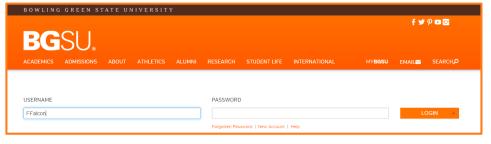
#### What do I do? The purpose of this reference guide is to assist you in modifying your dependents on your benefits. This document is set up according to the steps needed to be performed in order to complete a Family Status Change. **PROCESS OVERVIEW** 1. Begin at the bgsu.edu home page 2. Click MyBGSU 3. Enter Username and Password Navigate: Employees > Benefits Enrollment > Family Status Change/Life Event Choose I Adopted or gained legal custody of a child (Adoption Life Event) **Enter Change Status and Date Upload your Adoption Certificate** Wait for approval from the Benefits Department 9. **Continue Later** 10. Resume entering information for the Adoption Life Event 11. Verify Pay and Compensation 12. Enter Benefit Enrollments/Dependent Information 13. Complete the Adoption Life Event **SECTION I NAVIGATION** Begin the process at the 🗿 http://www.**bgsu.edu**/ bgsu.edu home page. **Note:** Please use Internet Explorer MyBGSU > Employees > Benefits Enrollment > Family Status Change > Life Event > Where do I go? I Adopted or gained legal custody of a child BOWLING GREEN STATE UNIVERSIT Step 1: Click MyBGSU SCHEDULE NOW AVA Step 2: Enter USERNAME

#### and **PASSWORD**

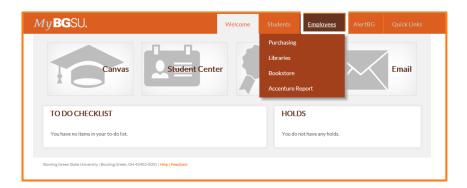
*Note:* These will be your BGSU network credentials.

Step 2a: Click Login



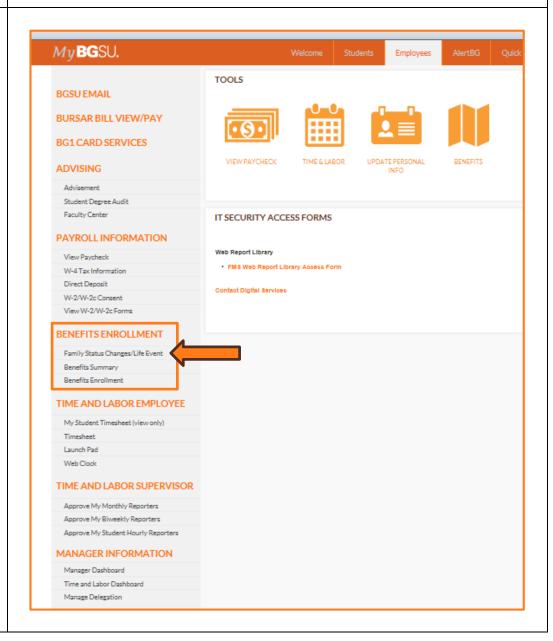
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Step 3: Click Employees



#### **Step 4**: Under Benefits Enrollment

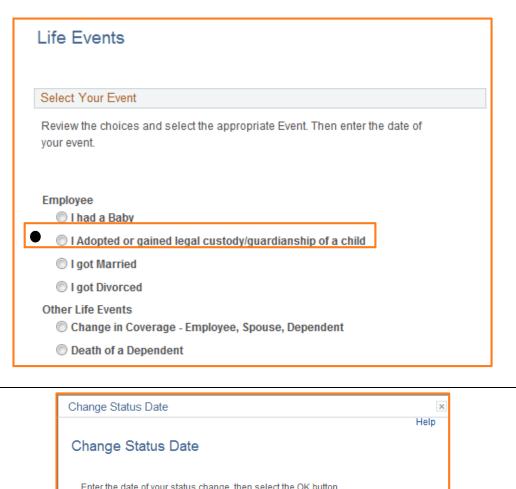
Click Family Status
 Change/Life Event



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## SECTION II ADOPTION LIFE EVENT

