

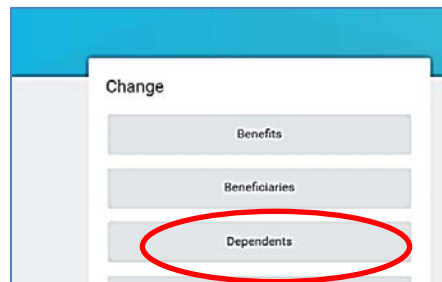
## TO ADD A NEW DEPENDENT

\*Note – if adding an EXISTING dependent to your coverage, go to page 3 of instructions.

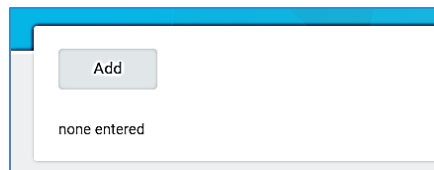
Go to the Benefits icon



Select DEPENDENT under the Change section



Select ADD



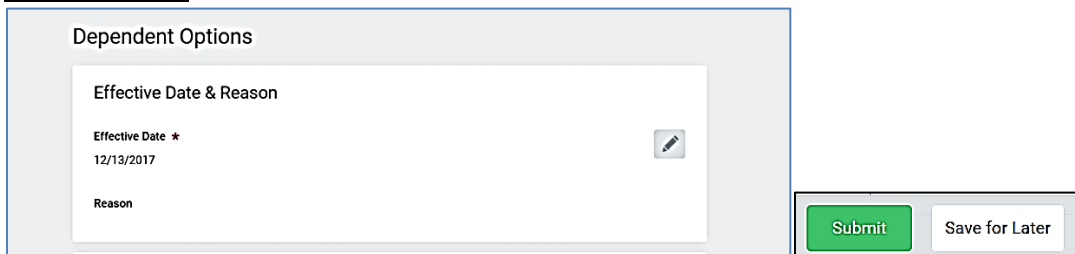
Use the edit icon to add the information



Use the check icon to save it



Enter the date of the change in status, select the REASON, enter dependent information

A screenshot of a "Dependent Options" form. It has a section titled "Effective Date & Reason" with an "Effective Date \*" field containing "12/13/2017" and a "Reason" field. There is an edit icon next to the date field. At the bottom right, there are two buttons: a green "Submit" button and a grey "Save for Later" button.

When finished, click SUBMIT

## PART 2 - DOCUMENTATION

After adding dependent information, go to your Workday INBOX.



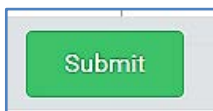
### IMPORTANT STEPS

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.

The screenshot shows the TAMUS HRConnect interface. At the top, there's a navigation bar with 'Home', 'More Tools', and 'Help and Support'. Below that, the page title is 'Employee Home - Document Upload'. There are input fields for 'Employee', 'UIN', and 'Status Active'. A message states: 'To upload a document, select a document category and a document type, then click Browse or Choose File, select the document on your computer, and click Upload.' Below this is a table with columns: Document Category, Document Type, Attachment, and Notes. The 'Document Category' is set to 'Dependent Verification' and 'Document Type' is 'Birth Certificate'. The 'Attachment' column shows a 'Browse...' button and 'No file selected'. The 'Notes' column has an 'Upload' button. At the bottom left, a green 'Submit For Approval' button is circled in red.

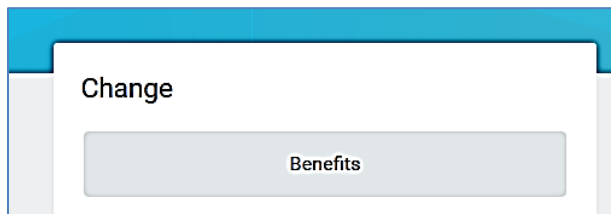
Click SUBMIT FOR APPROVAL

**\*\*After you have uploaded the documents, be sure to go back to the email and click on the SUBMIT button.** (This will send notification to your Benefits department)



## TO ADD DEPENDENT TO YOUR COVERAGE

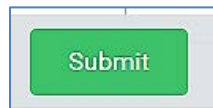
Go back to the Benefits icon and look for Change Benefits.



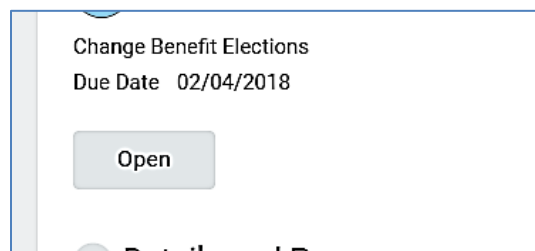
You will need to put the Reason again and the date again for your change.

A screenshot of a form section. It contains two rows of input fields. The first row is labeled "Benefit Event Type" with an asterisk, followed by a dropdown menu showing "select one" and a downward arrow. The second row is labeled "Benefit Event Date" with an asterisk, followed by a text input field containing "MM / DD / YYYY" and a calendar icon.

Click on SUBMIT.



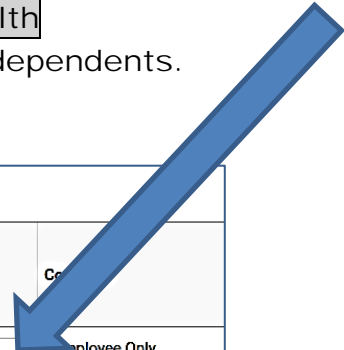
On the next page, you should see an option to OPEN the Change Benefits section.



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

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

Health Care Elections 4 items			
Benefit Plan	*Elect / Waive	Enroll Dependents	Co
Medical - Blue Cross Blue Shield of TX PPO A&M Care	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee Only
Dental - Delta Dental DHMO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee Only
Dental - Delta Dental DPPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Vision - Superior Vision VIS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	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 [Review your changes.](#)

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 new dependent is listed under the DEPENDENTS column.

At the bottom, you will need to click on the I Agree 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 cancelled 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

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.