

Birth/Adoption Event

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Navigating to the Birth/Adoption Event

1.After successfully authenticating and logging into **Employee self service**, click on the **Benefits Details** tile.



2. Click on *Life Events* tile:

Benefit Details				:
	Benefits Summary	Benefits Statement	Benefits Enrollment	
	Dependent/Beneficiary	Life Events	View Form 1095.C	
	3 Dependents 3 Beneficiaries	Start a Life Event	Tax Year 2022	
	Consent Granted			



Creating Birth/Adoption Event

IMPORTANT: You have <u>31 days</u> from the date of birth to enroll your child into your health benefits.-If you have passed your 31 day mark, please refer to the following guide for <mark>Qualifying Event</mark>

- *3.* Select "I had a baby" or "I adopted or gained legal custody/guardianship of a child".
 - For birth- input the date that the child was born,
 - For adoption- input the date that the child was placed in your home for adoption.

Click the **Start Life Event** button to continue.

Life Events	
Mary Xu O Clerical Assoc-L IV - Amb Care	
* Indicates required field	
Employee	
O I got married	
I had a baby	
○ I adopted or gained legal custody/guardianship of a child	
*As Of 02/21/2024	
Start Life Event	
The Life Event must be completed within 31 days of your qualifying event or you will not be eligible to change your Benefit elections.	

4. On the welcome page, click **Next** to continue.

H+H Birth Event			
Qualifying Period 3/1/2024-4/1/2024			
Mary Xu		Canad	Next X
		Calice	INEXI >
* Welcome to the Birth Event © Complete	Welcome to the Birth Event Mary Xu		
* Birth Date O Not Started	This is a good time to consider how having a new dependent may affect your per paycheck health care deductions, and other important information.		
 Developed and Developed allocations 	Once you have completed updating your new dependent's information, you will be required to submit documents for this event.		
 Dependent/Beneficially into O Not Started 	You can upload documents by clicking the "Add Document" link under Dependent/ Benenicary Information.		
Benefit Enrollment O Not Started	celo ec ri or opper igniciano contenio continue		
Benefits Statements O Not Started			
Summary O Not Started			



Birth/Adoption Date

5. Verify that the date of birth and/or date of adoption is correct and click **Submit**.

H+H Birth Event	
Qualifying Period 3/1/2024-4/1/2024 Mary Xu	
	Cancel Cancel Next >
Welcome to the Birth Event Complete	Birth Date Submit
Complete	Select the Submit button to initiate your birth event.
* Birth Date	Required Documentation: You must upload a copy of the foot prints and/or discharge papers from hospital until you receive the birth certificate.
In Progress	Click NEXT on upper right-hand corner to continue
* Dependent/Beneficiary Info O Not Started	Date of Birth 03/01/2024
Benefit Enrollment O Not Started	
Benefits Statements O Not Started	
Summary O Not Started	

6. Click Next to continue.

H+H Birth Event								
Qualifying Period 3/1/2024-4/1/2024								
Mary Xu	Cancel Cancel Next >							
* Welcome to the Birth Event	Birth Date							
Complete	Select the Submit button to initiate your birth event.							
* Birth Date	Required Documentation: You must upload a copy of the foot prints and/or discharge papers from hospital until you receive the birth certificate.							
Complete	Click NEXT on upper right-hand corner to continue							
* Dependent/Beneficiary Info O Not Started	Date of Birth 03/01/2024							
Benefit Enrollment O Not Started								
Benefits Statements O Not Started								
Summary O Not Starled								
O Not Started								



7. Select Add Individual to add the dependent's information.

H+H Birth Event	
Qualifying Period 3/1/2024-4/1/2024 DAVID MARTINEZ	
	Cancel Cancel Next >
* Welcome to the Birth Event © Complete	Dependent/Beneficiary Info
* Birth Date © Complete	No data exists
* Dependent/Beneficiary Info In Progress	Add Individual
Benefit Enrollment O Not Started	
Benefits Statements O Not Started	
Summary O Not Starled	