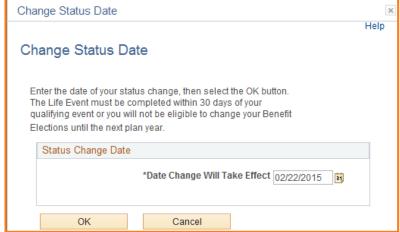
Step 1: Choose the I Adopted or gained legal custody of a child Life Event



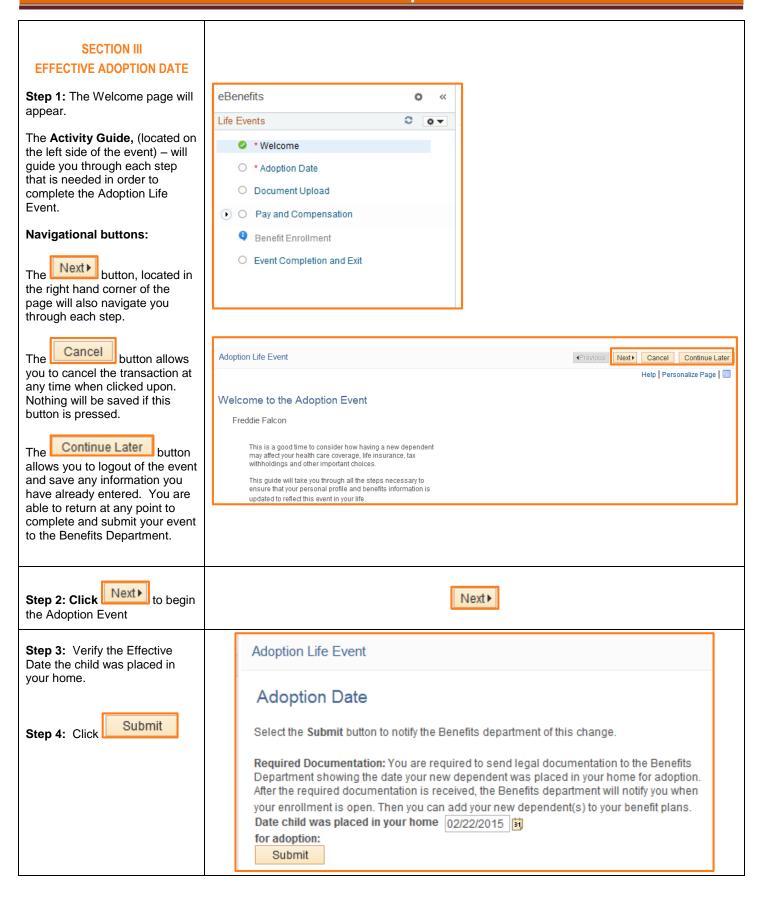
**Step 2:** Enter in the **Date** of the Adoption

Step 3 : Click

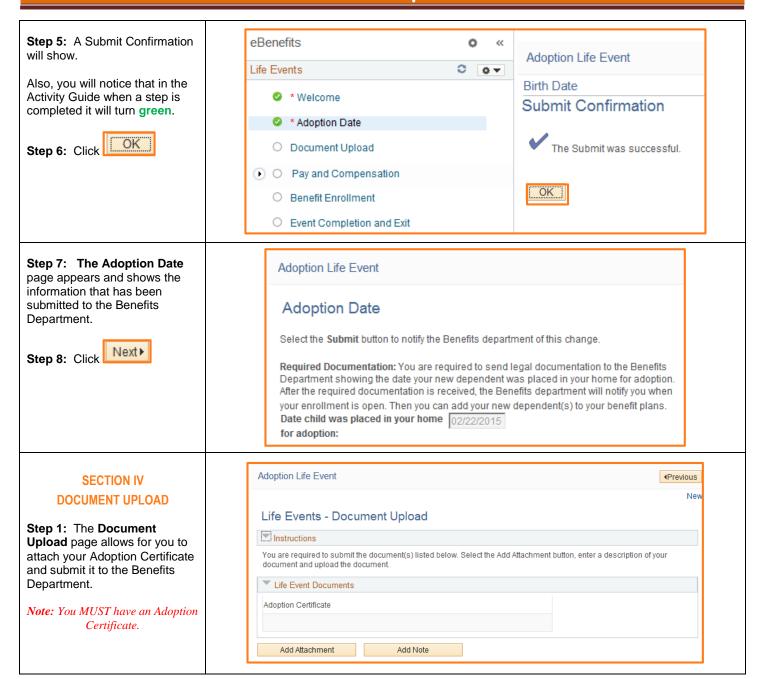
You will be directed to the Welcome page of the Adoption Life Event.



