

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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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).
i	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 Card	inal Homonogo diaplaya

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	Action							
The Portal Welcome page displays.									
			me!						
		Cardinal Applications		Cardinal Messages			? Help		
		Human Capital Management (H	CM)	Begin Date Support Cardinal Wabsite 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	o mepage d	isplays.						
Ca	ardinal Homepag	e •	Mens	u ▼ Search in Menu		Q		⋒ : ⊘	
			Cardinal Me (Message(s) p Total active	ssage Board) ublished today) massage(s)	Cardinal Portal	Cardinal Financials			
0			Approvals Execution	Benefits Administrator	Team Time	Time			
			Payroll 	Personal Details	Benefit Details	Total Rewards			
			Job Summary						
i	The ti prefe	les displaye rences and	ed on the Ca security sett	ardinal Homo tings.	epage for ea	ach user will v	vary based	d upon indiv	idual



Step	Action				
5.	Click the Benefit Details tile.				
	Benefit Details				
	🚨 🗐	5			
		M.			
The Bene	fits Details page	displays with	the Benefits Summary tab	o displayed by default.	
	E Benefits Summary	Type I 1 TW	- •		7
	n Life Events	Store & Warehouse Spec III Benefits Summary			
	Dependent/Beneficiary Info		As Of 01/12/2021		
	Benefits Enrollment		Refresh		
	Benefit Statements	Type of Benefit	Plan Description	Coverage or Participation	
	m Affordable Care Act ∽	Imputed Life	COVA HithAwr + Prev Den	Salary X 2	
		Section 457	·	Waived	
6.	Click the Life Events	ents tab on t	the left side of the page.		
The Life E	Events tab display	S.			
	E Benefits Summary	0	\odot		
	🙌 Life Events	Life Events			
	Dependent/Beneficiary Info	Qualifying Mid-Year	Events - also known as Life Events		
	Benefits Enrollment	Review the choices ar	nd select the appropriate Event. Then enter the date of your event.	e to the Enrollment Form for Active Employees on the	
	Benefit Statements	DHRM website for add	ditional Life Events.	to the <u>Enforment Form of Active Enfortyces</u> on the	
	Affordable Care Act	Employee			
		○ I got married ○ I have a newborn			
		 ○ I adopted a child ○ I got divorced 			
			Start Life Event		
A	The remaining se	ections of this	s Job Aid begin at the Life E	vents tab (displayed ab	ove). Refer
	to the applicable	section of th	is Job Aid based on the type	e of Life Event to continu	e.



Birth Life Event

Step	Action				
The Life Events page displays.					
		Benefit Details			
1 в	enefits Summary				
(i)	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			
	○ I have	a newborn			
The As (Df 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			



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.					
	× Exit Birth Event					
	Cancel Next >					
*	© Complete					
*	* 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.					
×	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					
-	Benefit Summary O Net Stated					
4.	Read through the Welcome to the Birth Event information and then click the Next button.					
The Birt	h Date page displays.					
Γ	Cancel Cancel Next >					
\$	© 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. 					
2	Acknowledgement 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.
6.	Click the Submit button.
	Submit
The Subn	nit Confirmation page displays.
	Cancel Cancel Next >
	Welcome to the Birth Event Birth Date © Complete Submit Confirmation
	* Birth Date © 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 Date of Birth: 01/03/2021
8.	Click the Next button.



Step	Action		
The Ack	nowledgement page dis	splays.	
	-	Cance	
*	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.	tive employees and retirees, I certify that Program eligibility and enrollment
*	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 provide of my knowledge	ents listed meet the eligibility ed is complete and accurate to the best
*	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 	considered perjury and punishable to the have the right to use Protected Health
	Benefit Summary O Not Started	Information in connection with the treatment, payment and h the Health Insurance Portability and Accountability Act.	alth plan operations allowed for by
	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	the date of the birth event. The effective re month in which the event occurred).
*	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.	Read through the Hea required) and then sel	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	he 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 Inputed Life Insurance Income Salary X 2 >			
	O Not Started	Section 457 Waived			
The Depe	endent/Beneficiary I	Info page displays.			
* We © Cor	Icome to the Birth Event mplete	Store & Warehouse Spec III			
<mark>★ Bir</mark> ⊘ Co	th Date mplete	Task: Dependent/Beneficiary Info			
* Acl	knowledgement mplete	Dependent and Beneficiary Information No data exists			
Bei Vis	n efit Summary lied	Add Individual			
De Vis	pendent/Beneficiary Info ited				
13.	Click the Add Indiv Add Individual	vidual button to submit the personal information for the child being added.			



Step	Action				
The Individual Dependent/Beneficiary Information page displays.					
Car	Individual Dependent/Beneficiary Information				Save
Sel	Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 8, 2021.				
Na	ne				
	Add Name				
Per	sonal Information				
	Da	te of Birth			
14.	Click the Add Na	me button.			
	Add Nam	10			
The Nan	ne page displays in	a pop-up wind	ow.		
	Cancel		Name	Done	
		Name Format	English 🗸		
		Name Prefix	<u> </u>		
		*First Name			
		Middle Name			
		*Last Name			
		Name Suffix			
		Display Name			
		Formal Name			
		Name			
15.	Enter the child's f	first and last na	ame in the correspondin	ıg fields.	
	*First Name]		
	Middle Name				
	*Last Name				
i	Optionally add th	e child's name	prefix, middle name, or	r name suffix, as a	applicable.



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

Cancel		Individual Dependent/Benef	iciary Information		Save
Select Sav	e after you have edited your Dependent/	Beneficiary's information. The changes	will go into effect on Jan 8, 2021.		-
Name					.
the second second				>	
Personal	Information				-
	Date of Birth				
	*Gender	~			
	*Relationship to Employee	~			
	*Marital Status	Single V	As of	Ē	
	*Student	No 🗸	As of	iii	
	*Disabled	No 🗸	As of		
	*Smoker	Non Smoker 🗸	As of	Ē	
Address					
Address		Address Type	Same as mine		
Richmond	i, VA 23220	Home	Same as mine	>	
No data	ID exists National ID				-
Within Relation	the Personal Infor onship to Employe Date of Birth *Gender	rmation section, co e fields.	omplete the Date	of Birth, Gen	i der , a
Click th	ne Add National ID	button.			