8. Click **Add Name** to enter the dependent's name. Click **Done** to submit dependent's name.

Cancel Add Ir	Add Individual Dependent/Beneficiary Information							
Select Save after you have added your Dependent/Beneficiary's information. The c	* Indicates required field hanges will go into effect on 3/1/2024.							
Name Add Name								



9. Make sure all areas marked with an asterisk are filled out correctly.

Cancel	Cel Add Individual Dependent/Beneficiary Information Save							
Select Save after you have adde	d your Dependent/Beneficiary's ir	nformation. The changes will go	p into effect on 3/1/2024.	* Indicates required fiel	đ			
Name								
AMY XU				>				
Personal Information								
	Date of Birth	03/01/2024			I			
	*Gender	Female V			I			
	*Relationship to Employee	Child			I			
	Dependent	Yes						
	Beneficiary	Yes						
	*Marital Status	Single V	As of MM/D	D/YYYY 🛗				
	*Student	No ¥	As of MM/D	D/YYYY 🛗				
	*Disabled	No 🗸	As of MM/D	D/YYYY 🛗				
	*Smoker	Non Smoker 🗸	As of MM/D	D/YYYY 🛗				
Address								
Address		Address Type	Same Address as mine					
137 5TH AVENUE APT13 NEW YORK, NY 10026		Home	Same as mine	>				
National ID								
No National ID exists.								
Add National ID								
Phone								



10. To update your dependent's SSN infomration, click on **Add National ID.** Enter in the SSN number and **Click Done.**

Cancel	Add Individual Dependent/Beneficiary Information
Select Save after you have added your Dependent/Benefician	Vindcates required field ys information. The changes will go into effect on 31/2024
Name	
AMY XU	>
Personal Information	
Date of B	itth 03012024
'Gen	der Female V
"Relationship to Emplo	
Denend	Cancel National ID Done
Benefici	ar *Country Linted States
"Marital Sta	The interval ID Targe Conside United
* \$tus	Theorem Theore
3100	*Netional ID
*Disab	er Primary Yes
"Smo	ke
Address	
Address	
137 5TH AVENUE APT13 NEW YORK, NY 10026	Home Same as mine >
National ID	
No National ID exists.	
Add National ID	

11. If your dependent does not have their SSN, click **Save** at the top right corner of the page.

Cancel		Add Individua	I Dependent/Benef	iciary Information	ı		6
Select Save after you have added y	our Dependent/Beneficiary's i	nformation. The changes will	go into effect on 3/1/2024.	* Indicates re	equired field		/
AMY XU					>		
Personal Information							
	Date of Birth	03/01/2024]				
	'Gender	Female ¥					
	*Relationship to Employee	Child V					
	Beneficiary	Yes					
	*Marital Status	Single ¥	As of	MM/DD/YYYY	Ħ		
	*Student	No ¥	As of	MMIDD/YYYY	Ë		
	*Disabled	No ¥	As of	MMDD/YYYY			
	*Smoker	Nan Smaker 🖌	As of	MMIDD/YYYY	Ħ		
Address							
Address		Address Type	Same Address as min	e			
1370 5TH AVENUE APT13D NEW YORK, NY 10026		Home	Same as mine		>		
National ID							
No National ID exists.							
Add National ID							



1. Supporting Documentation will be required for all modifications and additions of Dependents.Click **OK**.

H+H Birth Event						
Qualifying Period 3/1/2024-4/1/2024 Mary Xu						
					Cancel < Pre	vious Next >
Welcome to the Birth Event Complete	Dependent/I	Beneficiary Info				
	Add Individual					
Birth Date Complete	Name	Relationship	Beneficiary	Dependent	Attachment	
* Dependent/Beneficiary Info © Complete	AMY XU	Child	~	~	Add Document	>
Benefit Enrollment O Not Started				С	lick on arrow > on the right to edit de	pendent information.
Benefits Statements O Not Started	_	Suspecting	desuments are required for the sh	angaa mada	-	
Summary O Not Started	Select t	he Attachments link from Depe Click on the a	ndent/Beneficiary Info or use Bene rrow > on the right to edit depend	anges made. afits Attachment to attach the do dent information	ocuments.	
			ОК			

REMEMBER, check your Outlook email in order to make sure your changes have been approved by HRSS/Benefits. If there are any problems, HRSS/Benefits will contact you via email. If you fail to respond, your requests will NOT be processed.



