

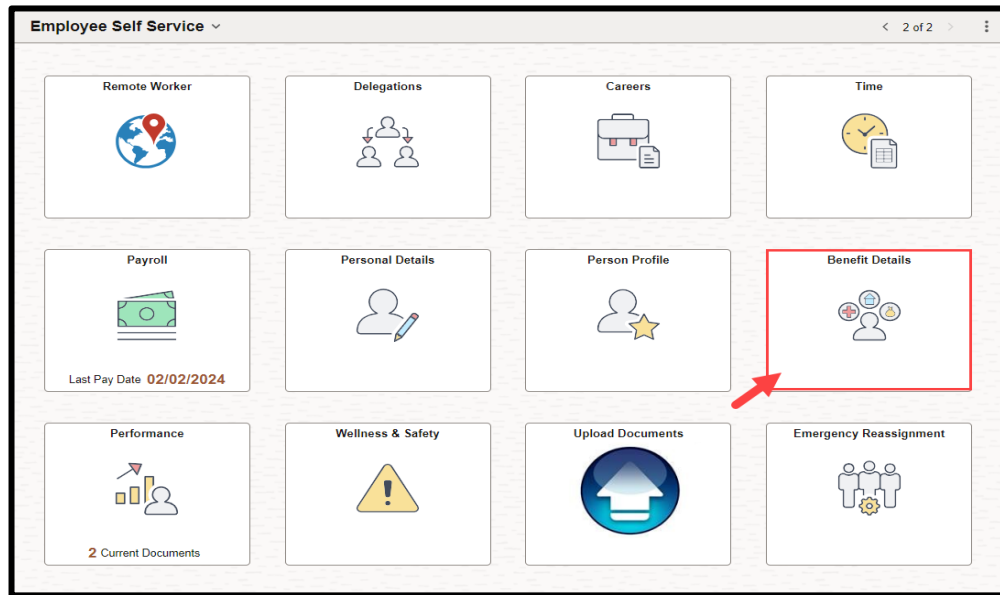
## **Marriage Event**

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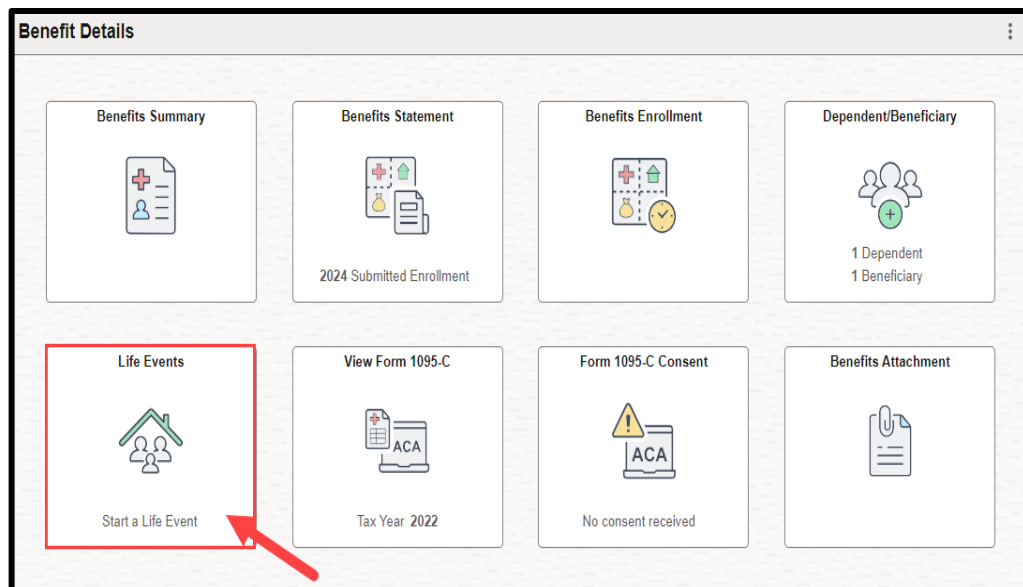
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## **Navigating to the Marriage Event**

