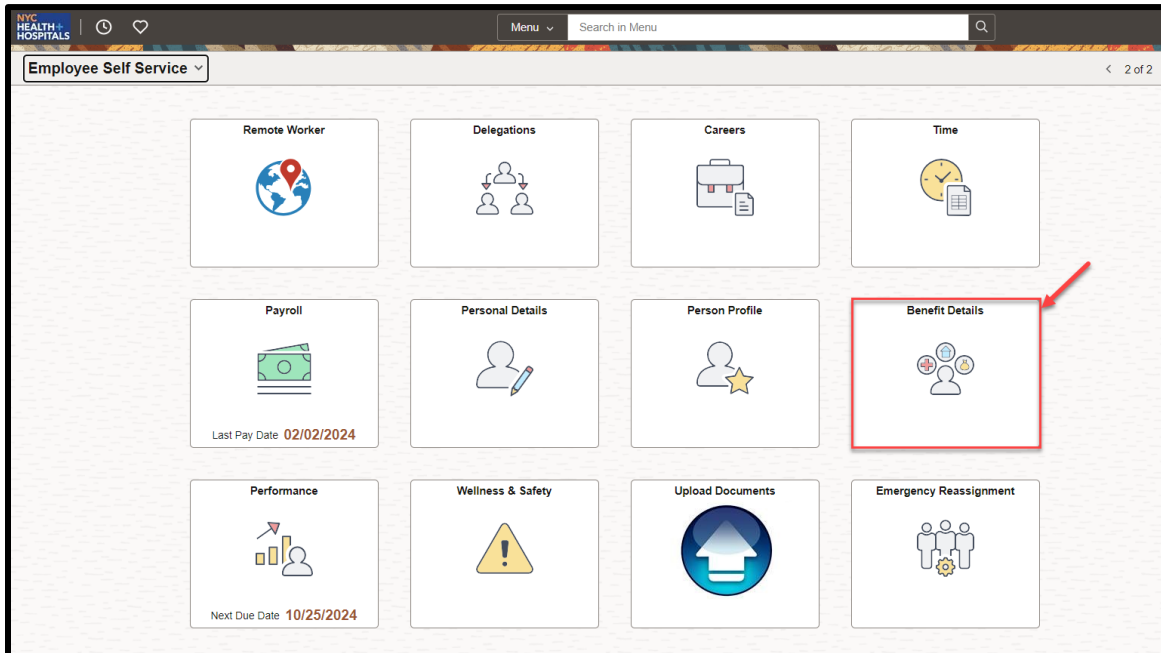
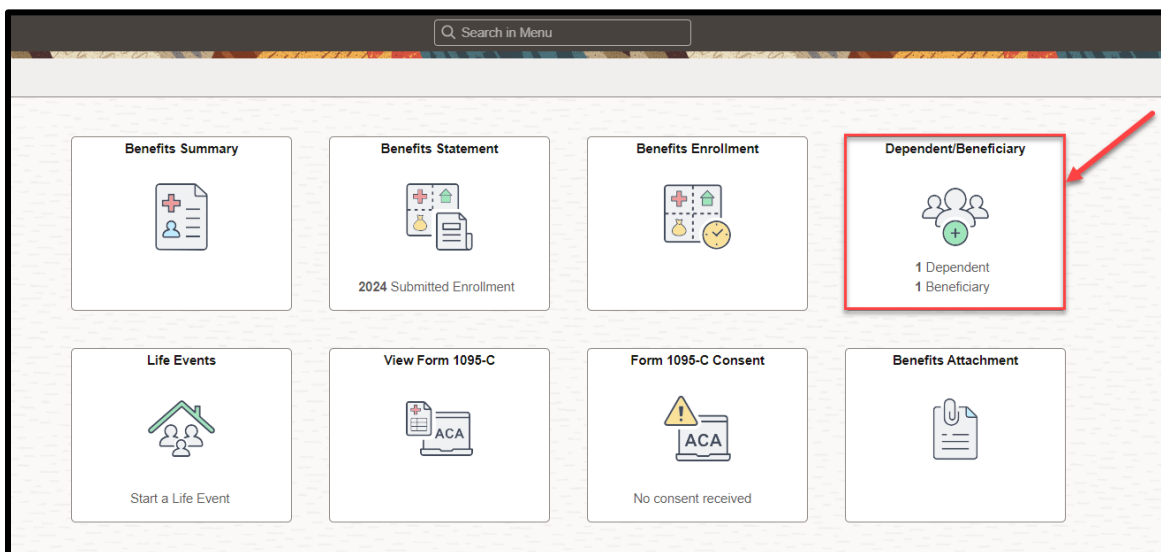