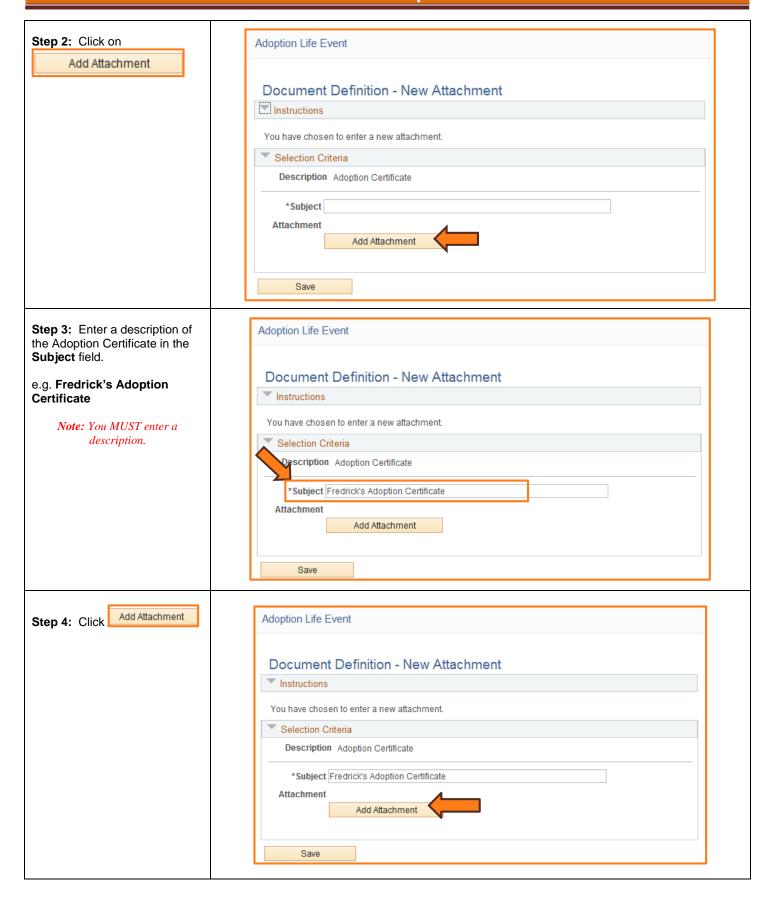
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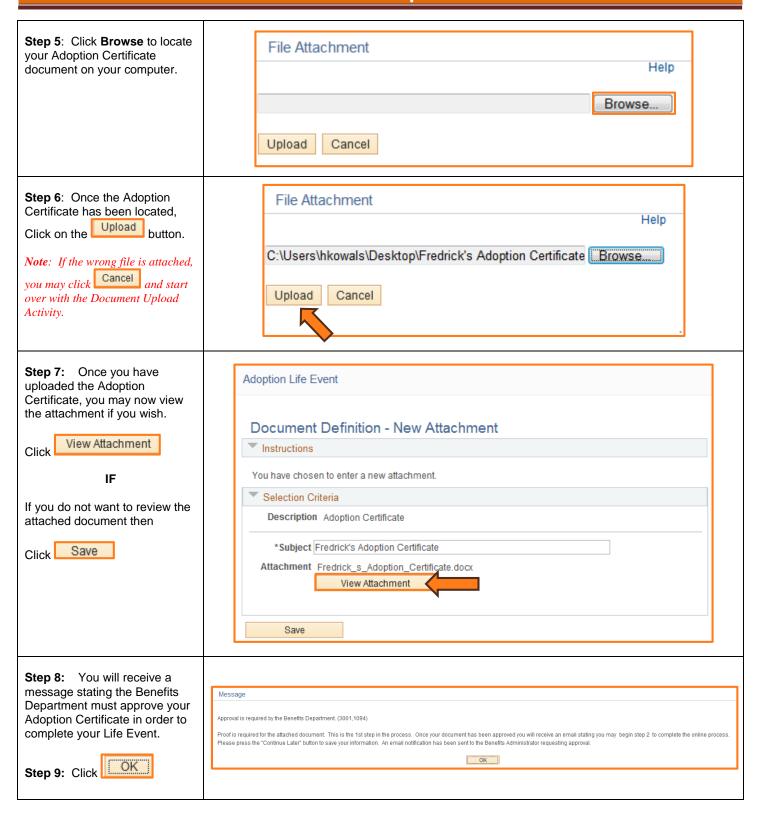
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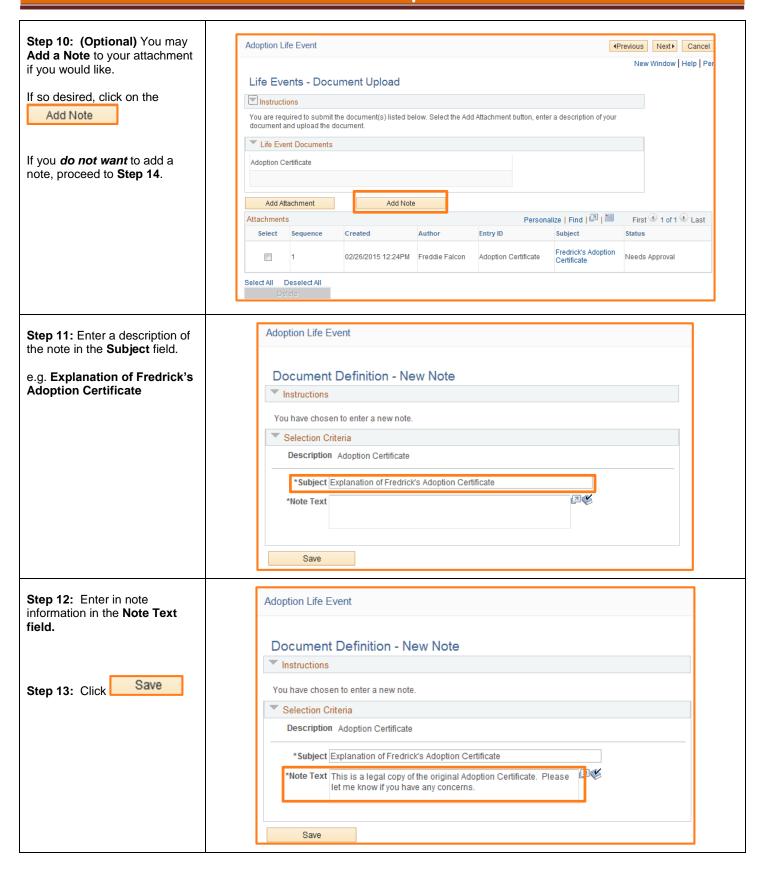
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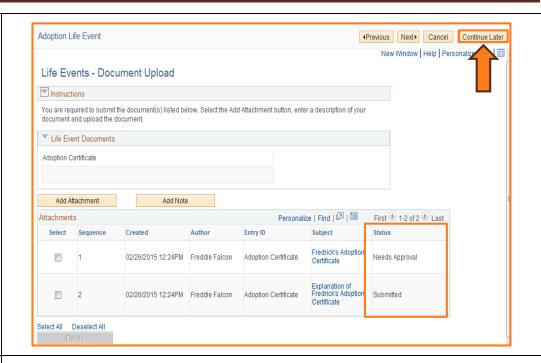
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Step 14: Review that your attachment and your note (if you added one) have a Status of Needs Approval and Submitted.