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



2. Click on **Life Events** tile:



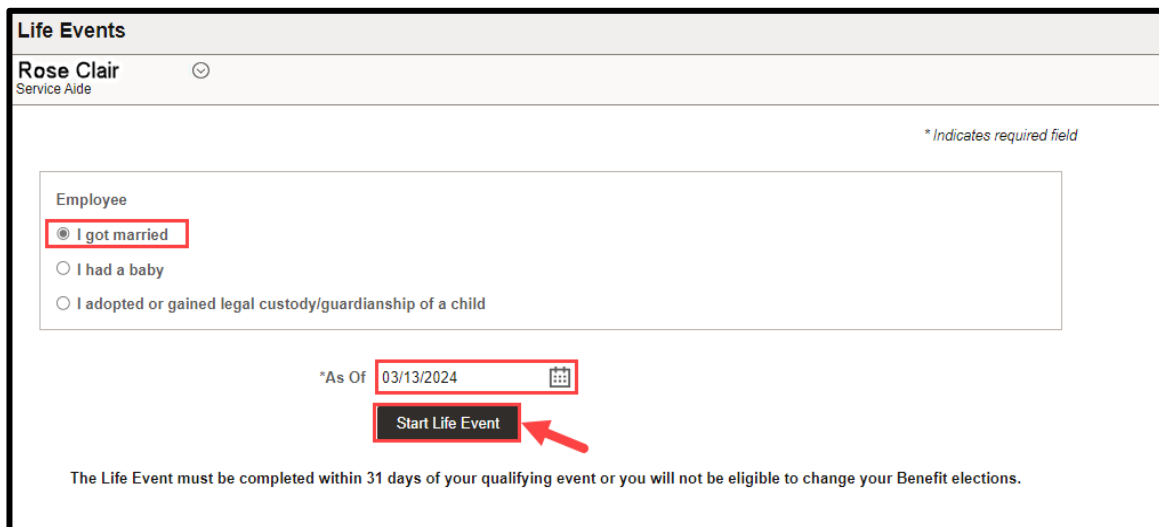
## **Creating the Marriage Event**

**IMPORTANT:** You have **31 days** from the date of marriage to enroll your spouse into your health benefits. If you have passed your 31 day mark, please refer to the following guide for **Qualifying Event**

### 3. Select “I got married”.

- **As of** – using the calendar, select your date of marriage

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



**Life Events**

Rose Clair  
Service Aide

\* Indicates required field

Employee

☒ I got married

☐ I had a baby

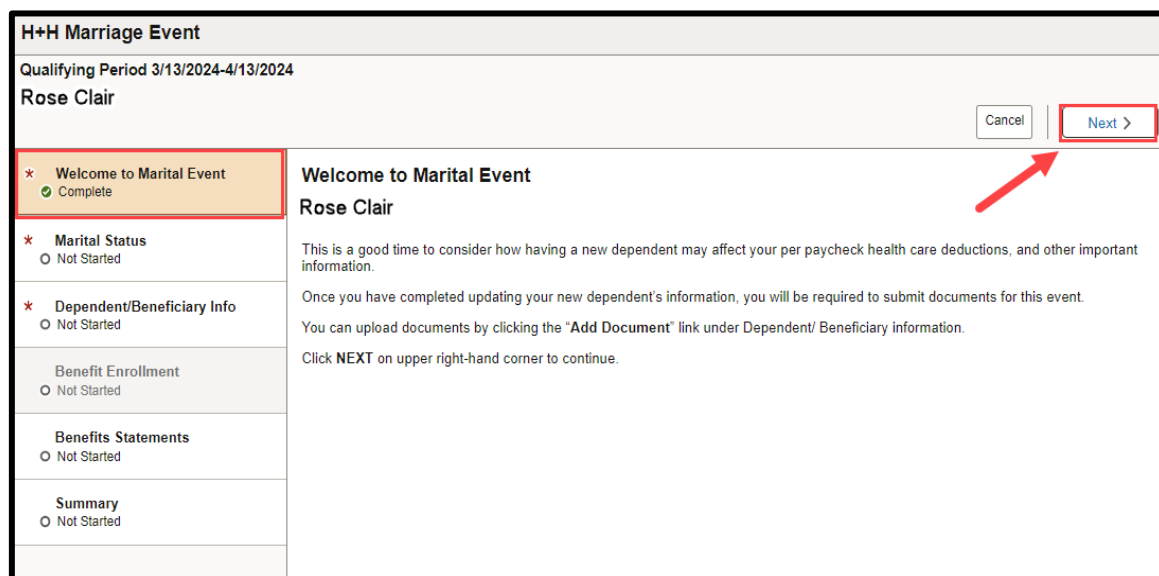
☐ I adopted or gained legal custody/guardianship of a child

\*As Of 03/13/2024

**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 Marriage Event**

Qualifying Period 3/13/2024-4/13/2024

Rose Clair

Cancel **Next >**

★ Welcome to Marital Event  
✔ Complete

★ Marital Status  
○ Not Started

★ Dependent/Beneficiary Info  
○ Not Started

Benefit Enrollment  
○ Not Started

Benefits Statements  
○ Not Started

Summary  
○ Not Started

**Welcome to Marital Event**  
Rose Clair

This is a good time to consider how having a new dependent may affect your per paycheck health care deductions, and other important information.

