|--------------|--------|------------|-----------|
| Costs        | 323.11 | 325.21     | 7.90      |
| Your Costs   | 323.11 | 325.21     | 7.90      |

**Submit** ←

Click Submit to send your final choices to the Benefits Department.

**i** Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department at the end of the enrollment process.

# Life Event – Birth Event

## Step 13: Message

Once Submitted, you will receive a message stating you are not finished yet

Click **OK**

Message

Reminder (2000,433)

Reminder: You are not finished with the enrollment process. Please continue on to the next page. You must check the employee agreement box and click the submit button on the next page or your enrollment will not be submitted to Human Resources.

**OK**

## Step 14: Authorize Elections/Benefit Enrollment page

The Benefit Enrollment page returns with a section for **Authorizing Elections**

- Check off the **Employee Agreement** box

- Click 

Marriage Life Event

Benefits Enrollment

### Submit Benefit Choices

Freddie Falcon

You have almost completed your enrollment. If you have no further changes, please read the contents of this page. After reading 'Authorize Elections', click **Submit** at the bottom of this page to finalize your benefit choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click **Submit** your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period in the fall or if you have a qualified family status change.

As a reminder, to add dependents and same sex domestic partner to the plans for which they are eligible will require completing and returning all required documents to the Office of Human Resources within 30 days of the event date. Failure to complete and return the appropriate documents could result in loss of coverage for your spouse, same sex domestic partner and/or your dependents.

For more information regarding who is eligible to be your covered dependents under the health care plan please review [Dependent Eligibility Information](#). It includes definition of dependents, their eligibility and the required documents for adding them for coverage.

**Required Documents**

If you are adding new dependents, all of the documents that you may be required to complete are available below. You will also be required to provide proof of dependency such as birth certificate or adoption finalization papers or marriage certificate.


[Older Adult Child Certification 26-28 years of age](#)  
[Other Insurance Information Certification](#)  
[Primary Coverage Certification](#)  
[Same-Sex Domestic Partner Affidavit](#)

**Authorize Elections**

By submitting my benefit choices I am certifying that the information is true and correct to the best of my knowledge and understand that any misstatement constitutes fraud and may result in termination of my benefits and may subject me to legal action by BGSU and its authorized vendors. I also understand that any monies received from any authorized BGSU vendor for which I am not entitled will require full reimbursement to the appropriate plan. I also understand that I must notify BGSU within 30 days of occurrence of any changes in status.

Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)

**EMPLOYEE AGREEMENT:** I understand that I must complete the required documents and submit them by the deadline in order to have coverage as defined by the plan.



**Submit** **Cancel**

Click **Submit** to send your final choices to the Benefits Department.

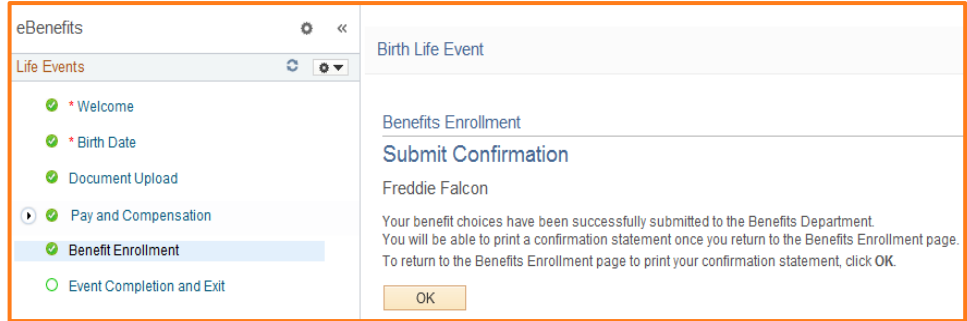
Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

# Life Event – Birth Event

## Step 15: Submit Confirmation

After submitting your new benefit elections, you will receive a Submit Confirmation.