**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.



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

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

# SECTION V APPROVAL FROM BENEFITS DEPARTMENT

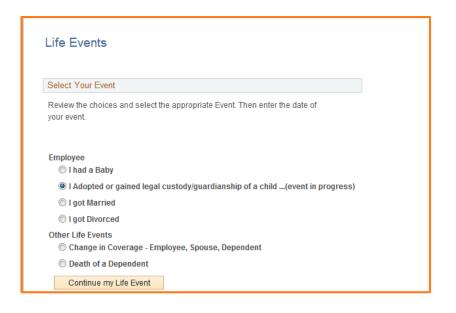
You have received an email from the Benefits Department stating that your Adoption Certificate has been approved.

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

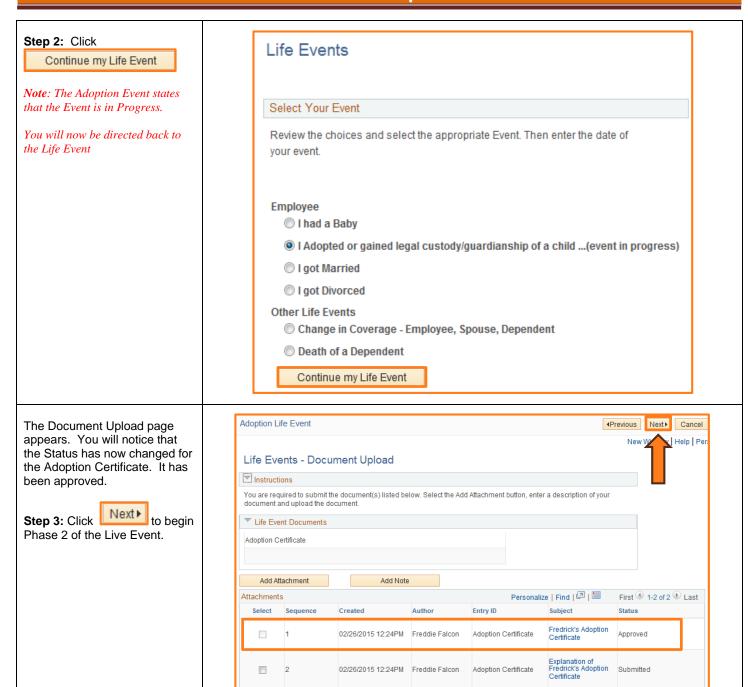
**Step 1:** Navigate to the Self Service Life Event page.

Follow Section 1: Steps 1-4

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



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#### SECTION VI PAY AND COMPENSATION

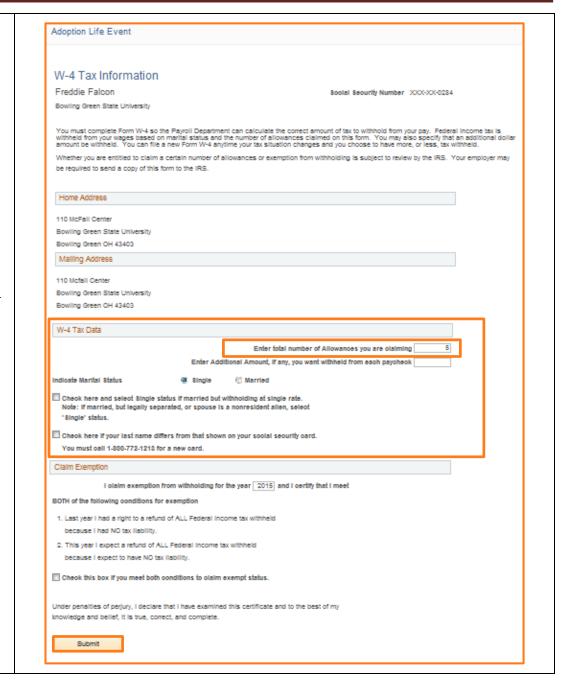
Due to your recent Adoption, you are eligible to make changes to your W-4 Tax Information.