Once you have completed updating your new dependent's information, you will be required to submit documents for this event.

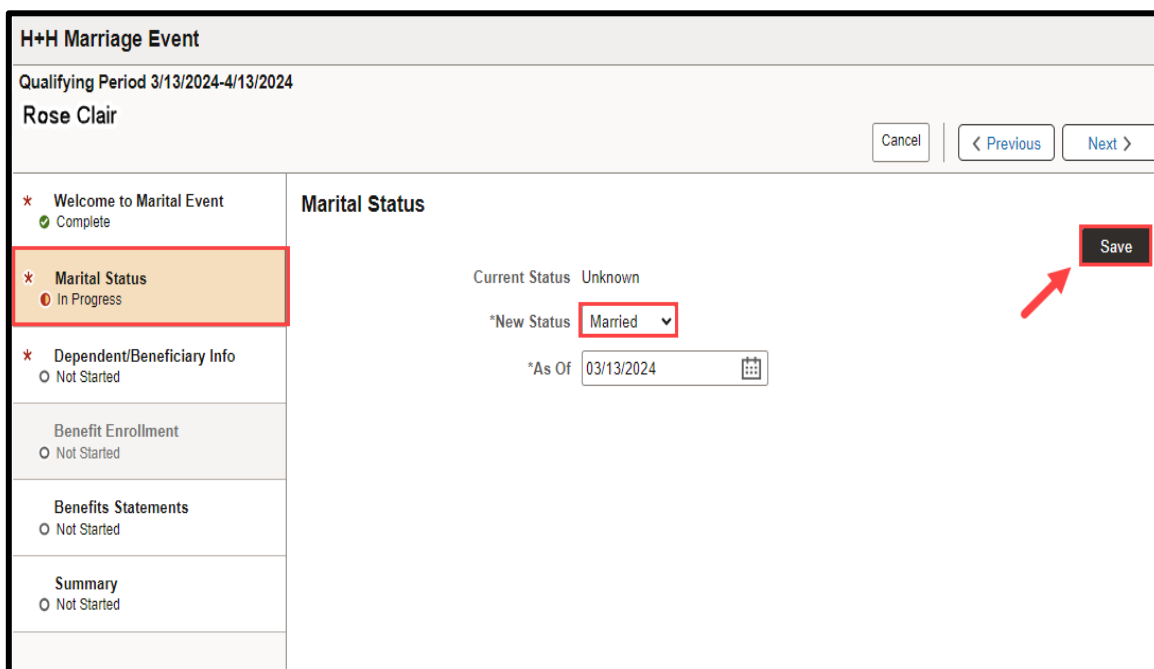
You can upload documents by clicking the "Add Document" link under Dependent/ Beneficiary information.

Click **NEXT** on upper right-hand corner to continue.