<u>Submitting Supporting Documentation for</u> <u>Birth/Adoption Event</u>

12. To the right of the child's name, click the words **Add Document**.

H+H Birth Event						
Qualifying Period 3/1/2024-4/1/2024						
Mary Xu					Cancel	<pre></pre>
* Welcome to the Birth Event Complete	Dependent/Ber	neficiary Info				
* Dirth Data	Add Individual					
 Birth Date Complete 	Name	Relationship	Beneficiary	Dependent	Attachment	
* Dependent/Beneficiary Info	AMY XU	Child	~	×	Add Document	>
				Click	k on arrow ≻ on the right t	o edit dependent information.
Benefit Enrollment O Not Started						
Benefits Statements O Not Started						
Summary O Not Started						

13. Click **Add Attachment**.

Cancel	Depende	ent Attachments		Done
Dependent's Name AMY XU				
✓ Instructions				
You are required to submit the docume after the document(s) have been uploa BUTTON on the top right-hand corner of	nt(s) listed here. Select the "Add Att ded. "Document Type must be cha of page.	achment" button to upload your d nged when uploading multiple red	ocument. Enter a description of your document quired documents. CLICK ON THE DONE	7
✓ Document List				
Document	Upload / Status	Approval / Status		
Birth Certificate/ Foot Prints	Required Attachment Missing	Required		
Add Document No Document has been attached. Add Attachment Add Note				



Submitting Supporting Documentation for Birth/Adoption Event

14. Click **My Device.** Search for you supporting document.

ncel		Dependent Attachments	
Dependent's Name AM Vinstructions You are required to subm after the document(s) hav BUTTON on the top right-	Y XU It the document(s) listed here. Select th e been uploaded. "Document Type m hand corner of page.	ne "Add Attachment" button to upload your do ust be changed when uploading multiple req	cument. Enter a description of your document, uired documents. CLICK ON THE DONE
✓ Document List			
Document	Upload / Status	Approval / Status	
Birth Certificate/ Foot Pri	ints Required Attachment Miss	Required	
		File Attachment	×
Add Document Ch No Document has be Add Attachment	oose From		

15. After attaching the document, wait for the document to appear on the screen then, click **Upload**.

Cancel		Dependent At	achments	Done
Dependent's Name AMY XU 	ocument(s) listed here. Select the "Add Att loading multiple required documents. CLIC	schment' button to upload your docu K ON THE DONE BUTTON on the to	nent. Enter a description of your document, after the document(s) have been uploaded. "Document p right-hand corner of page.	
Document	Upload / Status	Approval / Status		
Birth Certificate/ Foot Prints	Required Attachment Missing	Required		
Add Document No Document has been atlac Add Atlachment Add Atlachment	Choose From My Device Upload Clear Footprints Jiff File Size: 5KB	File Attachn		



<u>Submitting Supporting Documentation for</u> <u>Birth/Adoption Event</u>

16. Click **Done**.

Cancel			Depende	nt Attachments		Done
Depe	endent's Name	AMY XU				
√ In	structions					
You after BUT	are required to s the document(s) TON on the top r	ubmit the document(s) lis have been uploaded. *D ight-hand corner of page	ted here. Select the "Add Atta ocument Type must be chan	chment" button to upload your doc ged when uploading multiple requi	ument. Enter a description of your docume red documents. CLICK ON THE DONE	ent,
∼ D	ocument List					
Doc	cument		Upload / Status	Approval / Status		
Birt	h Certificate/ Foo	t Prints	Required	Required		
			Attachment Missing	ttachment	Dono	
۵dd	Document	Chaosa From	File P		Dule	
No E	ocument has be	Choose From				_
	dd Attachment					
		Eootprints	ifif			
		File Size:	5KB			
					Upload Complete	