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

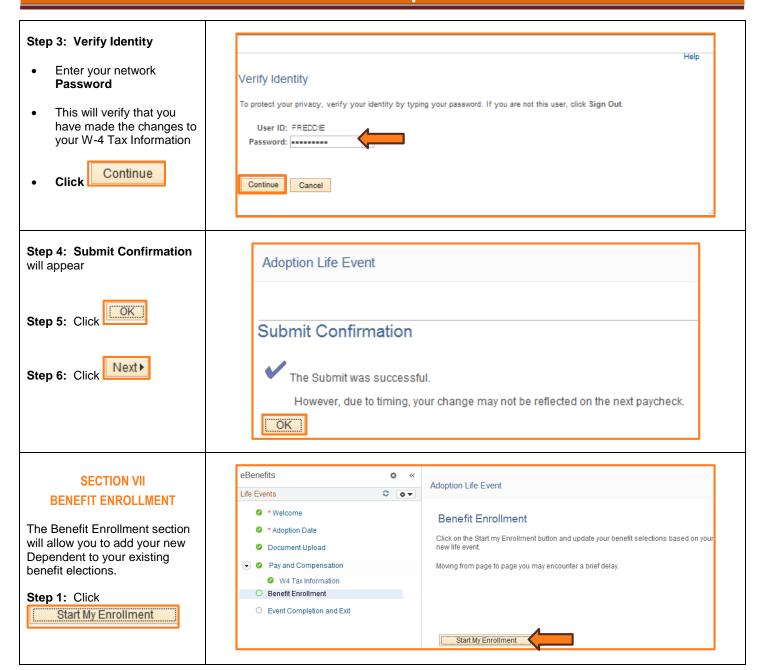
Step 2: Click on the W-4 Tax Information link

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

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



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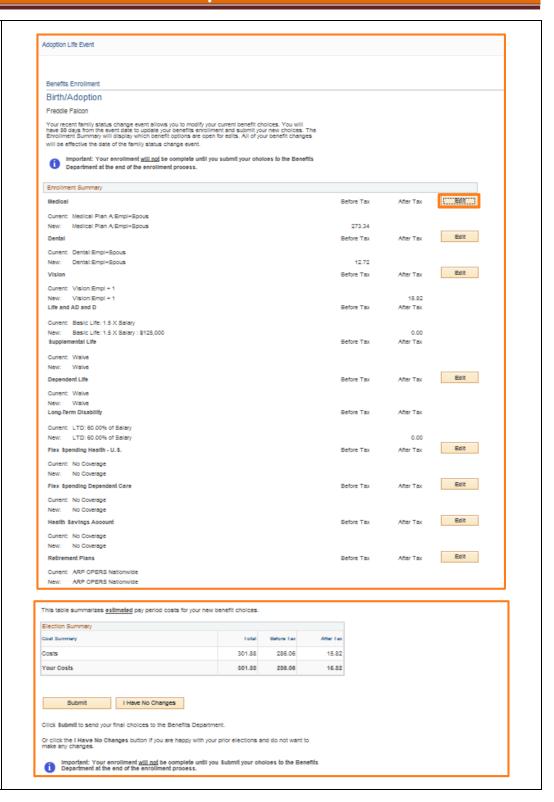


Adoption Life Event Benefits Enrollment Freddie Falcon Your recent family status change event allows you to modify your current benefit choices. You will have 30 days from the event date below to update your benefits enrollment and submit your new choices For each newly added dependent, you will be required 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 02/15/2015 Marital Status Change Closed Director Select Birth/Adoption 02/22/2015 Open Director Once you click Select, it will take a few seconds for your benefits enrollment information to load.

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#### **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



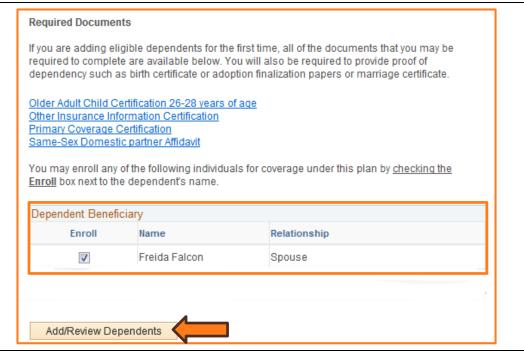
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#### **Step 4:** Add/Update Dependents

- Dependents that are currently covered will appear with a check mark in the Enroll box.
- 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.



