

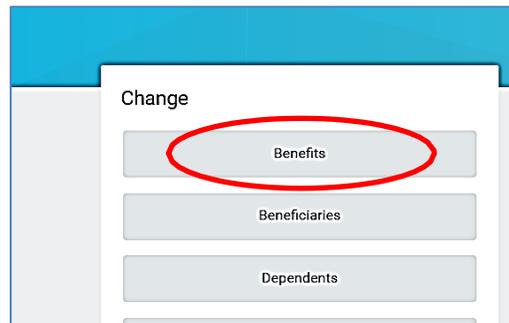
TO DROP A DEPENDENT

***If dropping a dependent due to DIVORCE, please contact the Benefits Office first.**



Go to the Benefits icon

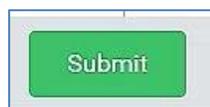
Select BENEFITS under the Change section



Select the REASON and enter the date for your change.

Benefit Event Type	*	<input type="text" value="select one"/>
Benefit Event Date	*	<input type="text" value="MM / DD / YYYY"/> 

Click on SUBMIT.



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

Change Benefit Elections
Due Date 02/04/2018

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

Click inside the box to view your dependents.

Take the "X" off of the dependent that you want to drop.

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

When finished, click Continue.

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

<input type="button" value="Continue"/>	<input type="button" value="Save for Later"/>	<input type="button" value="Cancel"/>
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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

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

Electronic Signature

Payroll Deduction/Pre-tax 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 canceling 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

<input type="button" value="Submit"/>	<input type="button" value="Save for Later"/>
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Click Submit to finish.