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	nal ID page displays in a pop-up window.
	Cancel National ID Done
	*Country 🗸
	*National ID Type *National ID
	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.
N	ational ID
	Tourity National ID Type National ID Primary
l	Jnited States Social Security Number
P	bone
	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							
			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									
	 Number E	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	in a po	p-up windo	DW.						
			Cancel		Email A	ddress			Done			
			*En *Email	nail Type Address			~					
					Dele	ete						
25.		Select the Address in *Email T	Email Type fr the Email Ac	om the Idress	Email Typ field.	se drop-do	wn men	u and o	enter	the app	licable E	mail
26.		Click the I	Done button.									
The Ir	ndiv	idual Depe	ndent/Benefi	ciary Ir	nformatior	n page retu	urns.					
	Cance	9	Ind	lividual I	Dependent/B	eneficiary In	formation	n			Save	
	Selec	t Save after you ha e	ve edited your Depende	nt/Beneficia	ary's information.	The changes will g	go into effect o	on Jan 3, 20	021.			
											``	
	Pers	onal Informatior	I)						
			Date of Birth *Gender	01/03/202	21							
		*Rel	ationship to Employee	Child	~]						
27.		Click the S	Save button.									
		Save										



Step	Action					
The Depe	endent/Beneficiary Ir	nfo page return	IS.			
				Cancel	Previous	Next >
* 0	Welcome to the Birth Event Complete	Store & Warehouse Sp	ec III			
* 0	Birth Date Complete	Task: Depende	nt/Beneficiary Info			
4	Asknowladzamant	Add Individual				
ົ ໑	Complete	Name	Relationship	Beneficiary	Dependent	
•	Benefit Summary Visited	france integration	Child	~	~	>
	Dependent/Beneficiary Info		Child	~	~	>
0	Complete	Table Table	Child	~	~	>
The Bene	efit Enrollment page	displays.		Cancel	Previous	Next >
* .	Welcome to the Birth Event	Task: Benefit E	nrollment			
* 0	Birth Date Complete	Now we're ready to pr Your information will b whether changes to yo begin your benefit enr	epare your benefit options, be e analyzed to see if there is a our existing enrollments are a ollment.	ased upon the Life Event any impact to your eligibil allowed. Select the 'Start I	information that you ity for benefits, and d vly Enrollment' pusht	've entered. letermine button to
* 0	Acknowledgement Complete	Start My Enrolln	nent			
i	After an employee s Administrator will co documentation need	submits the person tact the emplo ded to complete	sonal information byee directly for a the Birth Event	n for their Depe any additional (i.e. Birth Certi	endent, the E information ficate).	3enefits or
29.	Click the Start My E	Enrollment but	ton.			
	Start My Enroll	lment				



Step	Action						
e Bene	fit Enrollme	ent page refre	eshes.				
					Car	ncel	Next >
* We	come to the Adoption Event	Task: Benefit Enrollr	nent				A
• Col	notion Date	The Enrollment Overview disp	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						
* Acl © Cor	n owledgement nplete	Your Pay Period Cost	\$8.50 Submitted 01/12/2021 11:19	Full Cost \$ Employer Cost \$	8.50 338.50		
Ber Vis ²	nefit Summary ted		Enrollment Preview Staten	nent		Medical	_
× Der © Cor	pendent/Beneficiary Info		Submit Enrollment				
* Ber	nefit Enrollment						
	rogress	Benefit Plans					
O Not	nmary Started						_ _
		Medical		Flex Spending Medical	Flex Spending Depe	endent Care	
		Current COVA H	thAwr + Prev Den	Current Waive	Current 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	ew	Revie	w
	Pay Period Cost	\$8.50 al tile enable	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
All of ou sick or i	r medical choices prom 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	s if you become	Resources	
▼ Enro Depend	II Your Dependents ents that the employee	has registered are listed	here. To add a new de	ependent, go to the Dependent/Beneficiary	Information.	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	ndent button.								
	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	outton to close	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			
All of ou 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					
▼ Enro Depende	II YOUR Dependents	listed here. To add a new de	pendent and to the F	ependent/Beneficia	rv Information	Anthem				
Dopond	Dependents		Relationship		ing information.	Tricare				
			Child							
	Dependent									
- Enro	Il in Your Plan									
The Em depende plan opt	ployee + Child(ren) cost shown for each p ents enrolled are not available to select. To on.	olan is based on the depende to see other coverage costs for	nts enrolled. Plans ti or individual plans, se	nat do not offer cove elect the help icon c	erage for the orresponding to each					
	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	lick the Done button in the upper right-hand corner of the page.							
	Done								
The upd	ated Benefit Er	nrollment page returns.							
		Cancel Cancel Next >							
لا	Welcome to the Birth Event Complete	Task: Benefit Enrollment							

Complete Sirth Date Complete	The Enrollment Overview displays which benefit options a	re 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 \$61	.00 4.50	
Benefit Summary Visited	Enrollment Preview State	ment	Medical	
Dependent/Beneficiary Info Complete	Submit Enrollment			•
Benefit Enrollment In Progress	Benefit Plans			-1
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	3	J	



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 Department.	the Benefits
		Select View	to review your Election Preview statement, Dou the Benefits Enrollment Summary	ne to return to
36.	Click the D	one button.		
	Done			



Step	Action										
The Ben	efit Enrollmen	t page returns.									
				Cancel < Previous	Next >						
* 0	Welcome to the Birth Event	Task: Benefit Enrollment									
* 0	Birth Date 0 Complete	Enrollment Summary	open for edits. All of your benefit changes will be ellective tr	e date of the open enrolment event.							
* 0	Acknowledgement Complete	Your Pay Period Cost \$29.00 Status Submitted 01/12/2021 11:05	Full Cost \$29.0 Employer Cost \$614	.50							
•	Benefit Summary Visited	Enrollment Preview Statem	ient	Medical							
•	Dependent/Beneficiary Info Complete	Submit Enrollment			4						
* 0	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	To update Fl update the A enrollment in This Job Aid	ex Spending deductions innual Pledge Amount. iformation, see the Job is located on the Cardir	s, click on the Flexible For further information Aid titled BN361 Enroll nal website in Job Aids	Spending Medical [•] on updating the ben ment Steps for an under Training.	Tile and efit Employee .						
37.	Click the Ne	xt button.									
	Next	>									



Step	Action								
The Summary page displays.									
						С	ancel < Pr	revious	
	Welcome to the Complete	Birth Event	Task: Summary				Com	plete	
	Birth Date Complete		Congratulations! You have completed your Birth or Add	option/Final Custody Eve	ent.				
	 Acknowledgeme Complete 	ent	Here is a list of things to keep in mind Find out if your medical plan offers die Evaluate day care centers.	I now that you have a ne scounts on infant care eo	w child: quipment, home nurse visit	s, and postnatal cla	isses.		
	Benefit Summar Visited	ע	Evaluate your FSA Dependent Care S Schedule your baby's first visit with th Order a Social Security card for your	Spending Account plan to e pediatrician. baby.	o assist with day care expe	enses.			
	Dependent/Bene Visited	eficiary Info	Select the Complete pushbutton to er	nd this event.					
	Benefit Enrollme Complete	ent	Steps					6 rows	
	Summary		Stop	Status	Date Completed	Pequired	Go to Stop		
	Visited		Welcome to the Birth Event	© Complete	01/12/2021	Yes	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.	Review the s	ummary	information for a	ccuracy ar	nd then clic	k the Co	omplete	button.	
	Complet	e							
i	The Birth Ev Administrato	vent is co r for furth	omplete, and the er action.	informatio	n has been	submitt	ed to th	e 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 Initiating ESS Life Events section of this Job Aid.							
The Life I	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						
	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 Enrollment Form for Active Employees on the DHRM website for additional Life Events.						
	m Affordable Care Act ∽	Employee O I got married O I have a newborn O I adopted a child O I got divorced Start I fe Event						
2.	Click the I adopted	a child radio button option.						
	OI adopted	a child						
The As O	f Calendar icon disp	plays.						
	Cardinal Homepage	Benefit Details 🏫 🔍 🗄 🕐						
	Benefits Summary	0						

S Gardinar Homepage	Benefit Betans	\sim \sim \sim
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 I</u> DHRM website for additional Life Events.	Form for Active Employees on the
ffordable 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 o	hange your Benefit elections.