How to View / Update Dependent Information (MEDICAL COVERAGE ONLY)

1. After successfully authenticating and logging into [Employee self service](#), click **Benefit Details** tile.

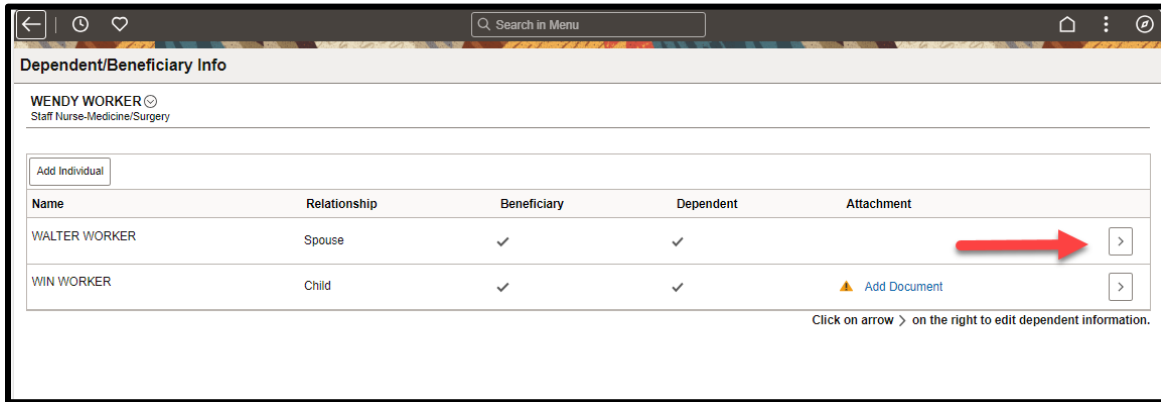


2. Click **Dependent / Beneficiary** tile

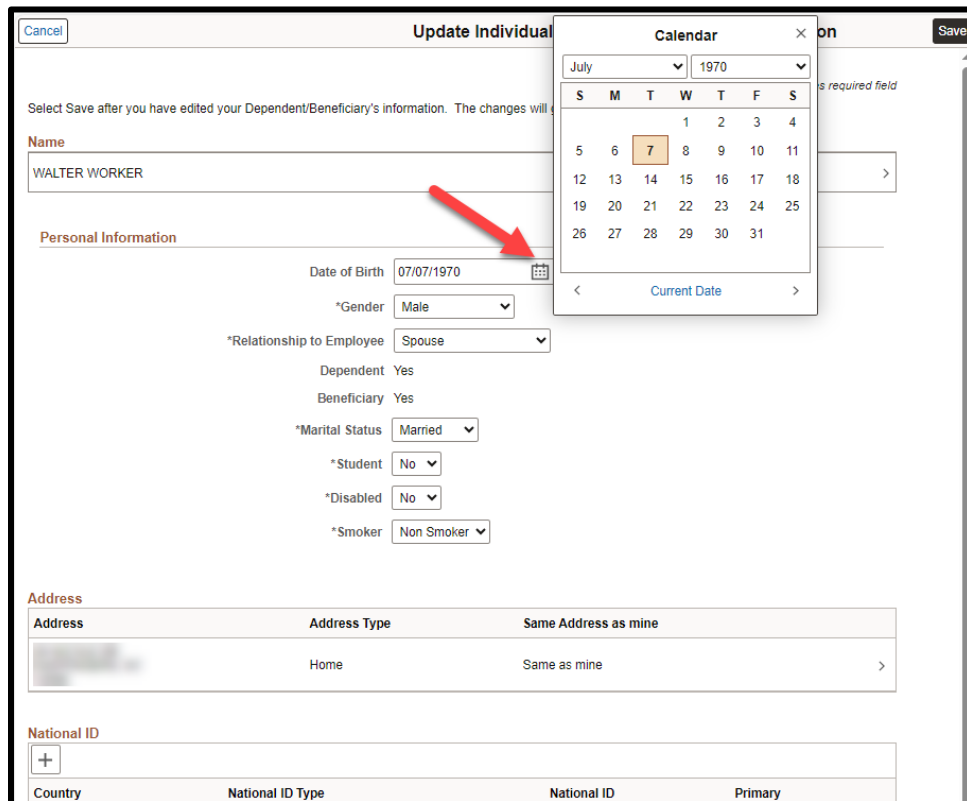