## Marital Status

5. In the “**New Status**” drop down , select **Married**.

Verify the date of marriage is correct and click **Save**



**H+H Marriage Event**

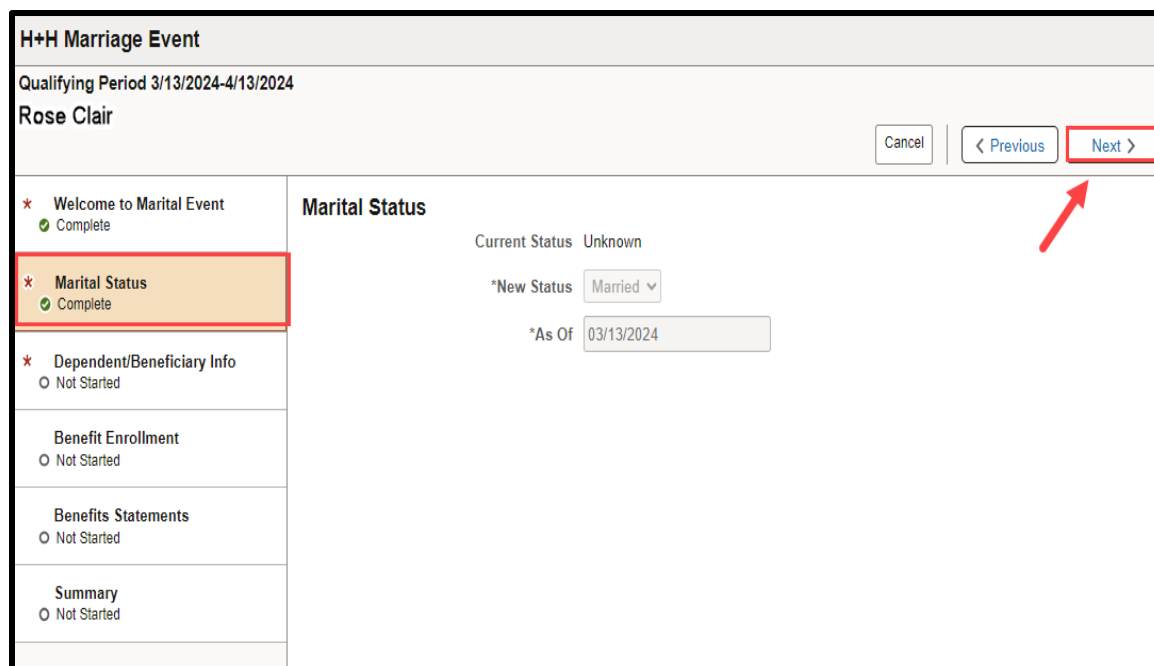
Qualifying Period 3/13/2024-4/13/2024

Rose Clair

Cancel | < Previous | Next >

<p>* Welcome to Marital Event ✔ Complete</p> <p>* <b>Marital Status</b> ● In Progress</p> <p>* Dependent/Beneficiary Info ○ Not Started</p> <p>Benefit Enrollment ○ Not Started</p> <p>Benefits Statements ○ Not Started</p> <p>Summary ○ Not Started</p>	<p><b>Marital Status</b></p> <p>Current Status Unknown</p> <p>*New Status <b>Married</b> ▼</p> <p>*As Of 03/13/2024</p> <p><b>Save</b></p>
---	--