Ste	ep Action	
3.	Select the adoption text field.	date of the child using the As Of Calendar icon or by entering into the
	*As Of	
	Start L	ife Event
4.	Click the Start Life	Event button.
	Start Life Event	
The A	Adoption Event page dis	plays.
* *	Welcome to the Adoption Event Task: W Complete Employee Adoption Date This is a gr choices. Not Started This guide	Cancel Next elcome to the Adoption Event
5.	Read through the V button.	leicome to the Adoption Event information and then click the Next
The A	Adoption Date page disp	lays.
		Cancel
*	Welcome to the Adoption Event Complete	Adoption Date
*	Adoption Date In 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.
*	Acknowledgement O Not Started	Date child was placed in your home 01/08/2021
	Benefit Summary O Not 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 for adoption: Submit					
7.	Click the Submit button.					
The Subr	nit Confirmation page	displays.				
*	Welcome to the Adoption Event Complete Adoption Date Complete Acknowledgement Not Started Benefit Summary Not Started	Cancel Previous Next Adoption Date Submit Confirmation Image: Submit was successful. Image: Submit was successful. OK OK				
δ.						
The Ado p	otion Date page returns	S.				
		Cancel Cancel Next >				
★ W © C ★ A © C ★ A O N B	doption Date omplete cknowledgement ot Started characteristics of Started	Adoption 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. Date child was placed in your home for adoption:				



Step	Action					
9.	Click the Next button.					
The Ackn	owledgement page dis	plays.				
		. ,	Cancel	Previous	Next >	
	★ Welcome to the Adoption Event © Complete	State Retiree Health Benefit Participant	ITD participa	nte I certify that I have	reviewed and	
	Adoption Date Complete	understand the eligibility and enrollment information for the State Retiree Health Benefit Retiree Health Benefits Program for Medicare Retirees and I agree to abide by all partici	ts Program fo pation require	r Non-Medicare Retired	es or the State	
	 ★ Acknowledgement ● In Progress 	Local Choice Health Program Participant As a participant in the Local Choice Health Benefits Program for active employees and retrees Local Choice Health Benefits Program elicibility and enrolment information and Lauree to abid	s, I certify that I	I have reviewed and und	erstand The	
	Benefit Summary O Not Started	Participants Covering Dependents	io by an partici	paren requiremente.		
	Dependent/Beneficiary Info O Not Started	As a participant covering dependents, I also certify that all dependents listed meet the eligibilit I have provided is complete and accurate to the best of my knowledge.	ly requirements	s of the Program and tha	it the information	
	★ Benefit Enrollment O Not Started	 I understand that intentionally giving incorrect information is considered perjury and pur I understand that the health plan and its business associates have the right to use Prot treatment, payment and health plan operations allowed for by the Health Insurance Por 	nishable to the ected Health Ir rtability and Ac	fullest extent of the law. nformation in connection countability Act.	with the	
	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. 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 agrees provided to your benefits administrator. (Note: If this a legal pre-adoptive agreem Office of Health Benefits). Mid-Year Life Event Policy	ment showin ent, it must t	ig employee's name i e reviewed and appr	nust be oved by	
		Jure				
10.	Read through the Hea l checkbox option.	Ith Plan Acknowledgement inform	natior	n and the	n selec	t the I Agree
	L I Agree					
11.	Click the Save button.					
	Save					
12.	Click the Next button.					
	Next >					



	Action								
he Benefit Summary page displays.									
					Cancel < Previous	s Next >			
* Welco Comple	me to the Adoption Event	Task: Benefit Summa	iry						
Adoption Date Complete		_	As Of 01/12/20	21 💼					
* Ackno © Comple	wledgement ete	Type of Benefit	Plan Des	scription	Coverage or Participation				
Benefi	it Summary	Medical	COVA HI	thAwr + Prev Den	Single	>			
• Visited	daut/Pauafiaiau/ Iufa	Imputed Life	Imputed	Life Insurance Income	Salary X 2	>			
O Not Sta	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.						
e Depe	ndent/Benefic	iary Info page di	splays.		Cancel	Next >			
Depe Welco Comple	mdent/Benefic	iary Info page di Store & Warehouse Spec III	splays.		Cancel Crevious	Next >			
Depe Welcon Comple X Adopti Comple	me to the Adoption Event ate ion Date ate	iary Info page di Store & Warehouse Spec III Task: Dependent/Ben Add Individual	eficiary Info		Cancel	Next >			
Depe Welco Comple Comple Comple Adopti Comple Comple Comple	me to the Adoption Event te tion Date te wiedgement te	iary Info page di Store & Warehouse Spec III Task: Dependent/Ben Add Individual Name	Splays.	Beneficiary	Cancel Previous	Next >			
Comple Adopti Comple Adopti Comple Adopti Comple Senefi Visited	me to the Adoption Event te te ton Date te wledgement te t Summary	iary Info page di Store & Warehouse Spec III Task: Dependent/Ben Add Individual Name	Splays.	Beneficiary √	Cancel Previous Dependent	Next >			
 Depe * Welcon Comple * Adopti Comple * Ackno Comple * Organization * Organizatio<	Indent/Benefic me to the Adoption Event ate ion Date ate wiedgement ate Click the Add Add Indivi	iary Info page di Store & Warehouse Spec III Task: Dependent/Ben Add Individual Name Individual butto	eficiary Info	Beneficiary ✓ Personal information	Cancel Previous Dependent	Next >			



Step	Action							
The Individual Dependent/Beneficiary Information page displays.								
Can	el Individu	ual Dependent/Beneficiary Inform	nation	Save				
Sele	ct Save after you have edited your Dependent/Beneficiary	's information. The changes will go into effect o	on Jan 8, 2021.	1				
Nar	Name							
	Add Name							
Per	onal Information							
	Date of Birth							
15.	Click the Add Name button.							
	Add Name							
The Nam	e page displays in a pop-up wi	ndow.						
	Cancel	Name	Done					
	Name Form	at English 🗸						
	Name Pref	ix V						
	*First Nan	le						
	Middle Nan							
	*Last Nan	ie						
	Name Suff	ix V						
	Display Nam	le						
	Formal Nam	e						
	Nan	e						
16.	Enter the child's first and last	name in the correspondir	ng fields.					
	*First Name							
	Middle Name							
	*Last Name							
i	Optionally add the child's nar	ne prefix, middle name, o	r name suffix, as ap	pplicable.				