How to View / Update Dependent Information (MEDICAL COVERAGE ONLY)

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

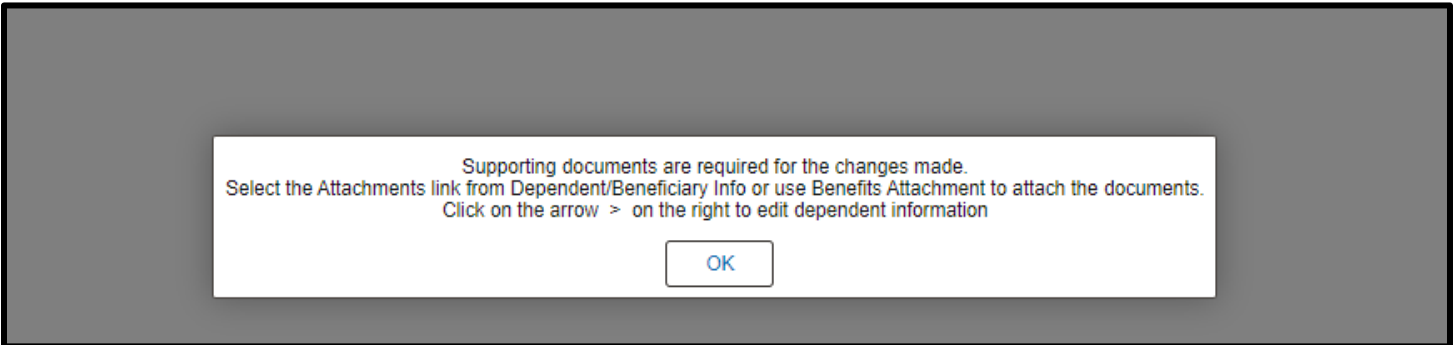


4. You can view/edit your dependent's information. *Please note: Supporting documents are required for updating dependent name and date of birth.*

