

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



2. Click *Dependent / Beneficiary tile*

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Benefits Summary	Benefits Statement		Benefits Enrollment	Dependent/Beneficiary	1/
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	2024 Submitted Enrollment			1 Dependent 1 Beneficiary	
Life Events	View Form 1095-C		Form 1095-C Consent	Benefits Attachment	
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Start a Life Event			No consent received		



3. Your dependent is listed on this page, click the arrow to view your dependent information

<		Q. Search in Menu				Ø
Dependent/Beneficiary Info						
WENDY WORKER S Staff Nurse-Medicine/Surgery						
Add Individual						
Name	Relationship	Beneficiary	Dependent	Attachment		
WALTER WORKER	Spouse	~	~			>
WIN WORKER	Child	~	~	Add Document		>
				Click on arrow > on the right to edit depe	ndent info	rmation.

4. You can view/edit your dependent's information. *Please note: Supporting documents are required for updating dependent name and date of birth.*

Cancel	Update Individual			с	alenc	lar		×	on	Save
		July			•	1970		~		
	formation. The abarran diffe	s	м	т	w	т	F	s	s required field	
Select Save after you have edited your Dependent/Beneficiary's in	itormation. The changes will g				1	2	3	4		
Name		5	6	7	8	9	10	11		
WALTER WORKER		12	13	14	15	16	17	18	>	
		19	20	21	22	23	24	25		
Personal Information		26	27	28	29	30	31			
Date of Birth	07/07/1970									
*Gender	Male V	<		Cu	rrent C	Date		>		
*Relationship to Employee	Spouse 🗸									
Dependent	Yes									
Beneficiary	Yes									
*Marital Status	Married 🗸									
*Student	No 🗸									
*Disabled	No V									
*Smoker	Non Smoker V									
Address										
Address Address Type	Same	e Addre	ss as	mine						
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National ID										
Country National ID Type	1	Nationa	I ID				Primai	У		



5. Supporting documents are required for the changes made. Click **OK**.



6. Click Add Document

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De	pendent	Beneficiary Info	0						
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1	lame		Relationship	Beneficiary	Dependent	Attachment			
١	VALTER WO	RKER	Spouse	\checkmark	×	Add Document		>	
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						Click on arrow > on the right to edi	t dependent i	nformat	tion.



7. Based on the action the system will let you know what the supporting documents are required. Click **Add Attachment**.

Cancel		Dependent A	ttachments	Done
Dependent's Name WALTER WORKER	R (s) listed here. Select the "Add Attac v uploading multiple required docum	hment" button to upload your c ents. CLICK ON THE DONE E	locument. Enter a description of your document, after the document(s) have been uploaded. UTTON on the top right-hand corner of page.	
Document Government Issued ID/Passport	Upload / Status Required Attachment Missing	Approval / Status Required		
Add Document No Document has been attached. Add Attachment Add Note				

8. Click on *My Device* it will open another window on your desktop to search your files. Select the file you wish to upload.

Cancel		Dependent Atta	chments Dor
Dependent's Name WALTER WORKER	isted here. Select the "Add Attach loading multiple required docume	ment' button to upload your docu nts. CLICK ON THE DONE BUT	ment. Enter a description of your document, after the document(s) have been uploaded. CON on the top right-hand corner of page.
Document	Upload / Status	Approval / Status	
Government Issued ID/Passport	Required Attachment Missing	Required	
No Document has been atta Add Attachment A Choose From My Devi			



9. After finding your document, make sure you see your attachment. Then click "**Upload**" pushbutton to upload your document.

Cancel		Dependent Atta	chments	Done
Dependent's Name WALTER WORKER Instructions You are required to submit the document(s) Document Type must be changed when u	listed here. Select the "Add Attac ploading multiple required docum	hment" button to upload your docu ents. CLICK ON THE DONE BUT	ment. Enter a description of your document, after the document(s) hav FON on the top right-hand corner of page.	e been uploaded.
Document List	Upload / Status	Approval / Status		
Government Issued ID/Passport	Required Attachment Missing	Required		
Add Document No Document has been atta Add Attachment A My Bee Upload	n Clear Dependent Eligibility_HB_pdf File Size: 57KB	File Attachme	nt ×	

10. Once your upload is complete, click **"Done"**.

	File Attachment	Done
Choose From		
My Device		
dependent-verification.pdf		
File Size: 44KB		
		Lipload Complete
		opida compicto



11.After you have attached all files, click "Done" for your Form to be sent to HRSS/HHC Corporate Benefits for review.

ancel		Dependent Atta	achments			Done
Dependent's Name WALTER WORKER	R (s) listed here. Select the "Add Attac	chment" button to upload your doc	ument. Enter a description of your document	, after the document(s) have	been uploaded.	
Document Type must be changed when	n uploading multiple required docum	ISING CLICK ON THE DONE BOT	Tore on the top fight-hand corner of page.			
V Document List						
Document	Upload / Status	Approval / Status				
Government Issued ID/Passport	Required Uploaded	Required				
Add Document Add Attachment Add Note						
Document Name ↑↓	Description 1		Attached By 14	Attached 14	1 Status ↑↓	row
Dependent_Eligibility_HBpdf			WENDY WORKER	03/15/24 11:46:14 AM	Active	>

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. Click **OK**.

Approval is required. The document must be approved to qualify the dependent. A notification has been sent to the Benefits Administrator requesting appr	oval.
ОК	

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.