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

	Cancel	Cancel Individual Dependent/Beneficiary Information							
	Select Save after you have edited your Dependent/	Beneficiary's information. The change	es will go into effect on Jan 8, 2021.						
	Name								
) () () () () () () () () () (
	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								
	Add National ID								
10	Within the Dereonal Infor	mation contion	omplete the Date c	of Dirth Cond	or and				
10.	Relationship to Employe	fields		birtii, Genu	er, anu				
			_						
	Date of Birth	ίπ (
	*Gender	v							
	*Relationship to Employee	~							
19	Click the Add National ID	button							
10.									
		ו							
	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.								
	Done								
The Indiv	idual Dependent/Beneficiary Information page returns.								
N	ational ID								
	+ Country National ID Type National ID Primary								
l	Jnited States Social Security Number 🗸								
	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	V				
		Preterred	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 dis	plays in a po	p-up windov	V.			
		Cancel		Email Add	dress		Done	
			*Email Type *Email Address			•		
				Delete				
26.	Select the Address in *Email *Email Add	Email Ty n the Em Type	ype from the ail Address	Email Type field. ~	drop-dow	n menu an	d enter t	he applicable Email
27.	Click the Done	Done but	ton.					
The Indiv	idual Depe	endent/B	eneficiary lı	nformation	page returi	ns.		
	Cancel Select Save after you Name Personal Informatio	nave edited your l on Relationship to	Individua Dependent/Beneficiary's te of Birth 01/01/2021 "Gender Male Employee Child	I Dependent/Ber information. The chang	neficiary Inform	nation on Jan 8, 2021.		> >
28.	Click the S	Save but	ton.					



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	BN1901⊙ ∭			
	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 >
* V © 0 * A	Velcome to the Adoption Event	Task: Benefit Enro Now we're ready to prepa information will be analyz	ollment are your benefit options, bas ed to see if there is any imp	ed upon the Life Event info act to your eligibility for be	ormation that you've ent nefits, and determine wi	ered. Your hether changes to
© (* A © (Complete your existing enrollments are allowed. Select the 'Start My Enrollment' pushbutton to begin your benefit enrollment Complete Benefit Summary					enrollment.
i	After an employee Administrator will documentation ne	e submits the pe contact the emp eded to comple	ersonal informat bloyee directly f ete the Birth Eve	tion for their De or any addition ent (i.e. Birth Ce	pendent, the al information ertificate).	Benefits or
30.	Click the Start My	Enroliment be	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.	r Dependents se	ection, select th	e checkbox op	otion for t	he child being
	Dependents		Relationshi	p		
			Child			
	O Breathan		Child			
33.	Click the Add Depend	lent button.				
The Depe	endent and Beneficiary	/ Information pa	ge displays.			
		Dependent and B	eneficiary Infor	mation	×	
	Add Individual					
	Name	Relationship	Beneficiary	Dependent		
	1000	Child	~	~	>	
	No. 11	Child	~	~	>	
34.	Click the X (Close) bu	tton to close the	page.			
		Dependent and Be	eneficiary Information			×



				Medical			
All of o injured	ur medical choices promote wellness as p . Enrollment in this benefit may require pro	art of their l	benefits and are availab age.	ole to protect you and	your dependents if	you become sick or	Resources
▼ Enr	oll Your Dependents						COVA HealthAware
Depen	dents that the employee has registered ar	e listed her	e. To add a new depend	dent, go to the Depen	dent/Beneficiary Info	ormation.	Anthem
Dependents			Relationship				Tricare
				Child			
	V			Child			
Add	l Dependent						1
→ Enr	oll in Your Plan						
The Er	nployee + Child(ren) cost shown for each	plan is base	ed on the dependents e	nrolled. Plans that do	not offer coverage t	or the dependents	
enione	Plan Name	coverage o	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost	
Sele	act Waive				Linployer obst	\$0.00	
Sale	COVA HithAwr + Prev Den		\$29.00		\$614.50	\$29.00	
0010					0014 50	¢c0.00	
C-L		•	\$00.00		3014.50	\$08.00	
Sele							
Sele Sele	COVA HithAwr + Exp Den	()	\$57.50		\$614.50	\$57.50	
Sele Sele	COVA HithAwr + Exp Dentevis COVA HithAwr + Exp Den tect COVA High Ded Plan + PrevDen	0	\$57.50		\$614.50 \$543.00	\$57.50 \$0.00	






Step	Action				
e Bene	efit Enrollm	ent page returns.			
				Cancel Cancel	revious Next >
★ Welcom © Complete	ne to the Adoption Event	Task: Benefit Enrollment			~
★ Adoptic	on Date	 The Enrollment Overview displays which benefit options are Enrollment Summary 	open for edits. All of your benefit changes will be effective the	e date of the open enrollment event.	
* Acknow	vledgement	Your Pay Period Cost \$29.50	Full Cost \$29	.50	
Benefit	summary	Status Submitted 01/12/2021 2:35F	PM	3.00	
Visited X Depend	lent/Beneficiary Info	Submit Enrollment		Medical	
Complet	te				
Complet	te	Benefit Plans			6
Summa O Not Start	ary ted				
		Medical	Flex Spending Medical	Flex Spending Dependent Care	
		Current COVA HithAwr + Prev Den New COVA High Ded Plan + Exp Den	Current Waive New Waive	Current Waive New Waive	
		Status 🥝 Changed 🚰 1 Dependents	Status Pending Review	Status Pending Review	
		5 5 1 15 1 (00 50			
		Pay Period Cost \$29.50 Review	Pay Period Cost \$0.00 Review	Pay Period Cost 50.00	Review
38.	Click the Nex	Vext button.			
e Sum i	mary page	displays.			
				C	ancel < Previous
* Welcome © Complete	e to the Adoption Event	Task: Summary			Complete
* Adoption © Complete	n Date	Congratulations!	ient		
* Acknowl	ledgement	Here is a list of things to keep in mind now that you have a n	iew child:		
Complete Benefit S		Find out if your medical plan offers discounts on infant care of	equipment, home nurse visits, and postnatal classes.		
Visited	Summary	 Evaluate day care centers. Evaluate your FSA Dependent Care Spending Account plan Schedulourgur behalts first unit with the padiatricipa. 	to assist with day care expenses.		
	Summary	Evaluate day care centers. Evaluate your FSA Dependent Care Spending Account plan Schedule your babys first visit with the pediatrician. Order a Social Security card for your baby. Select the Complete pushbutton to end this event.	to assist with day care expenses.		
* Depende	Summary ent/Beneficiary Info	Evaluate day care centers. Evaluate your FSA Dependent Care Spending Account plan Schedule your FSA's first visit with the pediatrician. Order a Social Security card for your baby. Select the Complete pushbutton to end this event.	to assist with day care expenses.		