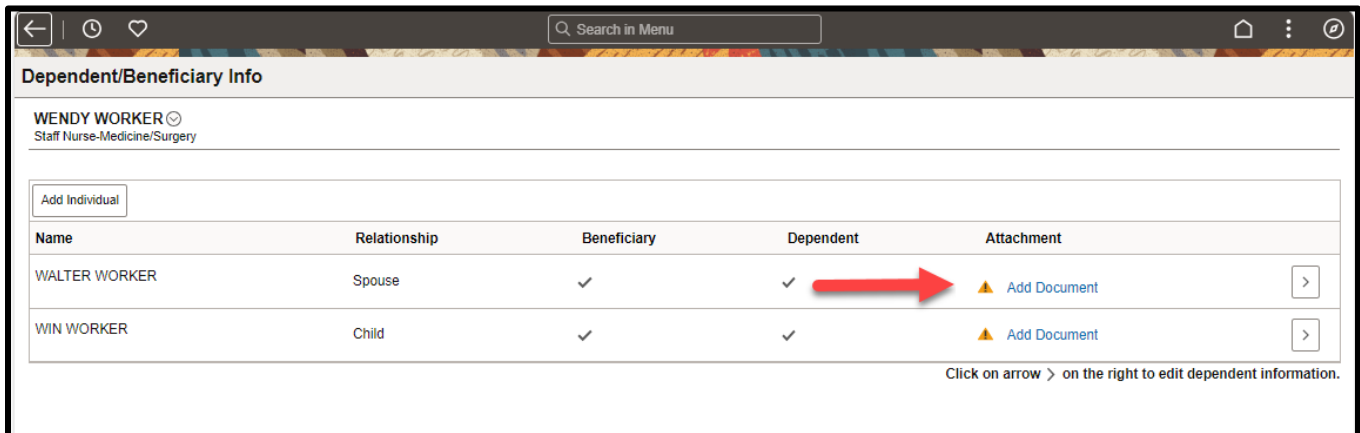


How to View / Update Dependent Information (MEDICAL COVERAGE ONLY)

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



6. Click **Add Document**



How to View / Update Dependent Information (MEDICAL COVERAGE ONLY)

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

Dependent Attachments

Dependent's Name WALTER WORKER

Instructions

You are required to submit the document(s) listed here. Select the "Add Attachment" button to upload your document. Enter a description of your document, after the document(s) have been uploaded. *Document Type must be changed when uploading multiple required documents. CLICK ON THE DONE BUTTON on the top right-hand corner of page.

Document List

Document	Upload / Status	Approval / Status
Government Issued ID/Passport	Required	Required
	Attachment Missing	

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.

Dependent Attachments

Dependent's Name WALTER WORKER

Instructions

You are required to submit the document(s) listed here. Select the "Add Attachment" button to upload your document. Enter a description of your document, after the document(s) have been uploaded. *Document Type must be changed when uploading multiple required documents. CLICK ON THE DONE BUTTON on the top right-hand corner of page.

Document List

Document	Upload / Status	Approval / Status
Government Issued ID/Passport	Required	Required
	Attachment Missing	

Add Document

No Document has been attached.