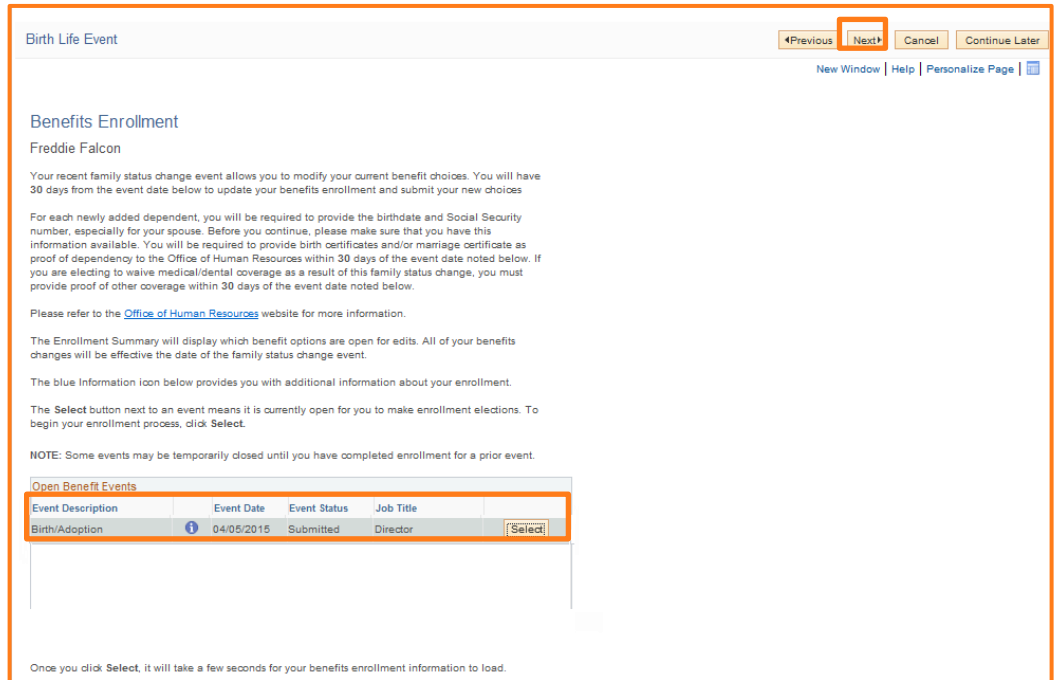
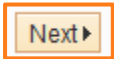
Click **OK**



## Step 16: Open Benefit Events

The **Open Benefits Event** page will now indicate that your Birth Life Event has been submitted to the Benefits Department.


Click

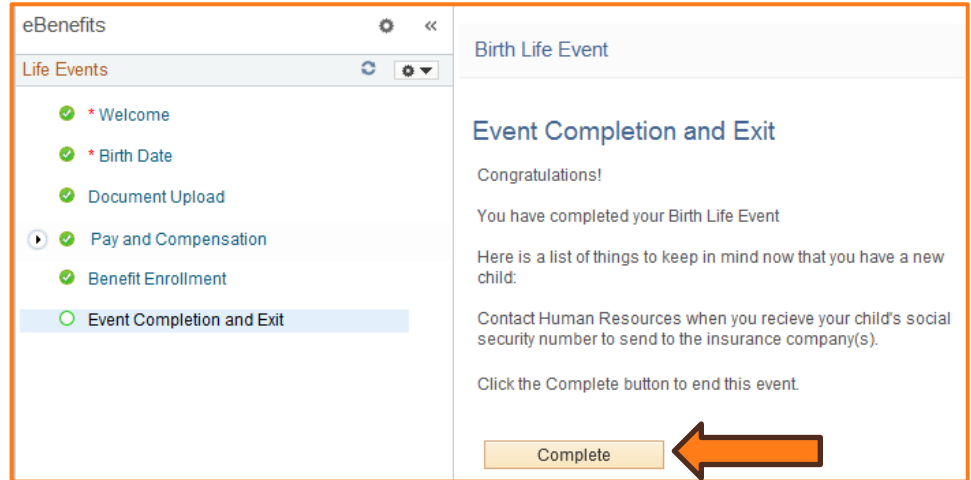


# Life Event – Birth Event

## SECTION VIII EVENT COMPLETION AND EXIT

Congratulations! You have completed your Birth Life Event.

Click  to end the event.



eBenefits

Life Events

- ✓ \* Welcome
- ✓ \* Birth Date
- ✓ Document Upload
- ▶ ✓ Pay and Compensation
- ✓ Benefit Enrollment
- Event Completion and Exit

Birth Life Event

### Event Completion and Exit

Congratulations!

You have completed your Birth Life Event

Here is a list of things to keep in mind now that you have a new child:

Contact Human Resources when you receive your child's social security number to send to the insurance company(s).

Click the Complete button to end this event.