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.	Navigate to the Li ESS Life Events	f 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>EnrolIment Form for Active Employees</u> on the DHRM website for additional Life Events.
	fm Affordable Care Act	Employee
		O I got married
		O I adopted a child
		O I got divorced
		Start Life Event
2.	Click the I got ma	rried radio button option.
	OI got married	
3.	Click the Start Life	e Event button.
	Start Life Ever	nt



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 We	come to Marital Event information and then click the Next button.
The Marit	al Status page display	5.
		Cancel
* c	Welcome to Marital Event	Task: Marital Status
*	Marital Status	Change Marital Status
*	Acknowledgement	*New Status
0	Not Started	*Marriage Event date 01/13/2021
0	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	e Eve	nt Date C	alendar i	icon.
	*Marriage Event da	ate 01/13/2021				
7.	Click the Save but	ton.				
	Save					
8.	Click the Next but	ton.				
The Ackn	Next >	e displays.				
Г			Cancel	Previous	Next >	
		Choice Health Benefits Program eligibility and enrollment information and lagree to abide by all particip	ation requireme	ents.		
*	Velcome to Marital Event Complete	Participants Covering Dependents				
*	Marital Status	As a participant covering dependents , I also certify that all dependents listed meet the eligibility requirer provided is complete and accurate to the best of my knowledge.	ments of the Pr	rogram and that the info	rmation I have	
		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 Herpayment and health plan operations allowed for by the Health Insurance Portability and Account 	alth Information ability Act.	n in connection with the	treatment,	
C	Benefit Summary O Not Started	You may add your legal spouse, newly eligible children (e.g., stepchildren), and any eligit health plan selection as the result of the marriage. The request must be submitted within The marriage must be recounized as legal in the Commonwealth of Virginia; A stepchild is	ole family me n 60 days of t s the natural	mber as well as cha the date of the marri or legally adopted c	nge your age event. hild of the	
	Personal Information Not Started	participant's legal spouse.		3		
* (Dependent/Beneficiary Info O Not Started	Required Documentation: Photocopy of certified or registered marriage certificate, page of the employee's most recent Federal Tax Return that the applicant is the spou of birth certificate showing the name of the employee and/or employee's spouse; and marriage certificate showing the employee's name and the name of the child's parent first name of the employee's name react Enderal Tax Return that charge the oblide name the name of the amployee's most near Enderal Tax Return that charge the oblide name the name of the employee's most near Enderal Tax Return the charge the oblide name the name of the sendowerk most near Enderal Tax Return that charge the oblide name the name of the sendowerk most near Enderal Tax Return the charge the oblide name the name of the sendowerk most near the name to the name of the name of the sendowerk the name the name of the sendowerk most near the name of the name of the name the name of the name the name of the name the name of the name of the name of the name the name of the name the name of the name of the name of the name the name of the name the name of the name the name of the name the name of the na	and photoco se; for natu photocopy ; and photoc	py of the top portio iral and stepchildren of certified or regist copy of the top porti	n of the first n photocopy ered ion of the	
*	Benefit Enrollment	insupage of the employee's most recent recertal fax return that shows the child's pa	i ci i i s u le s	pouse.		

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 Ben	efit Summary page	e displays.			
				Cancel < Previous	Next >
*。	Welcome to Marital Event Complete	Task: Benefit Summary	,		
* 0	Marital Status Complete	-	As Of 01/13/2021		
× 0	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 butto	n.	
The Per	sonal Information -	- Name page displa	ays.		
				Cancel	Next >
*	Welcome to Marital Event	Task: Personal Informa	tion - Name		
*	Marital Status	Employee ID	Current		>
c	Complete				
*	Acknowledgement Complete				
13.	Your current nam Expand icon (>) name change for	e displays. If the n to the far right of th you, proceed to St	narriage resulted in a nar e current name listing. If ep 16.	ne change for you, o the marriage did no	lick the t result in a
	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.	Enter your first and *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.
× V © (× M © (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 – H	l ome and mailing Address page d	isplays.
			Cancel
*	Welcome to Marital Event	Task: Personal Information - Home and mailing Ac	Idress
* e	Marital Status 2 Complete	Home Address 1901 Brandywine St Richmond, VA 23220 Current	>
* e	Acknowledgement Complete	Aailing	
•	Benefit Summary Visited	No data exists. Add Mailing Address	
17.	Your current home a change, click the Ex marriage did not res 1901 Brandywine St Richmond, VA 23220	address displays. If the marriage hat pand icon (>) to the far right of the sult in a personal address change, p	is resulted in a personal address current home address listing. If the roceed to Step 20.
The Addr	ess page displays in	a pop-up window.	
	Employee Instruction To save United States addresses at le	Address 1, Address 2, Addres Change As Of 01/13/2021	ss 3
18.	Update your home a	address information as needed using	g the corresponding fields.
19.	Click the Save butto	n.	
18. 19.	Update your home a Click the Save butto	Country United States Address 1 1901 Brandywine St Address 2	g the corresponding fields.



Step Action	
The Personal Information – Home and mailing Address page returns.	
Cancel	revious Next >
* Welcome to Marital Event © Complete	
Marital Status More Address 1901 Brandywine St Current	
Richmond, VA 23220	
O Complete Mailing	
Benefit Summary No data exists. Visited Add Mailing Address	
20. Click the Next button.	
The Personal Information – Contact Information page displays.	
Cance	Previous Next >
Welcome to Marital Event Complete Task: Personal Information - Contact Information Phone	
Marital Status O Complete Add Phone	
Acknowledgement Complete Email	
Benefit Summary • Visited True Advance True Deci	
A Personal Information Visited	· · · >
Name • Visited Instant Message	
Home and mailing Address Complete Add IM Add IM	
21. To add a phone number, click the Add Phone button and enter the appl information. Add Phone	icable phone number
22. To update an Email address, click the Expand icon (>) to the far right of listing and update the Email address information.	the Email address
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 Perso	onal Information – Emergency Contact page displays.
	Cancel Cancel Next >
	* Welcome to Marital Event Task: Personal Information - Emergency Contact
	Marital Status 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.
	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 Contac	:t page dis	plays in a p	op-up win	dow.			
		Cancel	Er	nergency Con	tact	Save		
		Address 100 Main Street Richmond, VA 23	Contact Name Siblin *Relationship Siblin Preferred 2	g 🗸		>		
		+	5					
		Phone		Extension	Type			
		555/555-5555			Dusiness	· · · · · · · · · · · · · · · · · · ·		
				Delete				
26.	Update or ad	d the applic g fields.	cable contac	ct informat	ion for the	emergency co	ntact in the	
27.	Click the Sav	e button.						
The Perso	onal Informati	on – Emer	gency Con	tact page	returns.			
ſ						Cancel Cancel	ous Next >	
3	K Welcome to Marital	Event	Task: Person	al Informati	on - Emergen	cy Contact		
-	Complete		+					
6	Complete		Contact Name		Relations	hip	Preferrec	
3	Acknowledgement Complete		100		Spouse		 ✓ > 	
	Benefit Summary			-				
28.	Click the Nex	t button.						



