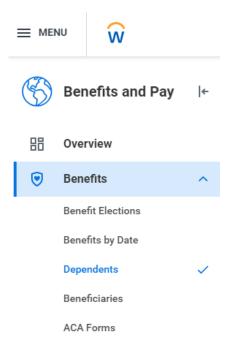


## Add or Edit a Dependent (Spouse, Domestic Partner, or Child)

A Dependent Event is the process used to add or edit a spouse or dependent's information. A Dependent Event **DOES NOT** add or remove your dependent to or from your benefit plans. A dependent can only be added or removed from your health and dental plans with a qualified life event, i.e. hire, birth, marriage, or divorce events.

- Click the Menu in the upper left corner of your Workday page
- Click the Benefits and Pay application
- Click the dropdown arrow next to the Benefits and then click Dependents



1. To add a family member click on Add. To edit an existing family member's file click on Edit

Dep			
	Add		

- 2. Complete each section where the red star (\*) is located
  - To enter or edit a section, click on the pencil. Then, click on the search button to access and select the appropriate reason. Make sure the effective date is correct (i.e. date of marriage, birth, adoption, etc.)



## Add or Edit a Dependent (Spouse, Domestic Partner, or Child)

Dependent Options	
Is your new dependent already a beneficiary or emergency	contact?
If yes, which one?	Ø
Effective Date & Reason	
Effective Date *	Ø
09/08/2021	
Reason	
Use your new dependent as a beneficiary?	
Use as Beneficiary	Ø
No	
Dependent Personal Information	

• The Reason will be based on why you are adding or updating the dependent.

(If you are a new employee, use Add Dependent >Other)

Effective Date & Reason							
Effective Date *							
Reason							
:=							

### Spousal/Domestic Partner Surcharge:

- Does your spouse/ domestic partner have access to health insurance through his/her own employer?
  - If so and they are included on your MCHS health insurance plan, your premium will include a \$100 (pre-tax) per month spousal/ domestic partner surcharge.
- You are responsible for maintaining your spouse's eligibility status should his/her coverage change at any time throughout the year. There are no refunds on the surcharge.
- Complete and save the Relationship section.
- If the relationship is spouse/ domestic partner, the "*This person is or could be enrolled in Health Care coverage elsewhere?*" question appears. Check the box to indicate that your spouse **HAS** access to health insurance through his/her own employer, regardless if they are full or part-time.
  - The box should remain unchecked if they do not have access to health insurance through his/her own employer, regardless if they are full or part-time.
  - If both you and your spouse/domestic partner are employed with MCHS, the box should remain unchecked.



# Add or Edit a Dependent (Spouse, Domestic Partner, or Child)

This person is or could be enrolled in Health Care coverage elsewhere?		This person is or could be enrolled in Health Care coverage elsewhere?		
Could Be Covered For Health Care Coverage Elsewhere Yes	P	Could Be Covered For Health Care Coverage Elsewhere	$\Diamond$	$\checkmark$
Effective Date * 01/01/2021		Effective Date *		

- The effective date should be a current or future date reflecting the date he/she became eligible for coverage through his/her own employer or the date they became eligible for coverage under your plan, i.e.; date of marriage, date you became benefit eligible, etc.
- To complete the event, click on Submit in the bottom left corner of the screen.

# Submit

### IMPORTANT:

- A family member's information can be updated at any time. It is important that you do not replace an existing family member's information with another person's information.
  - For example, in the event of a divorce and new marriage, the ex-spouse's relationship should be modified to reflect ex-spouse. The new spouse should be added as a new family member. Do **NOT** change/edit the ex-spouse's information to reflect the new spouse's information. The same applies when reassigning beneficiaries.
  - Do **NOT** replace someone's information with another person's information. Add a new person.

If you have questions or need assistance with your event please contact the Human Resources Helpline at <u>hrshared@marshfieldclinic.org</u> or 715-387-5254 or extension 7-5254.