## Step 6: Click Add/Review Dependents

To add the new baby to your benefits.



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#### Step 7: Adoption Life Event Dependent/Beneficiary **Personal Information** Dependent/Beneficiary Personal Information **Enter Personal Information** Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Feb 22, 2015. Status Information Personal Information Address and Telephone \*First Name Fredrick Middle Name Click Save \*Last Name Falcon Name Prefix *Note:* Any field that has an \* is a Name Suffix required field. Data MUST be Date of Birth 02222015 21 entered. \*Gender Male SSN (Social Security Number) \*Relationship to Employee Child Status Information \*Marital Status As of 21, 21, Student No • As of Disabled No As of 21, 21, Smoker Non Smoker As of Address and Telephone Same Address as Employee Country United States Address 110 McFall Center Bowling Green State University Bowling Green, OH 43403 Same Phone as Employee Save Step 8: Personal Information **Save Confirmation** Adoption Life Event You will receive a Save Personal Information Confirmation once your new dependent information has Save Confirmation been saved. OK Click The Save was successful. OK

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

Your new dependent will now show on your summary page.

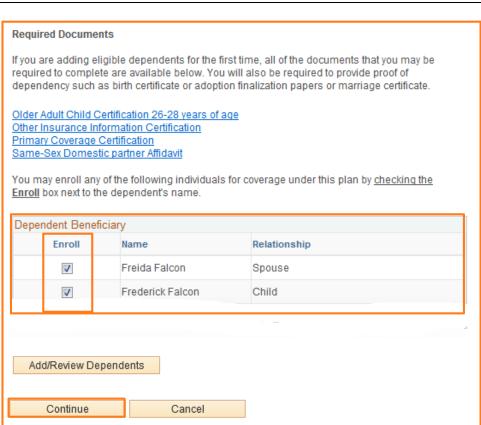




## Step 10: Enroll new dependent into your benefit elections

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

Step 9: Click Continue



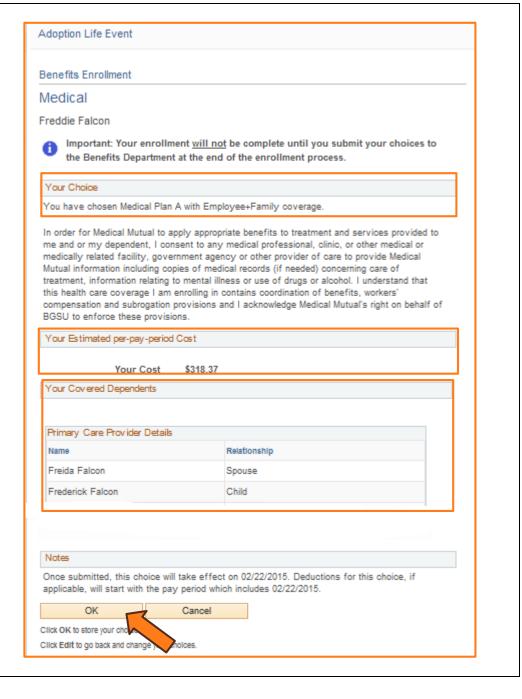
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#### **Step 11:** Review new elections for plan

- 1. Verify your new coverage choices
- 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