		Info page return	าร.			
				Cancel	Previous	Next >
★ Welcor © Comple	ne to Marital Event ^{te}	Store & Warehouse Spec	Ⅲ			
★ Marital © Comple	Status te	Task: Dependent	t/Beneficiary Info			
		Add Individual				
Comple	wiedgement te	Name	Relationship	Beneficiary	Dependent	
Benefit Visited	Summary	fam: ingited	Child	~	\checkmark	>
). Domos		in the second	Child	~	\checkmark	>
 Visited 	ai information	ten in	Child	~	~	>
Depend In Progr	Jent/Beneficiary Info ress					
* Benefit	Enrollment					
ndividua	dd Individua	31 Beneficiary Info	rmation page di	splays.		
Cancel		Individual Dep	pendent/Beneficiary	Information		Sav
Cancel Select Save a	after you have edited your D	Individual Dep	ation. The changes will go int	nformation		Sav
Select Save a	after you have edited your D	Individual Der	ation. The changes will go int	o effect on Jan 8, 2021.		Sav
Cancel Select Save a Name Add Name	after you have edited your D	Individual De	bendent/Beneficiary	Information		Sav
Select Save a Name Add Name	after you have edited your D	Individual De	bendent/Beneficiary	o effect on Jan 8, 2021.		Sav
Select Save a Name Add Name Personal In	after you have edited your D 9 formation	Individual De	bendent/Beneficiary	Information		Sav
Cancel Select Save a Name Add Name Personal In	after you have edited your D	Pependent/Beneficiary's information	ation. The changes will go int	nformation		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 Individual Dependent/Beneficiary Information page 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						
	*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						
	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 Nati	onal ID pag	e displays in a pop-up	o 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 field	ls for the s	spouse.		
	*	Country	~					
	*National	ID Type	~					
	*Nat	tional ID						
		-						
36.		Done button.						
	Do	ne						
The Indiv	vidual Depe	endent/Beneficiary Ir	nformation page ret	urns.				
ľ	lational ID	-						
-	+ Country	National ID Type	National	ID	Primary			
	United States	Social Security Number			✓	>		
F	Phone							
-	No data exists							
	Add Phone							
37.	Click the	Add Phone button.						
	Add Ph	ione						



Step	Action	Action						
The Phon	The Phone Number page displays in a pop-up window.							
		Cancel	Phone Number	Done				
		Same as mine	No					
		Туре		~				
		Number						
		Extension	Var					
		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							
-	Number E	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		
			*Email Type			~			
		*E	mail Address						
				De	elete				
41.	Select the Address i	e Email Typ n the Emai	e from the I Address	Email Ty field.	/pe drop-do	wn menu	and enter	the app	licable Email
	*En	nail Type				~			
	*Email	Address							
42.	Click the	Done butto	n.						
The Indiv	idual Depe	endent/Ber	neficiary Ir	nformatic	on page retu	ırns.			
	Cancel		Individua	Dependent/	Beneficiary Info	rmation			Save
	Select Save after you I	nave edited your Depe	endent/Beneficiary's i	nformation. The c	hanges will go into effe	ct on Jan 8, 2021.			<u>^</u>
	Name							>	
	Personal Informatio	n							
	. e. eena mormati	Date of	Birth 01/01/2021						
		*G	ender Male •	•					
	*	Relationship to Emp	loyee Child	~					



Step	Action					
43.	Click the Save button.					
	Sa	ve				
The Depe	endent/Be	neficiary Info p	bage returns.			
* Welcome	e to Marital Event	Store & Warehouse Spec III	⊙		Cancel	vious Next >
* Marital S	itatus	Task: Dependent/Benef	iciary Info			
Complete		Add Individual				
Acknowl Complete	edgement	Name	Relationship	Beneficiary	Dependent	
Benefit S Visited	Summary	Canal Constitution	Child	~	~	>
► Personal	I Information	there is an	Child	~	~	>
Visited	ant/Benefician/Info	Table The	Child	~	~	>
© Complete	in Denenciary into	care line	Spouse	~	~	>
44. The Bene	fit Enrollr	ne information t	o ensure your spous ays.	e was added and		s Next >
* Welco	me to Marital Event	Task: Benefi	t Enrollment			
★ Marita © Comple	I Status ete	Now we're ready t see if there is any My Enrollment' pu	o prepare your benefit options, based up impact to your eligibility for benefits, and shbutton to begin your benefit enrollment	on the Life Event information that yo 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					
ĺ	After the employee submits the personal information for the Dependent, the Benefit Administrator will contact the employee directly for any additional information or documentation needed to complete the Marital Event.					nefit
45.	45. Click the Start My Enrollment button. Start My Enrollment					



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	ollment				
			The Enrollment Overview	v displays which benefit option ary	ns are open for edits. All of your benefit changes will be	e effective the date of the op	en enrollment event	
			Your Pay Period Cost \$8.50		Full Cost \$8.5 Employer Cost \$338	0 3.50		
				Enrollment Preview Stat	ement		Medical	
	 Perso Visited 	nal Information		Submit Enrollment				
	* Deper © Compl	ndent/Beneficiary Info ete	Benefit Plans					
	* Benef In Prop	it Enrollment gress						
	Summary O Not Started		Medical Current COVA New COVA Status Pendia ∛0 D	HlthAwr + Prev Den HlthAwr + Prev Den ıg Review ependents	Flex Spending Medical Current Waive New Waive Status Pending Review	Flex Spending Dep Current Waive New Waive Status Pending	endent Care Review	
			Pay Period \$8.	50 Review	Pay Period \$0.00 Cost Review	Pay Period \$0.00) Rev	/iew
46	б.	Click the Me	dical tile.					
		Medical Current COVA New COVA Status Pendin ≩ 0 De Pay Period Cost \$8.5	HithAwr + Prev Den HithAwr + Prev Den g Review spendents O Revie	w				
ĺ		The Medical applicable co	tile enables overage that	employees t includes a de	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	edical 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	ur Dependents				COVA HealthAware	
Dependents	s that the employee has registered are listed	here. To add a new dependent, go to the	Dependent/Beneficiary Information.		Anthem	
	Dependents		Relationship			
			Child			
			Child			
			Spausa			
			spouse			
Add Dep	pendent					
48.	Click the Add Dep Add Dependent	endent button.				
ne Depe	endent and Benefic	iary Information	page displays. d Beneficiary Information		×	
ne Depe	endent and Benefic	ciary Information	page displays. d Beneficiary Information		×	
ne Depe	endent and Benefic	iary Information Dependent an Relationship	page displays. d Beneficiary Information Beneficiary	Dependent	×	
ne Depe	endent and Benefic	ciary Information Dependent an Relationship Child	page displays. d Beneficiary Information Beneficiary	Dependent ✓	×	
ne Dep e	endent and Benefic	Dependent an Relationship Child Child	page displays. d Beneficiary Information Beneficiary	Dependent ✓	×	
ne Dep e	endent and Benefic	child	page displays. d Beneficiary Information	Dependent ✓ ✓	×	
ne Dep e	endent and Benefic	child Child Child Child Child Child	page displays. d Beneficiary Information Beneficiary	Dependent ✓ ✓ ✓	×	
ne Depe	endent and Benefic	Etiary Information Dependent an Relationship Child Child Child Spouse	page displays. d Beneficiary Information	Dependent	×	
ne Depe 49.	endent and Benefic	Eiary Information	page displays. 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.	
	Do	one	



