

# **Birth/Adoption Event**

#### **Employee Self Service (ESS):**

Employee Self Service is an online module within PeopleSoft where employees have access to view and update their personal information, and submit supporting documentation for Benefits changes.

Supporting Documentation is *required* for any Benefits changes involving dependents.

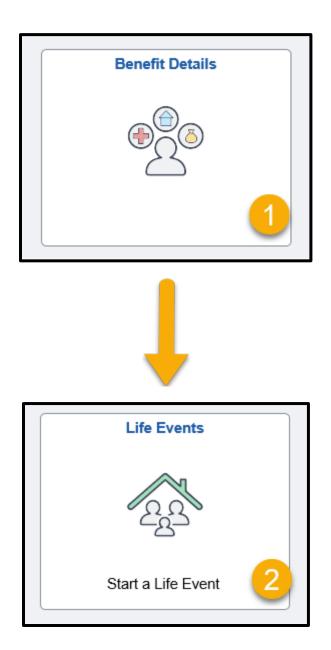
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### Navigating to the Birth/Adoption Event

After successfully authenticating and logging into **PeopleSoft**, **(1)**click on the **Benefit Details** tile and **(2)**navigate to **Life Events** tile.





### **Creating Birth/Adoption Event**

1. (1)Select the appropriate event to begin. (2)Input the date the change will take effect (3)then click the **Start Life Event** button to continue.

Employee <ul> <li>I got married</li> <li>I had a baby</li> <li>I adopted or gained legal custody/guardianship of a child</li> </ul>	
I had a baby     I adopted or gained legal custody/guardianship of a child	
I adopted or gained legal custody/guardianship of a child	
2	
*As Of 10/29/2021	
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 e	elections

**2.** The Welcome page will display then click **Next**.

Welcome to the Birth Event	Cancel Next >
ELLA EMPLOYEE	•
This is a good time to consider how having a new dependent may affect your health care coverage, tax withholdings, and other important information.	
This guide will take you through all the steps necessary to ensure that your personal profile, benefits and payroll information are updated to reflect this event in your life.	
Please note, you will be required to submit documents for your life event. Only after your documents have been approved, will you be able to continue to the Benefits Enrollment section of your	r Life Event.
If you require additional assistance, please feel free to contact us at 646-458-5634 or email us at HHCBENEFITS@nychhc.org.	



### **Creating Birth/Adoption Event**

**3.** Type the Date of Birth OR Date the child was placed in your home for adoption Click the **Submit** button to continue. Once you have hit **Submit**, the page should succefully save.

	Cancel	Previous	Next >
Birth Date Select the Submit button to notify the Benefits department of this change. Required Documentation: You must send a copy of the hospital birth record or birth certificate to the Benefits department before your new dependent(s) can be or After the required documentation is received, the Benefits department will notify you when your enrollment is open. Then you can add your new dependent(s) can be or Date of Birth 10/29/2021	ered, or designat	ted as a beneficiary	Submit

**4.** Click next to advance.

					Cancel	< Previous	Next >
Birth Date							0
Select the <b>Submit</b> button to notify the Benefits department of this change <b>Required Documentation:</b> You must send a copy of the hospital birth After the required documentation is received, the Benefits department vertices of the second	record or birth certificate to	o the Benefits departn nrollment is open. The	nent before your new en you can add your i	v dependent(s) can be cover new dependent(s) to your be	red, or designated a enefit plans.	as a beneficia	ry.
Date of Birth	10/29/2021						



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

(1) Click the Add Attachment button and (2) select My Device.

Document Upload		
✓ Instructions		
You will be required to submit the docum	nent(s) listed below. Select the Ad	d Attachment button, enter a descriptio
CLICK ON THE SAVE BUTTON.		
✓ Document List		
Document $\Diamond$	Upload Requirement $\Diamond$	Approval Required
Birth Certificate/Foot Prints	Required	~
Discharge Papers	Optional	
Add Document		
	*Document Type B	Birth Certificate/Foot Prints
		o Document has been attached.
		Add Attachment Add Note
View Document	L_	
View All Yes		$\sim$

File Attachment	×
Choose From My Device	



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

(3) After finding your document click the **Upload** button to load the file and (4) click **Done** once the document has loaded.

File Attachment	×
Choose From	
My Device	
Uploar upporting Document.pdf File Size: 126KB	

File Attachment	
Choose From	
	2
My Device	
· · · · · · · · · · · · · · · · · · ·	
Supporting Document.pdf File Size: 126KB	
	Upload Complete
Yes bookinent	



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

(5) Click the *Save* button to submit your supporting document.