17. Once the document has been uploaded, click **Done** on the top right corner.

ncel	Depend	dent Attachments		D
Dependent's Name AMY XU				
✓ Instructions				
You are required to submit the document(after the document(s) have been uploaded 3UTTON on the top right-hand corner of p Document List	 i) listed here. Select the "Add A d. "Document Type must be ch lage. 	ttachment" button to upload your docun anged when uploading multiple require	nent. Enter a description of d documents. CLICK ON TI	your document, HE DONE
Document	Upload / Status	Approval / Status		
Birth Certificate/ Foot Prints	Required Uploaded	Required	-	
ıdd Document			-	
Add Document Add Attachment Add Note				1 row
Add Document Add Attachment Add Attachment Document T Description 14 Name		Attached By †↓	Attached 1↓	1 row Status î↓



<u>Submitting Supporting Documentation for</u> <u>Birth/Adoption Event</u>

18. A pop-up notification will appear specifiying approval is required, Click OK.

H+H Birth Event						
Qualifying Period 3/1/2024-4/1/2024 Mary Xu					Cancel < Previous	Next >
* Welcome to the Birth Event © Complete	Dependent/E	Beneficiary Info				
* Birth Date © Complete	Name	Relationship	Beneficiary	Dependent	Attachment	
* Dependent/Beneficiary Info © Complete	AMY XU	Child	~	~	Ø View	
Benefit Enrollment O Not Started	_			Click on a	arrow > on the right to edit dependent ir	formation.
Benefits Statements O Not Started					_	
Summary O Not Started	The document must	be approved to qualify the depen	Approval is required. dent. A notification has been sent to th	he Benefits Administrator request	ing approval.	

19. Click Next.

H+H Birth Event						
Qualifying Period 3/1/2024-4/1/2024						
Mary Xu					Cancel < Previous	Next >
Welcome to the Birth Event Complete	Dependent/Bene	ficiary Info				
	Add Individual					
Birth Date Complete	Name	Relationship	Beneficiary	Dependent	Attachment	
* Dependent/Beneficiary Info	AMY XU	Child	*	~	Ø View	>
				Click on arrow >	on the right to edit dependent	nformation.
Benefit Enrollment O Not Started						
Benefits Statements O Not Started						
Summary O Not Started						



<u>Completing Benefits Enrollment For</u> <u>Birth/Adoption Event</u>

20. Click Continue My Enrollment

H+H Birth Event	
Qualifying Period 3/1/2024-4/1/2024 Mary Xu	Cancel Cancel Next >
* Welcome to the Birth Event © Complete	Benefit Enrollment
* Birth Date © Complete	Now we're ready to prepare your benefit options, based upon the Life Event information that you've entered. Your information will be analyzed to determine impacts to your eligibility for health benefits. Select the "Continue My Enrollment" button to complete your benefit enrollment.
* Dependent/Beneficiary Info © Complete	Continue My Enrollment
Benefit Enrollment • Visited	
Benefits Statements O Not Started	
Summary O Not Started	

21. Click **Medical**

H+H Birth Event			
Qualifying Period 3/1/2024-4/1/2024 Mary Xu			
			Cancel Cancel Next >
* Welcome to the Birth Event © Complete	Benefit Enrollment		
* Birth Date © Complete	The "Medical" tile below displays your current coverage, ne The Elexible Spending Accounts and Betirement plan option	w coverage, status, and how many dependents if any are cov is are listed as view only. You must reach out to each agency o	* indicates required neid ered. firectiv to enroll or make channes
* Dependent/Beneficiary Info © Complete	Click on the "Medical" tile to select/make changes to your n Once you have updated your medial enrollment, please make	nedical benefits. is sure to click on Submit Enrollment to finalize.	
Benefit Enrollment • Visited	✓ Enrollment Summary		
Benefits Statements O Not Started	Your Pay Period Cost \$0.00 Status Pending Review	Full Cost \$0.00)
Summary O Not Started	Enrollment Preview Stateme Submit Enrollment	nt	
	Benefit Plans		
	Medical	403(b)	NYCERS
-	Current HIP HMO Basic New HIP HMO Basic Status Pending Review 7% 0 Dependents	Current 403B TDA Program 3% 0% New 403B TDA Program 3% 0% Status Not Available	Current Tier 4 New Tier 4 Status Not Available
	Pay Period Cost \$0,00 Review		Pay Period Cost \$0.00

Please note: The flexible spending accounts and retirement plan options listed are view only. You must reach out to each entity directly to enroll/make changes.



