

Instructions to Add or Remove or Make Changes to your Dependent or Beneficiary

Navigate in ESS: Employee Services / Benefits and Deductions / Beneficiaries and Dependents

To add a new dependent or beneficiary, click the <u>Add a New Person</u> link.

Baby Jane Chila Mar 01, 2011 Female Active Add a New Person Coverage and Allocations List This window will open. Complete and click 'submit changes'. This window will open. Complete and click 'submit changes'. Enter information about the new beneficiary, then select Submit Changes indicates a required field. Pate Added: MM/DD/YYYY inst Name:* Indicates a required field. Coverage and/or allocation records must be ended or performed or performance. Coverage and/or allocation records must be ended or performed.	Name	Relationship	Birth Date	Gender	Status		- 1			
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You've now added a new dependent or beneficiary, but you still need update coverage or allocations. The following steps must be completed in order for your changes to become active.

Self No. 30, 305 Female Ac	3
	ve
Spouse Jan	ve
Child Action Male Ac	ve
Child Male Ac	ve /
Child Image Age Age	ve
Contraction Contractico Contra	ctive
Child Female Ad	ve
Add a New Person E Coverage and Allocations List	

Click Update Coverage and Allocations

The top portion of the page will reflect current active coverage and allocations. Review this for accuracy and scroll to the bottom of the page to make changes. (See next page for instructions).

Review Beneficiaries and Dependents associated benefit.	currently associated with your benefit choices.	Select Add or Change Coverage or Add or	Change Allocations to enroll or update cover	age or allocations for the
ump to Bottom				
Beneficiaries and Dependents Inf	ormation			
waare maa kaaaan kaa				
Self, Born on Marchael, Marchael				
Benefit or Deduction	Coverage Begin Date	Coverage End Date	Primary or Contingent	Allocation
Husky Dental/Vision 1 - 985	Dec 27, 2009			
	06021,2003			
	Dec 27, 2009			
HuskyCare HSA - 991				
a service and a second second second				
HuskyCare HSA - 991				
HuskyCare HSA - 991 Spouse, Born on		ate Coverage End Date	Primary or Contingent	Allocation
HuskyCare HSA - 991	Dec 27, 2009	ate Coverage End Date	Primary or Contingent Primary	Allocation 100.00%
HuskyCare HSA - 991 Spouse, Born on Benefit or Deduction	Dec 27, 2009 Coverage Begin Da	ate Coverage End Date		
HuskyCare HSA - 991 Spouse, Born on Benefit or Deduction Accidental Death and Dismember - 414	Dec 27, 2009 Coverage Begin Da Jan 12, 2009	ate Coverage End Date Mar 03, 2011		
HuskyCare HSA - 991 Spouse, Born on Benefit or Deduction Accidental Death and Dismember - 414 Husky Dental/Vision 1 - 985	Dec 27, 2009 Coverage Begin Da Jan 12, 2009 Jan 01, 2009			



Add or Change Coverage Start or End Coverage by placi date or end date to the coverage Enroll Coverage and Allocations Enrolled Benefits Information		Update Allocations (for Life and AD&D coverations). To assign <i>beneficiary status</i> (primary, contingent and allocate percentages, click here.				
Benefit or Deduction	Action	¥	Status	Start Date	Stop Date	
Accidental Death and Dismember - 414	Add or Change Coverage	Add or Change Allocations	Active	Jan 12, 2009		
Husky Dental/Vision 1 - 985	Add or Change Coverage		Active	Dec 27, 2009	Mar 26, 2011	
HuskyCare HSA - 991	Add or Change Coverage		Active	Dec 27, 2009	Mar 26, 2011	
Optional Emp Life Insurance - 850	Add or Change Coverage	Add or Change Allocations	Active	Jan 12, 2009		
Return to Top						
Beneficiaries and Dependents						
Return To Benefits and Deductions Menu						

Add or Change Coverage:

Status: Start Dat Stop Date	e: I	Active Dec 27, 2009 Mar 26, 2011		effective date of coverage. Click 'Choose or Update' box to save changes. See notes below if terminating coverage.				
Choose Benefit *	Name	Relationship	Existing Coverage	Begin Date MM/DD/YYYY*	End Date MM/DD/YYYY	Deduction Termination Reason		
	101003-071-0000	Self	Yes	12/27/2009	03/26/2011	Not Selected	-	
	1992/01/10/1002	Spouse	No	01/01/2009	03/03/2011	Not Selected	-	
	B000100000	Child	No	01/01/2010	01/01/2010	Not Selected	-	
	1000000101000	Child	Yes	12/27/2009	03/26/2011	Not Selected	•	
F	Real of the local sector o	Child	Yes	12/27/2009	03/26/2011	Not Selected	-	
	Baby Jane	Child	Yes	03/01/2011		Not Selected	-	

** If terminating coverage, check the 'Choose Benefit' box. Place 'End Date' of coverage and use the drop down menu to update 'Deduction Termination Reason'.



date Allocat	ions:	To update beneficiary allocations, choose type, update percentages and click the 'Chose or Update' box.
Optional Em	p Life Insurar	ice - 850
Status: Start Date: Stop Date:	Active Jan 1	2, 2009
Name	Relationship	Primary or Contingent Primary Contingent Percentage Percentage
Mission of the t	Spouse	Primary 100
100017-11000	Child	Contingent 25.00
	Child	Contingent 25.00
Report of a local	Child	Contingent 25.00
Baby Jane	Child	Contingent
Total		Primary 100.00% 100.00%

Call Benefit Services at 906-487-2517 if you have questions.