					Cancel Cancel	us Next	•>
Document Upload					5	Sa	
<ul> <li>Instructions</li> </ul>							$\cup$
-	the document(s) listed below. Select the A	Add Attachment button, enter a de	escription of your document an	d upload the document. After d	ocument(s) have been uploa	ıd,	
CLICK ON THE SAVE BUTTO	NC.						
<ul> <li>Document List</li> </ul>					-		
Document $\diamond$	Upload Requirement ♦	Approval Required					
Birth Certificate/Foot Prints	Required	$\checkmark$					
Discharge Papers	Optional						
Add Document							
Add Document							
	*Document Type	Birth Certificate/Foot Prints					
		Add Attachment Add No	ote				
View Document							
View All Yes							
							1 row
Document Name $\Diamond$	Description $\Diamond$		Document Type 🛇	Category $\Diamond$	Last Updated $\Diamond$	Status 🛇	
Supporting_Document.pdf	Newborn Foot Prints	×	Birth Certificate/Foot Prints	Birth Certificate/Foot Prints	10/29/2021 11:53:08AM	Active	>

**Please Note:** Approval is required prior to you starting Benefits Enrollment within the Life Event process, click OK.

Birth Certificate/Foot Prints	Required	$\checkmark$	
ð		Approval is required.	
The document must be approved prior to you s	starting Benefits Enrollment withi	n the Life Event process. Notification h	as been sent to the Benefits Administrator requesting approval.
		CK	



# **Resuming Birth/Adoption Event**

After your document has been approved you will need to log into **PeopleSoft** and **(1)**click on the **Benefit Details** tile and **(2)**navigate to **Life Events** tile.

(3) Click on Continue Life Events.





Employee	
○ I got married	
I had a baby(event in progress)	
○ I adopted or gained legal custody/guardia	nship of a child
*As Of	10/29/2021
	Continue Life Event
	3
	<u> </u>

# NYC HEALTH+ HOSPITALS

# Add a Dependent or Beneficiary

(1) Click the *Add Individual* button to begin adding information for your dependent(s).

<ul> <li>Welcome to the Birth Event</li> <li>Complete</li> </ul>	Dependent/Beneficiary Info
Birth Date     Complete	No data exists
<ul> <li>Document Upload</li> <li>Complete</li> </ul>	Add Individual
Benefits Summary O Not Started	
Dependent/Beneficiary Coverage O Not Started	
Dependent/Beneficiary Info ● Visited	
Benefit Enrollment O Not Started	

(2)You must complete the required fields then click *Save*.

Cancel			Add Individual Depe	ndent/Beneficia		Save
Select Save after you have edited y	our Dependent/Beneficiary's ir	formation. The changes wi	Il go into effect on 10/29/2021.		- 2	_
Name						
Add Name					/	
Personal Information			_			
	Date of Birth	10/29/2021				
	*Gender	~				
	*Relationship to Employee	·	-			
	Dependent					
	Beneficiary					
	*Marital Status	Single V	As of		<b></b>	
	*Student	No 🗸	As of		<b></b>	
	*Disabled	No 🗸	As of		<b></b>	
	*Smoker	Non Smoker 🖌	As of			
Address						
Address		Address Type	Same as mine			
		Home	Same as mine		>	
National ID						
No data exists						
Add National ID						
Phone						
No data exists						
Add Phone						

**NOTE:** If a newborn, SSN not required.



# Add a Dependent or Beneficiary

(3) After Saving Sucessfully on the Add/Review Dep/Ben page click Add a dependent or beneficiary to add another dependent. If you do not have any more dependents to add, then click Next.

Saved Successfully			3 ×
		Cancel	Press Next >
			0
Relationship	Beneficiary	Dependent	
Child	$\checkmark$	$\checkmark$	>
	Relationship	Relationship Beneficiary	Cancel Cancel Cancel

#### **Benefits Enrollment**

**1.** Click the *Start My Enrollment* link to continue.



# NYC HEALTH+ HOSPITALS

# **Benefits Enrollment**

**2.** Click the *Medical* option to view your Medical coverage or Add/Drop Dependents.

Benefit Enrollment						
The Enrollment Overview displ	lays which benefit options a	are open for edits.	All of your benefit cha	nges will be effec	tive the date of the	open enroliment event.
Your Pay Period Cost \$0	0.00			Full Cost \$0.0	0	
Status Pen	iding Review					
E	Enrollment Preview Stateme	ent				
s	Submit Enrollment					
Benefit Plans						
		2				
Medical		Roth 457			NYCERS	
Current HIP HMO B	asic	Current	No Coverage		Current	Tier 6 with 3.50% Contribution
New HIP HMO B			No Coverage			Tier 6 with 3.50% Contribution 3.5% Not Available
Status Pending Re Status O Depen		Status	Pending Review 4 0 Beneficiaries		Status	Vol Available
Pay Period \$0.00					Pay Period Cost	\$0.00
Cost	n Review			Review	Coat	
	<u>ر اس</u>					
	$\bigcirc$					

*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.* 

**3.** Enroll Your Dependents on this page and (3)check the box next to all the dependents that you want to cover. (4)Then click Done.