<u>Completing Benefits Enrollment For</u> <u>Birth/Adoption Event</u>

22. Check the box next to the dependent's name to add them to your current health insurance plan then then click **Done**. Please note that only dependents with a check next to their name as shown will be covered. Also note, you are adding a dependent for health coverage purposes only. This has no effect on your Tax Witholding.

Cancel		Medical	Done
If you would like more information on the health plans provider, click on the plan under the < Enroll Your Dependents	Resources section	n on the top right-hand side.	Resources
Dependents registered are listed here. Select the Add/Update Dependent button to view, enroll. After you completed your elections click the Done button on the top right-hand con	ipdate or add a ne ner of page to cont	w dependent. Place a check mark next to the dependent(s) you would like to inue.	
Dependents	Relat	ionship	
AMY XU	Child		
Add/Update Dependent			
✓ Enroll in Your Plan			
The Family cost shown for each plan is based on the dependents enrolled. Adult Domestik covered. To see other coverage costs for individual plans, select the help icon correspond	c Partner depende ing to each plan op	\ensuremath{ts} will have an additional tax implication. Dependents not enrolled will not be tion.	
To complete a side by side comparison of the plan options, select the Compare Plan chec	kbox for the plan o	ptions to be compared, then select the Compare button.	
Plan Name Before Tax Cost After Tax Cost Pay Period Cost	Compare Plan		
✓ HIP HMO Basic () \$0.00			
Select Waive \$0.00			
Overview of All Plans	Compare		

23. Click **Submit Enrollment** to submit changes made to your health plan.

H+H Birth Event			
Qualifying Period 3/1/2024-4/1/2024 Mary Xu			Cancel Cancel Next >
* Welcome to the Birth Event © Complete	Benefit Enrollment		1 Indicates required field
Birth Date Complete	The "Medical" tile below displays your current coverage, ne The Flexible Spending Accounts and Retirement plan option:	w coverage, status, and how many dependents if any are cov s are listed as view only. You must reach out to each agency o	ered. directly to enroll or make changes.
* Dependent/Beneficiary Info © Complete	Click on the "Medical" tile to select/make changes to your m Once you have updated your medial enrollment, please mak	redical benefits.	
Benefit Enrollment Visited	✓ Enrollment Summary		
Benefits Statements O Not Started	Your Pay Period Cost \$0.00 Status Pending Review	Full Cost \$0.00	0
Summary O Not Starled	Enrollment Preview Statemer	nt	
	Benefit Plans		
	Medical	403(b)	NYCERS
	Current HIP HMO Basic New HIP HMO Basic Status Changed 7% 1 Dependents	Current 403B TDA Program 3% 0% New 403B TDA Program 3% 0% Status Not Available	Current Tier 4 New Tier 4 Status Not Available
	Pay Period Cost \$0.00 Review		Pay Period Cost \$0.00



<u>Completing Benefits Enrollment For</u> <u>Birth/Adoption Event</u>

24. To review your enrollment, select **View**. There you can view information including dependents, personal details and health plan. To finalize enrollment, click **Done**.

