TEXAS A&M
AGRILIFE
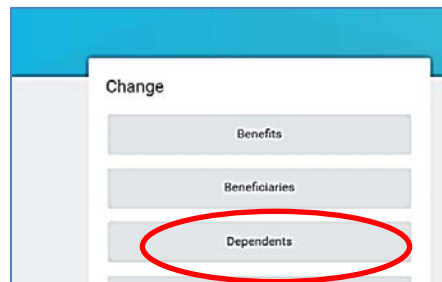
TO ADD A NEW DEPENDENT

*Note – if adding an EXISTING dependent to your coverage, go to page 3 of instructions.
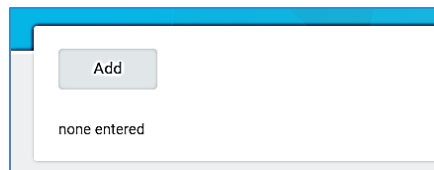
Go to the Benefits icon

Select <u>DEPENDENT</u> under the Change section
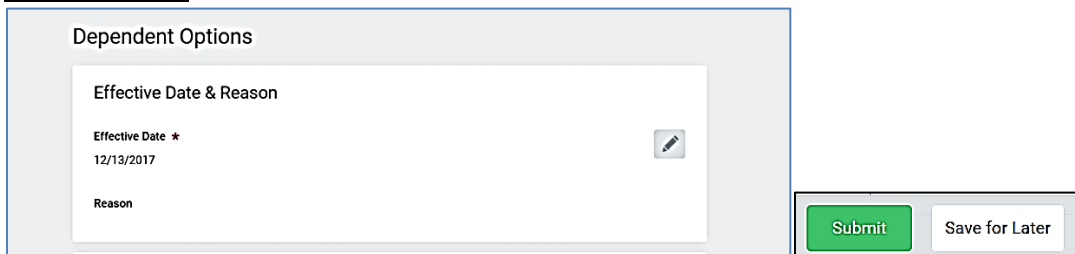
Select <u>ADD</u>

Use the edit icon to add the information   **Use the check icon to save it**

<u>Enter the date of the change in status, select the REASON, enter dependent information</u>

When finished, click SUBMIT

PART 2 - DOCUMENTATION

**After adding dependent information, <u>go to your Workday INBOX</u>.**

IMPORTANT STEPS

Look for the email about DEPENDENT EVENT – UPLOAD DOCUMENTATION. It will give you the link to HR Connect so you can UPLOAD the required documents for your dependent.

Click SUBMIT FOR APPROVAL

**After you have uploaded the documents, be sure to go <u>back to the email</u> and click on the SUBMIT button. (This will send notification to your Benefits department)
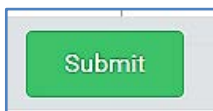
TO ADD DEPENDENT TO YOUR COVERAGE

Go back to the Benefits icon and look for Change Benefits.
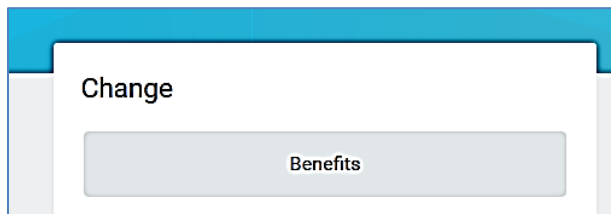
You will need to put the Reason again and the date again for your change.

Click on SUBMIT.

On the next page, you should see an option to OPEN the Change Benefits section.

You will be taken through each benefit section. Section 1 - Health

To add your dependent, click <u>inside the box</u> to view your dependents.
Check the name of the dependent.

Health Care Elections 4 items

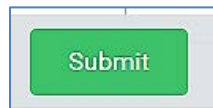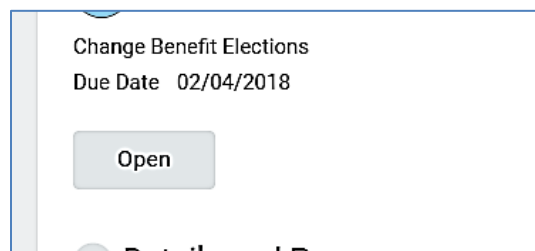| Benefit Plan	*Elect / Waive	Enroll Dependents	C
Medical - Blue Cross Blue Shield of TX PPO A&M Care	○ Elect ○ Waive		Employee Only
Dental - Delta Dental DHMO	○ Elect ○ Waive		Employee Only
Dental - Delta Dental DPPO	○ Elect ○ Waive		
Vision - Superior Vision VIS	○ Elect ○ Waive		Employee Only
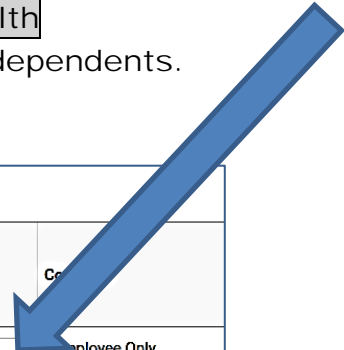
Continue	Save for Later	Cancel

When finished, click Continue.

Continue through each of the next sections and make changes if needed. Otherwise just click CONTINUE

Continue	Save for Later	Cancel

Section 2 – Spending Account

Section 3 – Life Insurance

Section 4 - Beneficiaries

You can update your beneficiaries here. If no changes, click Continue

The last page is to <mark>Review your changes</mark>.

You will see the total cost at the TOP of the page.

Total Cost	Total Credits	Total Employee Net Cost/Credit
$401.24 Monthly Cost	$60.00 Monthly Credit	$341.24 Monthly Cost

Make sure your <u>new dependent is listed under the DEPENDENTS column</u>.

At the bottom, you will need to click on the <u>I Agree</u> box.

Electronic Signature

Payroll Deduction/Pretax Premium/Billing Agreement: I authorize The Texas A&M University System to deduct from my earnings the amount required to cover my share of the premiums for these coverages. I authorize the A&M System to reduce my taxable income by an amount equal to my health/dental/vision/AD&D premiums.

Waiver Agreement: After my 60 day enrollment period, I understand that in order to enroll in the future I may be required to provide evidence of insurability, and I may enroll in some plans only during enrollment periods and/or be subject to pre-existing condition limitations.

Release of Information: I understand that certain information collected by the A&M System must be sent to the carriers of the plans in which I have enrolled. The A&M System and the insurance carriers will treat this information as confidential.

Tobacco User Agreement: I understand that if I have indicated that I am not a tobacco user and this proves to have been a false statement, my coverage and any associated dependent benefit coverage may be cancelled.

Certification and signature: I understand that I may be required to provide additional documentation to certify the change I that I am claiming in order to make changes to my benefits. I further understand that should it be found that I have made a false statement in connection to my benefit change, my benefit coverage will be canceled and I may be prosecuted to the full extent of the law.

Insurance Cancellation Agreement: If cancelling any insurance coverage, I understand that in order to participate in the future I may be required to furnish evidence of insurability at my own expense. Coverage is subject to the carrier's approval and is not guaranteed. In addition, I may enroll in some plans only during specified enrollment periods. Benefits will be paid based on coverage records in my insurance file and in accordance with the terms of the applicable group policy.

I Agree ☐

Submit   Save for Later

Click Submit to finish.

Once you see the Confirmation Summary, you know that you have completed all portions of adding a new dependent to your coverage.