6. Click **Next**.



**H+H Marriage Event**

Qualifying Period 3/13/2024-4/13/2024

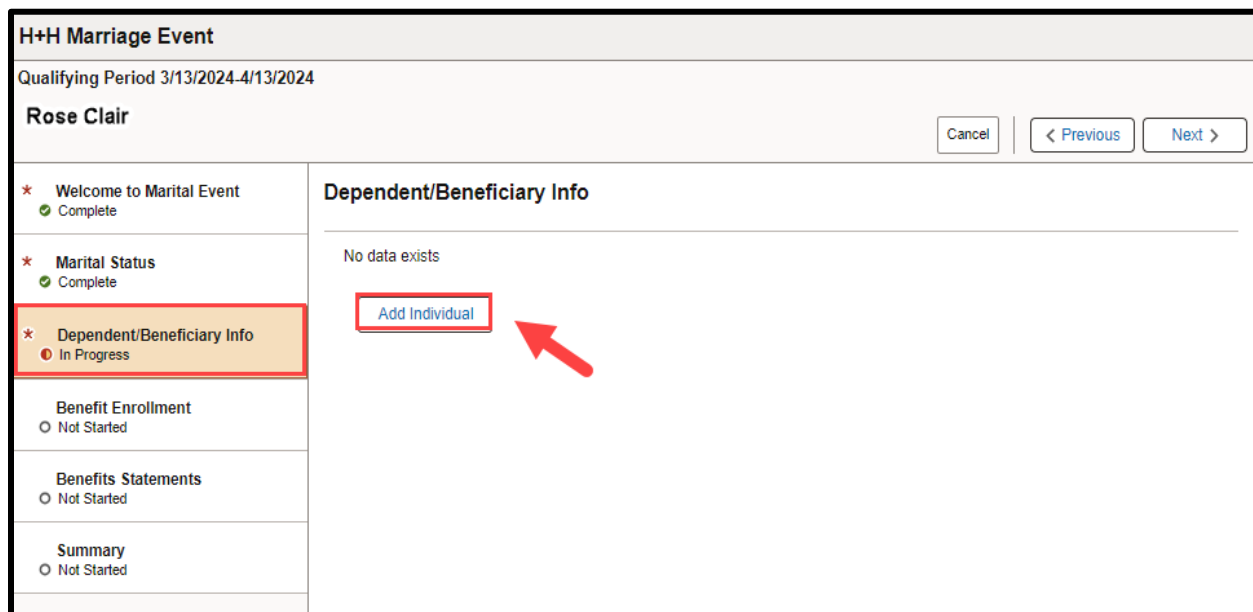
Rose Clair

Cancel | < Previous | **Next >**

<p>* Welcome to Marital Event ✔ Complete</p> <p>* <b>Marital Status</b> ✔ Complete</p> <p>* Dependent/Beneficiary Info ○ Not Started</p> <p>Benefit Enrollment ○ Not Started</p> <p>Benefits Statements ○ Not Started</p> <p>Summary ○ Not Started</p>	<p><b>Marital Status</b></p> <p>Current Status Unknown</p> <p>*New Status Married ▼</p> <p>*As Of 03/13/2024</p>
--	--

## **Dependent/Beneficiary Info**

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



**H+H Marriage Event**

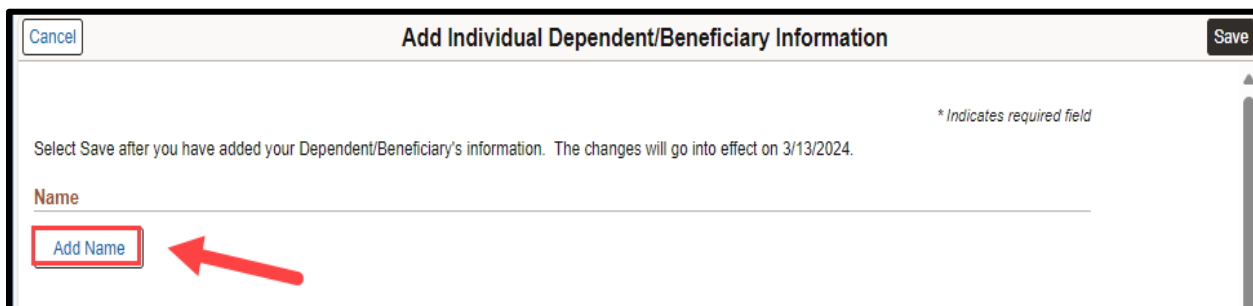
Qualifying Period 3/13/2024-4/13/2024

**Rose Clair**

Cancel | < Previous | Next >

<p>★ Welcome to Marital Event ● Complete</p> <p>★ Marital Status ● Complete</p> <p>★ <b>Dependent/Beneficiary Info</b> ● In Progress</p> <p>Benefit Enrollment ○ Not Started</p> <p>Benefits Statements ○ Not Started</p> <p>Summary ○ Not Started</p>	<p><b>Dependent/Beneficiary Info</b></p> <p>No data exists</p> <p><b>Add Individual</b></p>
--	---

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



Cancel | **Add Individual Dependent/Beneficiary Information** | Save

\* Indicates required field

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 3/13/2024.

**Name**

**Add Name**

## Dependent/Beneficiary Info

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

Cancel
Add Individual Dependent/Beneficiary Information
Save

\* Indicates required field

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 3/13/2024.

**Name**

JOHN CLAIR

**Personal Information**

**Date of Birth** 06/03/1968

**\*Gender** Male

**\*Relationship to Employee** Spouse

Dependent Yes

Beneficiary Yes

**\*Marital Status** Married

**As of** 03/13/2024

\*Student No

\*Disabled No

\*Smoker Non Smoker

As of MM/DD/YYYY

As of MM/DD/YYYY

As of MM/DD/YYYY

**Address**

Address	Address Type	Same Address as mine
853 Starr St Apt. 3J Queens NY 63512	Home	Same as mine

**National ID**

No National ID exists.

Add National ID

**Phone**

No Phone exists.

Add Phone

## **Dependent/Beneficiary Info**

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

The screenshot shows the 'Add Individual Dependent/Beneficiary Information' form. A modal window titled 'National ID' is open in the center. The modal contains the following fields:
 

- \*Country: United States (dropdown)
- \*National ID Type: Social Security Number (dropdown)
- \*National ID: (text input field)
- Primary: Yes (radio button)

 A red arrow points to the 'Done' button in the top right corner of the modal. The background form shows personal information for John Clair, including date of birth (06/03/1968), gender (Male), and relationship to employee (Spouse).