H+H Birth Event				
Qualifying Period 3/1/2024-4/1/2024 Mary Xu			Cancel Cancel	Next >
Velcome to the Birth Event Complete Dependent/Beneficiary Info Complete Benefit Enrolment Visited Did Stated Summary O Hot Stated	Benefit Enrollment The "Medical" like below displays your current coverage, new The Flexible Spending Accounts and Reitement plan options Click on the "Medical" like below diselectmake changes to your in Once you have updated your medial enrollment. plans below Enrollment Summary Vour Pay Period Cost S Status Per Benefit Plans D D D D D D D D D D D D D D D D D D D	coverage, status, and how many dependents if an are listed as view only. You must reach out to each edical benefits. sure to click on Submit Erroltment to finalize. Benefits Alerts View ve been successfully submitted to the Benefits Department. Decion Preview statement, Done to return to anotto Erroltment Summary	* Indicates reg y are covered. (agency directly to enroll or make changes. (I \$0.00	puired field
	Medical Current HIP HMO Basic New HIP HMO Basic Status © Changed m 1 Dependents Pay Period Cost \$0,00	403(b) Current: 403B TDA Program 3%: 0% New 403B TDA Program 3%: 0% Status: Not Available	NYCERS Current Tier 4 New Tier 4 Status Not Available Pay Period Cost \$0,00	

25. Click Next.

H+H Birth Event								
Qualifying Period 3/1/2024-4/1/2024								
Mary Xu			Cancel Cancel Next >					
* Welcome to the Birth Event © Complete	Benefit Enrollment							
* Birth Date © Complete	The "Medical" tile below displays your current coverage, new coverage, status, and how many dependents if any are covered. The Flexible Steadrine Accounts and Retrement rate on others are listed as view only. You must reach out to each anency directly to enroll or make channes.							
* Dependent/Beneficiary Info © Complete	Click on the "Medical" tile to select/make changes to your medical benefits. Once you have updated your medial enrollment, please make sure to click on Submit Enrollment to finalize.							
Benefit Enrollment © Complete								
Benefits Statements O Not Started								
Summary O Not Started	Enrollment Preview Statemer	nt						
	Benefit Plans							
	Medical	403(b)	NYCERS					
	Current HIP HMO Basic New HIP HMO Basic Status Changed I Dependents	Current 403B TDA Program 3% 0% New 403B TDA Program 3% 0% Status Not Available	Current Tier 4 New Tier 4 Status Not Available					
	Pay Period Cost \$0.00 Review		Pay Period Cost \$0.00					



Benefit Statement

26. Click on Statement Type drop down, then click on ConfirmationStatement. Select which confirmation statement you would like to review. Once you are finished reviewing, click Next again.

H+H Birth Event					
Qualifying Period 3/1/2024-4/1/2024					
Mary Au				Cancel	Next >
* Welcome to the Birth Event © Complete		Statement Type	v		
* Birth Date © Complete	-				1 row
Dependent/Beneficiary Info Complete	Event Date 14	Issue Date ↑↓	Enrollment Event ᡝ	Statement Type 🕸	
	03/01/2024	03/22/2024 12:37:32PM	Birth or Adoption	Submitted Enrollment	>
Benefit Enrollment Complete					
Benefits Statements Visited					
Summary O Not Started					



Summary of Birth/Adoption Event

27. Review and confirm all steps are in complete status then click **Complete**.

H+H Birth Event						
Qualifying Period 3/1/2024-4/1/2024 Mary Xu					Cancel	< Previous
* Welcome to the Birth Event © Complete	Summary		Complete			
* Birth Date © Complete	Congratulations! Here is a list of things to keep in mind now that y					
Dependent/Beneficiary Info Omplete	Make sure to upload your child's birth cert Make sure to contact your Union or Welfa Once your enrollment has been updated to					
Benefit Enrollment Complete	Select the Complete pushbutton to end this even					
Benefits Statements Visited	Steps					5 rows
Summary Visited	Step	Status	Date Completed	Required	Go to Step	
	Welcome to the Birth Event	Complete	03/22/2024	Yes	Go to Step	
	Birth Date	Complete	03/22/2024	Yes	Go to Step	
	Dependent/Beneficiary Info	Complete	03/22/2024	Yes	Go to Step	
	Benefit Enrollment	Complete	03/22/2024	No	Go to Step	
	Benefits Statements	 Visited 		No	Go to Step	

You will be taken back to the main Life Event screen. You have now completed your Life Event Enrollment and you may close Peoplesoft.

If you have any questions about your elections you can contact HRSS/NYC Heath + Hospitals Corporate Benefits by phone at (646) 458-5634 or by email at HHCBenefits@nychhc.org.