This allows you to add dependents for Health Coverage purposes ONLY. This has no impact on your Tax withholding.

Cancel		Medical	Done
		t of their benefits and are available to protect you and your dependents if you become sick or injured. Enroliment in this benefit may require proof of cov 4	
- Enroll Your			
Dependents that	t the employee has registered ar	listed here. Select the Add/Update Dependent button to view, update or add a new dependent.	
Place a check	3 next to the dependent(s) you	vill like to enroll.	
	Dependents	Relationship	
	EMILY EMPLOYEE	Child	
Add/Update I	Dependent		
▼Enroll in Yo	ur Plan		
The Family cost select the help is	shown for each plan is based or con corresponding to each plan o	he dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, tion.	
	Plan Name	Before Tax Cost After Tax Cost Pay Period Cost	
~	HIP HMO Basic	<b>0</b> \$0.00	
Select	Waive	\$0.00	
Overview of /	All Plans		

**REMEMBER**, only dependents with a check next to their name as shown above will be covered!



# **Benefits Enrollment**

(5) Click the *Submit Enrollment* button to enter your enrollment.

Benefit Enrollment			
The Enrollment Overview displays which benefit options a	are open for edits. All of your benefit changes will be effect	ive the date of the o	open enrollment event.
Enrollment Summary			
Your Pay Period Cost \$0.00	Full Cost \$0.00	)	
Status Pending Review			
Enrollment Preview 5	ent		
Submit Enrollment			
Benefit Plans			
Medical	Roth 457	NYCERS	
Current HIP HMO Basic	Current No Coverage		Tier 6 with 3.50% Contribution
New HIP HMO Basic	New No Coverage		Tier 6 with 3.50% Contribution 3.5% Not Available
Status Changed	Status Pending Review		Not Available
Day Deried the second		Day Deriod	<b>*•</b> • • •
Pay Period \$0.00		Pay Period Cost	\$0.00
Review	Review		

(6)Once you have submitted your enrollment a confirmation will appear click *Done*.



(7)Click *Next* to continue.

Benefit Enrollment	Resources
The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event	Summary Plan Document
Enrollment Summary	
Your Pay Period Cost \$0.00 Full Cost \$0.00	
Status Submitted 11/14/2021 2:41PM	
Enrollment Preview Statement	
Submit Enrollment	



### **Benefits Statements**

You may view your Benefits Statement for your Submitted Enrollment and then click *Next*.

			Cancel	Next
Benefits Statements	Statement Type Submitted Enrollment V	-		S
Ŧ		-		1 row
Event Date $\diamond$	Issue Date $\diamond$	Enroliment Event $\diamond$	Statement Type ◇	
10/29/2021	11/14/2021 2:41:54PM	Event Maintenance	Submitted Enrollment	>

#### **Summary**

The Summary page will confirm the completion of your event, click *Complete*.

mmary				Cor
ongratulations!				
ur birth event will not be complete until you have updated your depende	nt(s) on Benefit Enrollment page.			
ere is a list of things to keep in mind now that you have a new child:				
<ul> <li>Make sure you upload your child's birth certificate after you have rec</li> <li>Make sure to contact your Union or Welfare fund to add your dependence</li> </ul>				
lect the Complete pushbutton to end this event.				
teps				
Step	Status	Date Completed	Required	Go to Step
Welcome to the Birth Event	<ul> <li>Complete</li> </ul>	11/14/2021	Yes	Go to Step
Birth Date	<ul> <li>Complete</li> </ul>	11/14/2021	Yes	Go to Step
Document Upload	<ul> <li>Complete</li> </ul>	11/14/2021	Yes	Go to Step
Benefits Summary	O Not Started		No	Go to Step
Dependent/Beneficiary Coverage	O Not Started		No	Go to Step
Dependent/Beneficiary Info	Complete	11/14/2021	No	Go to Step
	Complete	11/14/2021	No	0.4.01.1
Benefit Enrollment	Complete	10142021		Go to Step