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

The screenshot shows the 'Add Individual Dependent/Beneficiary Information' form. A red arrow points to the 'Save' button in the top right corner of the form. The form contains the following sections:
 

- Name:** JOHN CLAIR
- Personal Information:**
  - Date of Birth: 06/03/1968
  - \*Gender: Male
  - \*Relationship to Employee: Spouse
  - Dependent: Yes
  - Beneficiary: Yes
  - \*Marital Status: Married
  - \*Student: No
  - \*Disabled: No
  - \*Smoker: Non Smoker
- Address:**

Address	Address Type	Same Address as mine
853 Starr St Apt. 3J Queens NY 113512	Home	Same as mine
- National ID:** No National ID exists. (Add National ID button)

## **Dependent/Beneficiary Info**

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

**H+H Marriage Event**  
Qualifying Period 3/13/2024-4/13/2024  
**Rose Clair**

Cancel | < Previous | Next >

- ★ Welcome to Marital Event  
✔ Complete
- ★ Marital Status  
✔ Complete
- ★ **Dependent/Beneficiary Info**  
✔ Complete
- Benefit Enrollment  
○ Not Started
- Benefits Statements  
○ Not Started
- Summary  
○ Not Started

**Dependent/Beneficiary Info**

Add Individual

Name	Relationship	Beneficiary	Dependent	Attachment
JOHN CLAIR	Spouse	✔	✔	⚠ Add Document

Click on arrow > on the right to edit dependent information.

Supporting documents are required for the changes made.  
Select the Attachments link from Dependent/Beneficiary Info or use Benefits Attachment to attach the documents.  
Click on the arrow > on the right to edit dependent information

OK

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.



## Submitting Supporting Documentation for Marriage Event

13. Click on the “Add Document” link to begin submitting Supporting Documentation for your new dependent.

**H+H Marriage Event**  
 Qualifying Period 3/13/2024-4/13/2024  
**Rose Clair**

- ★ Welcome to Marital Event  
Complete
- ★ Marital Status  
Complete
- ★ Dependent/Beneficiary Info  
Complete
- Benefit Enrollment  
Not Started
- Benefits Statements  
Not Started
- Summary  
Not Started

Name	Relationship	Beneficiary	Dependent	Attachment
JOHN CLAIR	Spouse	✓	✓	<div style="border: 2px solid red; display: inline-block; padding: 2px 5px;">  Add Document                 </div>

Click on arrow > on the right to edit dependent information.

14. Click Add Attachment.

**Dependent Attachments**

Dependent's Name JOHN CLAIR

▼ 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
Marriage Certificate	Required Attachment Missing	Required
Proof of Cohabitation	Required Attachment Missing	Required

Add Document

\*Document Type Marriage Certificate

No Document has been attached.

Add Attachment

Add Note

View Document

View All Yes

## Submitting Supporting Documentation for Marriage Event

- 15.** Click **My Device** to select your file.

The screenshot shows the 'Dependent Attachments' interface. At the top, it says 'Dependent's Name JOHN CLAIR'. Below this is an 'Instructions' section. A 'Document List' table is visible with columns 'Document', 'Upload / Status', and 'Approval / Status'. The table lists 'Marriage Certificate' (Required, Attachment Missing) and 'Proof of Cohabitation' (Required). A 'File Attachment' modal is open, showing 'Choose From' with 'My Device' selected and highlighted by a red box and arrow.

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Attachment Missing	Required
Proof of Cohabitation		

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

The screenshot shows the 'Dependent Attachments' interface. The 'File Attachment' modal is open, showing 'Choose From' with 'My Device' selected. Below this, the document 'NYC Marriage Certificate.jpg' (File Size: 151KB) is listed. The 'Upload' button is highlighted by a red box and arrow.

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Attachment Missing	Required
Proof of Cohabitation		

## Submitting Supporting Documentation for Marriage Event

17. Once your upload is complete, click **Done**.

Cancel Done

Dependent's Name JOHN CLAIR

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
Marriage Certificate	Required Attachment Missing	Required
Proof of Cohabitation		

Add Document

View Document

View All Yes

File Attachment

Choose From

My Device

NYC Marriage Certificate.jpg  
File Size: 151KB

Upload Complete

Done

18. Once the required documents have been uploaded, click **Done** on the top right corner.

Cancel Done

Dependent's Name JOHN CLAIR

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
Marriage Certificate	Required Uploaded	Required
Proof of Cohabitation	Required Attachment Missing	Required

Add Document

\*Document Type Marriage Certificate

Add Attachment Add Note

View Document

View All Yes

Document Name	Description	Document Type	Category	Last Updated	Attached By	Status
NYC_Marriage_Certificate.jpg		Marriage Certificate	Marriage Certificate	03/22/2024 8:17:26AM	ROSE CLAIR	Active