Step	Action						
The upd	lated Benefit E	nrollment page returns.					
				Cancel Crevious	Next >		
* \ * \ * \	Welcome to Marital Event Complete Marital Status 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. Enrollment Summary 					
	Acknowledgement Complete Benefit Summary Visited Personal Information	Your Pay Period Cost \$29,00 Status Pending Review Employer Cost \$614,50 Enrollment Preview Statement Submit Enrollment					
* [0 * [Dependent/Beneficiary Info Complete Benefit Enrollment In Progress	Benefit Plans					
0	Summary Not Started	Medical Current COVA HithAwr + Prev Den New COVA HithAwr + Prev Den Status © Changed & 1 Dependents	Flex Spending Medical Current Waive New Waive Status Pending Review	Flex Spending Dependent Care Current Waive New Waive Status Pending Review			
		Pay Period \$29.00 Cost \$29.00 Review	Pay Period \$0.00 Cost \$0.00 Review	Pay Period \$0.00 Cost \$0.00 Revie	w		
51.	Click the Sul	bmit Enrollment button.					
The Ber	n <mark>efits Alerts</mark> pa	ge displays in a pop-up	window.				
		Done Bei Your benefit choices have be Select View to review your Ele Select View to review gour Ele the Benefit	nefits Alerts een successfully submitted to the Ber Department. ection Preview statement, Done to re ts Enrollment Summary	View nefits turn to			
52.	Click the Do	ne button.					







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 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 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. For additional Life Events, please contact your Benefits Administrator, State employees can on to the Enrollment Form for Active Employees on the						
	Benefit Statements	DHRM website for additional Life Events.						
	fordable Care Act	Employee						
		I got married I have a newborn						
		O I adopted a child						
		O 1 got divorced						
		Start Life Event						
2.	Click the I got di	vorced radio button option.						
	I got divorc	ed						
3.	Click the Start L	ife Event button.						
	Start Life Eve	ent						
1								
The Divo	r ce Event page di	splays.						
		Cancel Next >						
* Welco	ome to Divorce Event	Task: Welcome to Divorce Event						
Comp	lete	Transmit II Transmit						
* Divor	ce Status	If you have experienced a life event change it may impact your health care choices and enrollments.						
O Not S		This guide will take you through all the steps necessary to ensure that your personal profile, benefits, and payroll information are						
* Ackn O Not St	owledgement tarted	updated to reflect this event in your life.						
Bene	fit Summary							
U NOT S								



St	ер	Action			
4	ŀ.	Read through the Welcome to Divorce Event information and then click the Next button.			
		Next >			
The	Divor	ce Status page d	isplays.		
			Cancel Cancel Next >		
	w Wele	ome to Divorce Event	T als Discours Of the		

★ Weld © Com	come to Divorce Event plete	Task: Divorce Status Current Single
* Divo • In Pr	ogress	Change Marital Status
Acknowledgement O Not Started		*Divorce Event date 01/13/2021
5.	Select "Divorced	" using the New Status field drop-down menu.
	*New Status	~
6.	Enter/select the a	appropriate marriage date using the Divorce Event Date Calendar icon.
	*Divorce Event of	date 01/13/2021
7.	Click the Save b	utton.
	Save	
8.	Click the Next bu	itton.
	Next >	



Step Action

The Acknowledgement page displays.

	Cancel Cancel Next >					
 ★ Welcome to Divorce Event Complete 	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 for Medicare Retirees and I agree to abide by all participation requirements.					
Divorce Status Complete	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 Lealth Depoting Depote and information and Lagree to abide to all enditionality and an anticipate.					
 ★ Acknowledgement ● In Progress 	Participants Covering Dependents As a participant covering dependents, I also certify that all dependents listed meet the eligibility requirements of the Program and that the information I					
Benefit Summary O Not Started	 I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law. 					
Personal Information O Not Started	 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. 					
★ Dependent/Beneficiary Info 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 order.					
* 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 O Not Started	I Agree					
	Save					
 Read through t and then select I Agr 	he Health Plan Acknowledgement information (scroll up/down as required t the I Agree checkbox.					
0. Click the Save	button.					
Save						
1. Click the Next	button.					
Next						



Step	Action							
The Bene	f it Summary pag	ge displays.						
					Cancel	Previous	Next >	
* Welco © Comple	me to Divorce Event	Task: Benefit Sumn	nary					
* Divord Comple	ce Status ete		As Of	01/13/2021				
* Ackno © Comple	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	arted	Section 457			Waived		:	=
The Perso	onal Information	– Name page d	isplays.					
					Cancel	< Previous	Next >	
* V	Velcome to Marital Event	Task: Personal Inf	ormation -	Name				
* N	Marital Status	Employee ID		Current			>	
* A © 0	Acknowledgement Complete	-						
13.	Your current nar Expand icon (>) name change fo	me displays. If th) to the far right c r you, proceed to	ne marri of the cu o Step 1	age resulted in a nar rrent name listing. If 6.	me chang f the mar	ge for you riage did r	, click the not result i	n a
	Employee ID		Current			>		



Step	Action									
The Name	The Name page displays in a pop-up window.									
	Cancel Name Save									
	Change As Of 01/13/2021									
	Name Prefix									
	*First Name									
	Middle Name									
	*Last Name									
	Name Suffix									
	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 >									
* Welc	ome to Divorce Event									
Ocomp	lete Current									
* Divor Comp	lete									
★ Ackn © Comm	owledgement lete									