Add Attachment Add Note

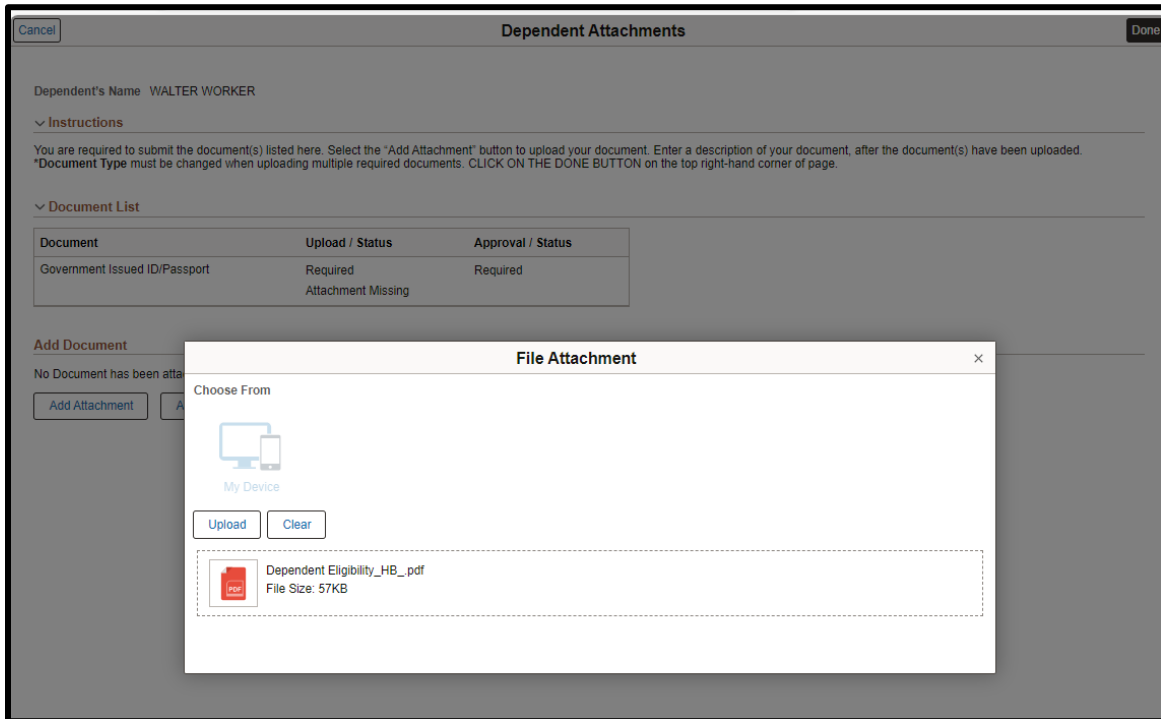
File Attachment

Choose From

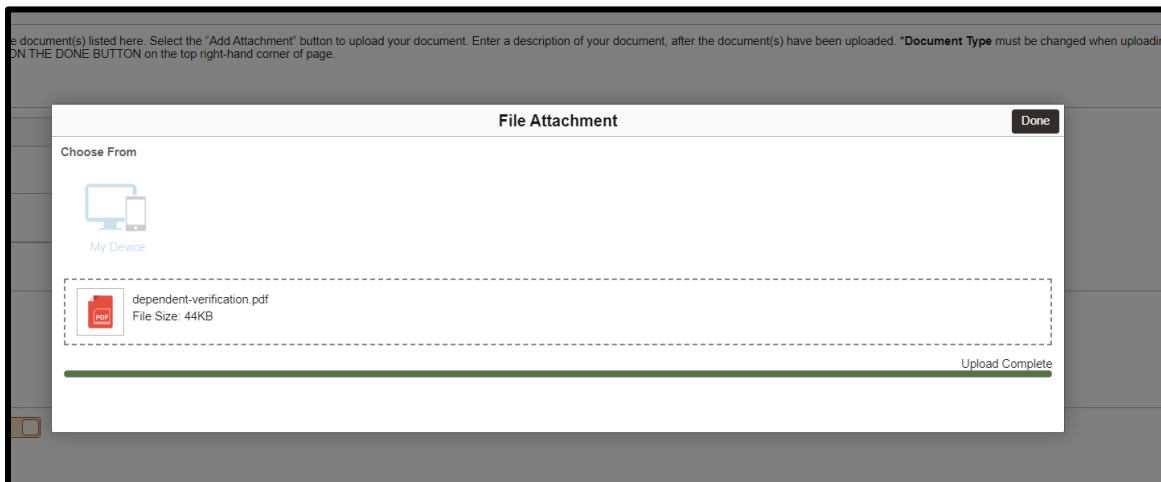
My Device

How to View / Update Dependent Information (MEDICAL COVERAGE ONLY)

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



10. Once your upload is complete, click “Done”.



How to View / Update Dependent Information (MEDICAL COVERAGE ONLY)

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

Cancel
Dependent Attachments
Done

Dependent's Name: WALTER WORKER

▼ **Instructions**

You are required to submit the document(s) listed here. Select the “Add Attachment” button to upload your document. Enter a description of your document, after the document(s) have been uploaded. *Document Type must be changed when uploading multiple required documents. CLICK ON THE DONE BUTTON on the top right-hand corner of page.

▼ **Document List**

Document	Upload / Status	Approval / Status
Government Issued ID/Passport	Required Uploaded	Required

Add Document

Document Name ↑↓	Description ↑↓	Attached By ↑↓	Attached ↑↓	Status ↑↓	1 row
Dependent_Eligibility_HB_pdf	<input type="text"/>	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 approval.

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