1 row

**Submitting Supporting Documentation for  
Marriage Event**

19. A pop-up notification will appear specifying approval is required, Click **OK**.

H+H Marriage Event

Qualifying Period 3/13/2024-4/13/2024

Rose Clair

Cancel < Previous Next >

\* Welcome to Marital Event  
✔ Complete

\* Marital Status  
✔ Complete

\* **Dependent/Beneficiary Info**  
✔ Complete

Benefit Enrollment  
○ Not Started

Benefits Statements  
○ Not Started

Summary  
○ Not Started

**Dependent/Beneficiary Info**

Add Individual

Name	Relationship	Beneficiary	Dependent	Attachment
JOHN CLAIR	Spouse	✔	✔	▲ Add Document >

Click on arrow > on the right to edit dependent information.

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

OK

20. Click **Next**.

H+H Marriage Event

Qualifying Period 3/13/2024-4/13/2024

Rose Clair

Cancel < Previous **Next >**

\* Welcome to Marital Event  
✔ Complete

\* Marital Status  
✔ Complete

\* **Dependent/Beneficiary Info**  
✔ Complete

Benefit Enrollment  
● Visited

Benefits Statements  
○ Not Started

Summary  
○ Not Started

**Dependent/Beneficiary Info**

Add Individual

Name	Relationship	Beneficiary	Dependent	Attachment
JOHN CLAIR	Spouse	✔	✔	🔗 View >

Click on arrow > on the right to edit dependent information.

Completing Benefits Enrollment For  
Marriage Event

21. Click Continue My Enrollment

H+H Marriage Event

Qualifying Period 3/13/2024-4/13/2024

Rose Clair

Cancel

< Previous

Next >

★ Welcome to Marital Event

✔ Complete

★ Marital Status

✔ Complete

★ Dependent/Beneficiary Info

✔ Complete

Benefit Enrollment

● Visited

Benefits Statements

○ Not Started

Summary

○ Not Started

Benefit Enrollment

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.

Continue My Enrollment

22. Click Medical

H+H Marriage Event

Qualifying Period 3/13/2024-4/13/2024

Rose Clair

Cancel

< Previous

Next >

★ Welcome to Marital Event

✔ Complete

★ Marital Status

✔ Complete

★ Dependent/Beneficiary Info

✔ Complete

Benefit Enrollment

● Visited

Benefits Statements

○ Not Started

Summary

○ Not Started

Benefit Enrollment

The "Medical" tile below displays your current coverage, new coverage, status, and how many dependents if any are covered.

The Flexible Spending Accounts and Retirement plan options are listed as view only. You must reach out to each agency directly to enroll or make changes.

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.

▼ Enrollment Summary

Your Pay Period Cost \$0.00

Full Cost \$0.00

Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

Medical

Current GHI-CBP Basic

New GHI-CBP Basic

Status Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Human Resources Shared Services

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[RETURN TO TABLE OF CONTENTS](#)

## Completing Benefits Enrollment For Marriage Event

- 23.** 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 Withholding.**

**Medical**

If you would like more information on the health plans provider, click on the plan under the Resources section on the top right-hand side.

**Enroll Your Dependents**

Dependents registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent. Place a check mark next to the dependent(s) you would like to enroll. After you completed your elections click the Done button on the top right-hand corner of page to continue.

Dependents	Relationship
<input checked="" type="checkbox"/> JOHN CLAIR	Spouse

[Add/Update Dependent](#)

**Enroll in Your Plan**

The Family cost shown for each plan is based on the dependents enrolled. Adult Domestic Partner dependents will have an additional tax implication. Dependents not enrolled will not be covered. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

To complete a side by side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> GHI-CBP Basic ⓘ			\$0.00	<input type="checkbox"/>
<a href="#">Select</a> Waive			\$0.00	<input type="checkbox"/>

[Overview of All Plans](#) [Compare](#)

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

**H+H Marriage Event**

Qualifying Period 3/13/2024-4/13/2024  
**Rose Clair**

[Cancel](#) [< Previous](#) [Next >](#)

- \* Welcome to Marital Event Complete
- \* Marital Status Complete
- \* Dependent/Beneficiary Info Complete
- Benefit Enrollment** Visited
- Benefits Statements Not Started
- Summary Not Started

**Benefit Enrollment**

The "Medical" tile below displays your current coverage, new coverage, status, and how many dependents if any are covered.  
The Flexible Spending Accounts and Retirement plan options are listed as view only. You must reach out to each agency directly to enroll or make changes.  
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.