Step	Action									
16.	Click the Next button.									
	Next >									
The Perso	The Personal Information – Home and mailing Address page displays.									
		Cancel Cancel Next >								
* W	Velcome to Divorce Event	onal Information - Home and mailing Address								
	Home Addres	\$\$								
* Di © Co	ivorce Status 1901 Brandywi omplete Richmond, VA 2	rine St Current >								
* A	cknowledgement									
• • •	Mailing	te								
Be • Vi	enefit Summary Add Mailin	ng Address								
	 Provide current nome 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 Current Richmond, VA 23220 Current Current									
The Addr	ess page displays in a pop-u	up window.								
		Address								
	Employee Instruction									
	To save United States addresses at least one of the foll	Illowing fields must get populated: Address 1, Address 3								
	Change As Of Address Type	Home								
	Country	V 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 button.						
	Save						
The Pers	onal Information	- Home and mailing Address page returns	•				
			Cancel	Previor	us Next	>	
× ₩ © C	Velcome to Divorce Event	Task: Personal Information - Home and mailing Address	i				
* D © C	ivorce Status omplete	1901 Brandywine St Current Richmond, VA 23220				>	
* A © C	cknowledgement omplete	Mailing					
B • V	enefit Summary isited	No data exists. Add Mailing Address					
The Pers	Next >	- Contact Information page displays.					
			Cancel	< Previou	us Next	>	
× ₩ © C	/elcome to Divorce Event omplete	Task: Personal Information - Contact Information					
× D ⊘ C	ivorce Status omplete	No data exists.					
× A ⊘ C	cknowledgement omplete	Add Phone					
B • V	enefit Summary isited	Email +					
A P	ersonal Information	Email Address	Type		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	nail address, e the Email a	click the Expar ddress informa	nd icon (>) to t tion.	he far right	of the Email address
	Email Address			Туре	Preferred	
	xxx00900008000_ABC@virg	jinia.gov		Business	~	>
i	Business Email a Agency HR Adm	addresses ca inistrator to u	nnot be update pdate your bus	d through self iness Email a	-service opt ddress.	ions. Contact your
23.	To add an Email	address, clic	k the Add Em a	iil icon (+) unc	ler the Ema	il section heading.
	+					
	Email Address				Туре	Preferred
	xxx00900008000 AB	C@virginia.gov		l	Business	\checkmark >
24.	Click the Next bu	utton.				
	Next >					
The Pers	onal Information	– Emergenc	y Contact pag	e displays.		
					Cancel	Previous Next >
× Weld	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	nergency Co act or update	ontact icon (+) e an existing Er	or Expand ico nergency Cont	on (>) to add tact, respec	d an additional tively.
	+					
	Contact Name		Relationship		Preferred	
	and the		Spouse		~	>
i	If an Emergency button to add you	Contact has ur first Emerg	not yet been e ency Contact.	stablished, clic	ck the Add I	Emergency Contact



Step	Action							
The Emer	gency Conta	ct page	displays in	a pop-up wir	ndow.			
		Cancel		Emergency Co	ntact	Save		
			*Contact Name	and Tax				
			*Relationship	Spouse	~			
			Preferred					
		Address						
		100 Main S Richmond,	treet VA 23219			>		
		Phone Nur	nbers					
		Phone		Extension	Туре			
		555/555-55	55		Business	>		
				Delete				
26.	Update or ad	d the ap	oplicable co	ontact informa	ation for the e	emergency cor	ntact in the	
	correspondin	g fields						
27.	Click the Sav	e butto	n.					
	Savo							
	Save							
The Perso	onal Informati	ion – E	mergency	Contact page	e returns.			
	. Welson & Discon F	A			-		vious Next >	
	Complete	vent	lask: Personal	Information - Emer	gency Contact			
	Divorce Status Complete	_	Contact Name		Relationship		Preferred	
	* Acknowledgement		and the		Sibling		✓ >	
	Benefit Summary							
	 Visited 	_						
28.	Click the Nex	t buttor	۱.					
	Next	>						



Step	Action							
The Dependent/Beneficiary Info page displays.								
					Cancel	Next >		
* e	Welcome to Divorce Event Complete	Store & Warehouse Spec II						
*	Divorce Status Complete	Task: Dependent/	Beneficiary Info					
*	Acknowledgement	Add Individual	Bulatanakia		Prove last			
	Complete	Name	Child	Beneficiary	Dependent	>		
•	Benefit Summary Visited		Child	•	•			
	Personal Information Visited		Child	•	•			
*	Dependent/Beneficiary Info		Spouso	*	×			
			Shores	×	×			
29.	Click the Expand	icon (>) to cha	nge the persona	al information fo	or the spouse b	being removed.		
	and the	Spouse	~	~	>			
The Indiv	idual Dependent/B	Beneficiary Inf	ormation page	displays.		_		
	Cancel	Individua	al Dependent/Beneficiary I	nformation	Save			
	Select Save after you have edite	ed your Dependent/Beneficiary's in	formation. The changes will go into e	iffect on Jan 13, 2021.				
	and the				>			
	Personal Information							
		"Gender Female ✓						
	*Relations	ship to Employee Spouse	~					
		*Marital Status Married • *Student No •	J					
		*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	A warning message displays in a pop-up window.							
	Changin	g relationship may aff	ect current enrollment.	Contact administrator	if needed.			
			ок					



Address Address

1901 Brandywine St Richmond, VA 23220

*Marital Status

Married

~

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>

Step	Action
31.	Click the OK button.
	OK
The Indiv	dual 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 🗸

*Disabled No
*Smoker Non Smoker

Address Type

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

Home

Same as mine

Same as mine

32.



Step	Action								
The Indiv	The Individual Dependent/Beneficiary Information page refreshes.								
	Cancel	Individual Dep	endent/Beneficiary I	nformation	Save				
	Select Save after you have edited your	Dependent/Beneficiary's information	n. The changes will go into e	ffect on Jan 13, 2021.	Â				
	Name								
					>				
	Personal Information								
	Di	ate of Birth 12/18/1986							
	*Deletionelite to	*Gender Female V							
	*Ma	rital Status Divorced V	`	As of 01/13/2021					
		*Student No V							
		*Disabled No 🗸							
		*Smoker Non Smoker 🗸							
	Address	Address Typ	be	Same as mine					
	1901 Brandywine St Richmond, VA 23220	Home		Same as mine	>				
33.	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								
	Save								
The Depe	ndent/Beneficiary	Information pag	e returns.						
				Can	cel	a >			
* 0	Welcome to Divorce Event Complete	Store & Warehouse Spec III	\odot						
*	Divorce Status	Task: Dependent/Ben	eficiary Info						
44	Askasulaskasus	Add Individual							
× 0	Complete	Name	Relationship	Beneficiary	Dependent				
	Benefit Summary Visited		Child	~	*	>			
	Personal Information		Child	~	~	>			
	Visited		Child	~	~	>			
* •	Dependent/Beneficiary Info Complete		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 Enrollment Summary 	are open for edits. All of your bene	efit changes will be effective the date of	of the open enrollment eve	nt.	
*	Acknowledgement	Your Pay Period Cost \$29.00		Full Cost \$29.00			
_	Benefit Summary	Status Submitted 01/13/2021 9:5	56PM				
-	Visited Personal Information	Submit Enrollment			medical		
	• Visited						
×	Complete	Benefit Plans				e	
*	Benefit Enrollment In Progress	Madiaal	Flow On onding Medical	Flow Or			
	Summary O Not Started	Current COVA HithAwr + Prev Den	Current Waive		urrent Waive	are	
36.	Click the Nex	t button.					,
	Next	>					
The Sum	mary page disp	olays.					
					•	Cancel	
* W © C	elcome to Divorce Event	Task: Summary				Complete	
* D © C	ivorce Status omplete	You have completed your Divorce Even	nt.				
* A © C	cknowledgement omplete	Steps				10 rows	
B • V	enefit Summary isited	Step	Status	Date Completed	Required	Go to Step	
► P	ersonal Information	Welcome to Divorce Event	Complete	01/13/2021	Yes	Go to Step	
• V	isited	Divorce Status	Complete	01/13/2021	Yes	Go to Step	
* D © C	ependent/Beneficiary Info omplete	Acknowledgement	Complete	01/13/2021	Yes	Go to Step	
× B ● In	enefit Enrollment Progress	Benefit Summary	Visited		No	Go to Step	


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