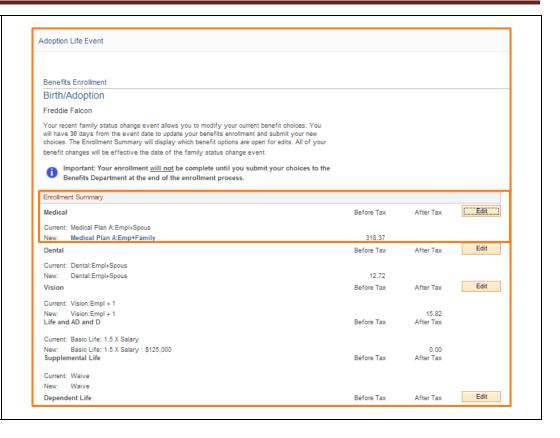


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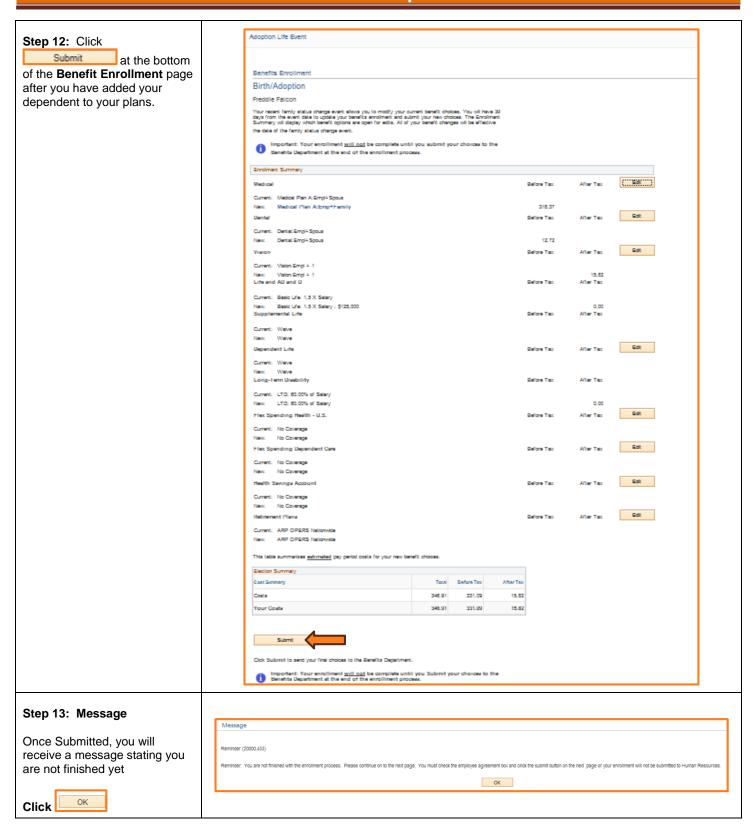
#### **Step 12:** Benefit Enrollment page

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 9-12 until you have completed adding the dependent to your current elections.



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## **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 Submit

#### 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)



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.



Cancel

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

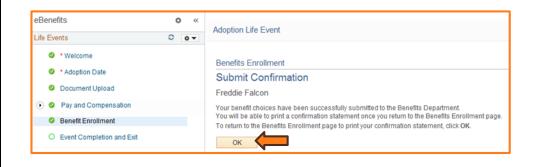
Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.

#### Step 15: Submit Confirmation

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

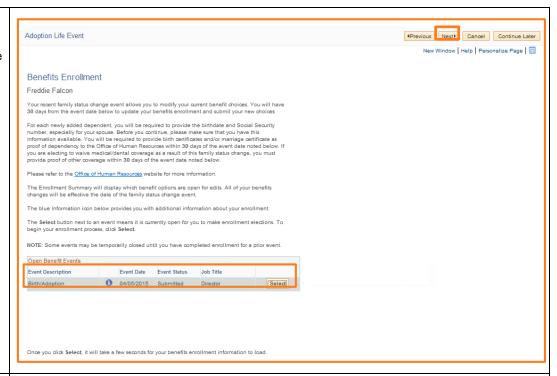
Click





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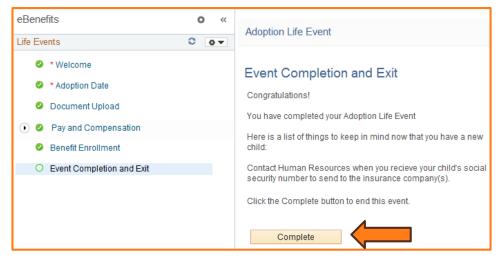
# Step 16: Open Benefit Events The Open Benefits Event page will now indicate that your Adoption Life Event has been submitted to the Benefits Department. Click



### SECTION VIII EVENT COMPLETION AND EXIT

Congratulations! You have completed your Adoption Life Event.

Click Complete to end the event.



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