**Enrollment Summary**

Your Pay Period Cost **\$0.00** Full Cost **\$0.00**

Status **Pending Review**

[Enrollment Preview Statement](#)

**Submit Enrollment**

**Benefit Plans**

**Medical**

Current GHI-CBP Basic  
New GHI-CBP Basic  
Status Changed  
1 Dependents

Pay Period Cost **\$0.00** [Review](#)

## Completing Benefits Enrollment For Marriage Event

25. 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 Marriage Event**  
Qualifying Period 3/13/2024-4/13/2024  
Rose Clair

Cancel < Previous Next >

**Benefit Enrollment**

The "Medical" tile below displays your current coverage, new coverage, status, and how many dependents if any are covered. The Flexible Spending Accounts and Retirement plan options are listed as view only. You must reach out to each agency directly to enroll or make changes. Click on the "Medical" tile to select/make changes to your medical benefits. Once you have updated your medical enrollment, please make sure to click on **Submit Enrollment** to finalize.

Enrollment Summary

Your Pay Period Cost: \$0.00

Status: Submitted

Full Cost: \$0.00

Enrollment Preview Statement

Submit Enrollment

**Medical**

Current: GHI-CBP Basic  
New: GHI-CBP Basic  
Status: Changed  
# 1 Dependents

Pay Period Cost: \$0.00

Review

**Benefits Alerts**

**Instructions**

Your benefit choices have been successfully submitted to the Benefits Department. Select **View** to review your Election Preview statement. **Done** to return to the Benefits Enrollment Summary.

**Resources**

Summary Plan Document

26. Click **Next**.

**H+H Marriage Event**  
Qualifying Period 3/13/2024-4/13/2024  
Rose Clair

Cancel < Previous **Next >**

**Benefit Enrollment**

The "Medical" tile below displays your current coverage, new coverage, status, and how many dependents if any are covered. The Flexible Spending Accounts and Retirement plan options are listed as view only. You must reach out to each agency directly to enroll or make changes. Click on the "Medical" tile to select/make changes to your medical benefits. Once you have updated your medical enrollment, please make sure to click on **Submit Enrollment** to finalize.

Enrollment Summary

Your Pay Period Cost: \$0.00

Status: Submitted 03/22/2024 9:27AM

Full Cost: \$0.00

Enrollment Preview Statement

Submit Enrollment

**Medical**

Current: GHI-CBP Basic  
New: GHI-CBP Basic  
Status: Changed  
# 1 Dependents

Pay Period Cost: \$0.00

Review

\* Indicates required field

## **Benefit Statement**

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

**H+H Marriage Event**

Qualifying Period 3/13/2024-4/13/2024  
**Rose Clair**

★ Welcome to Marital Event  
✔ Complete

★ Marital Status  
✔ Complete

★ Dependent/Beneficiary Info  
✔ Complete

Benefit Enrollment  
✔ Complete

Benefits Statements  
● Visited

Summary  
○ Not Started

Statement Type ▼

2 rows

Event Date ↑↓	Issue Date ↑↓	Enrollment Event ↑↓	Statement Type ↑↓
03/13/2024	03/22/2024 9:27:33AM	Marriage	Submitted Enrollment >
01/01/2024	12/20/2023 9:34:27AM	OE 2024 - Bi-Weekly	Confirmation Statement >



## Summary of Marriage Event

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

**H+H Marriage Event**  
 Qualifying Period 3/13/2024-4/13/2024  
 Rose Clair

Cancel | < Previous

\* Welcome to Marital Event  
 Complete

\* Marital Status  
 Complete

\* Dependent/Beneficiary Info  
 Complete

Benefit Enrollment  
 Complete

Benefits Statements  
 Visited

**Summary**  
 Visited

**Summary**  
 Congratulations!  
 Here is a list of things to keep in mind now that you have a new spouse:
 

- Make sure to contact your union or welfare fund to add your dependent
- Once your enrollment has been updated by your health plan, medical insurance card(s) will be sent via postal mail

 Select the **Complete** button to end this event.

**Steps**

5 rows

Step	Status	Date Completed	Required	Go to Step
Welcome to Marital Event	Complete	03/22/2024	Yes	Go to Step
Marital Status	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

Complete

**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](mailto:HHCBenefits@nychhc.org).