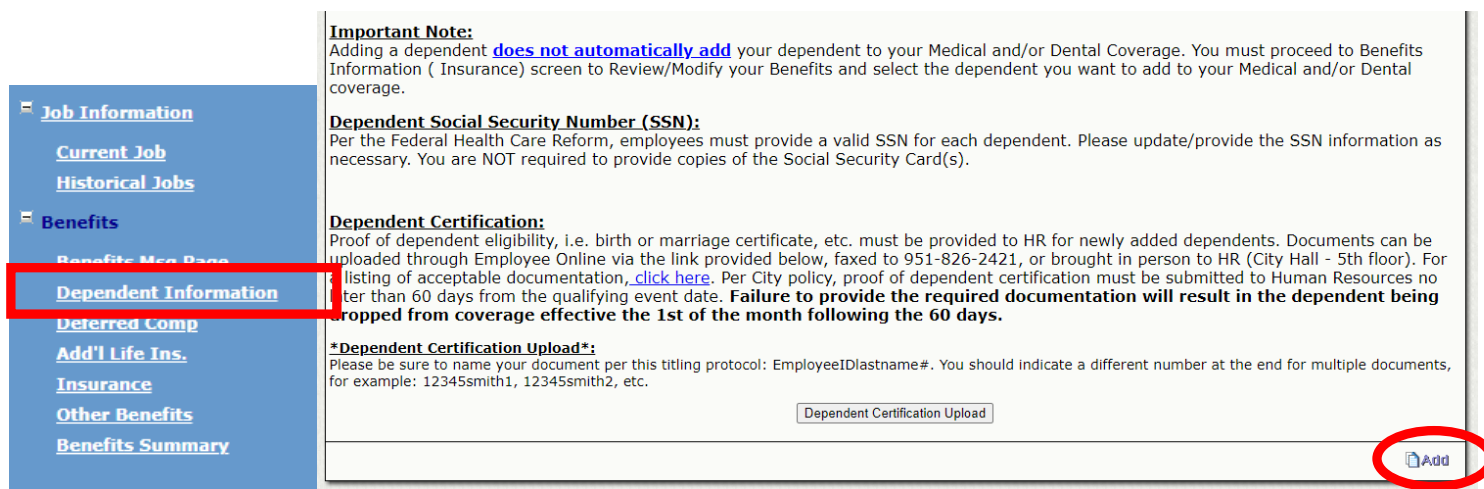


# Requesting Changes to Your Benefits

Be sure to review the [Qualifying Event Guidelines](#) before requesting changes to your benefits

**Step 1: Dependent Information** - Add, remove, or verify dependent information. To add a new dependent, remove or verify an existing dependent record in the "Dependent Information" screen. Be sure to upload a birth announcement, birth certificate, marriage certificate, or other proof of a qualifying event using [the Dependent Certification Upload](#) button. **Adding a dependent profile does NOT add them to your medical and/or dental plan**, you must proceed to Benefit Selection to add/drop new and existing dependents to/from your medical and/or dental plans.



**Job Information**  
Current Job  
Historical Jobs

**Benefits**  
Benefits Menu  
**Dependent Information**  
Deferred Comp  
Add'l Life Ins.  
Insurance  
Other Benefits  
Benefits Summary

**Important Note:**  
Adding a dependent [does not automatically add](#) your dependent to your Medical and/or Dental Coverage. You must proceed to Benefits Information ( Insurance) screen to Review/Modify your Benefits and select the dependent you want to add to your Medical and/or Dental coverage.

**Dependent Social Security Number (SSN):**  
Per the Federal Health Care Reform, employees must provide a valid SSN for each dependent. Please update/provide the SSN information as necessary. You are NOT required to provide copies of the Social Security Card(s).

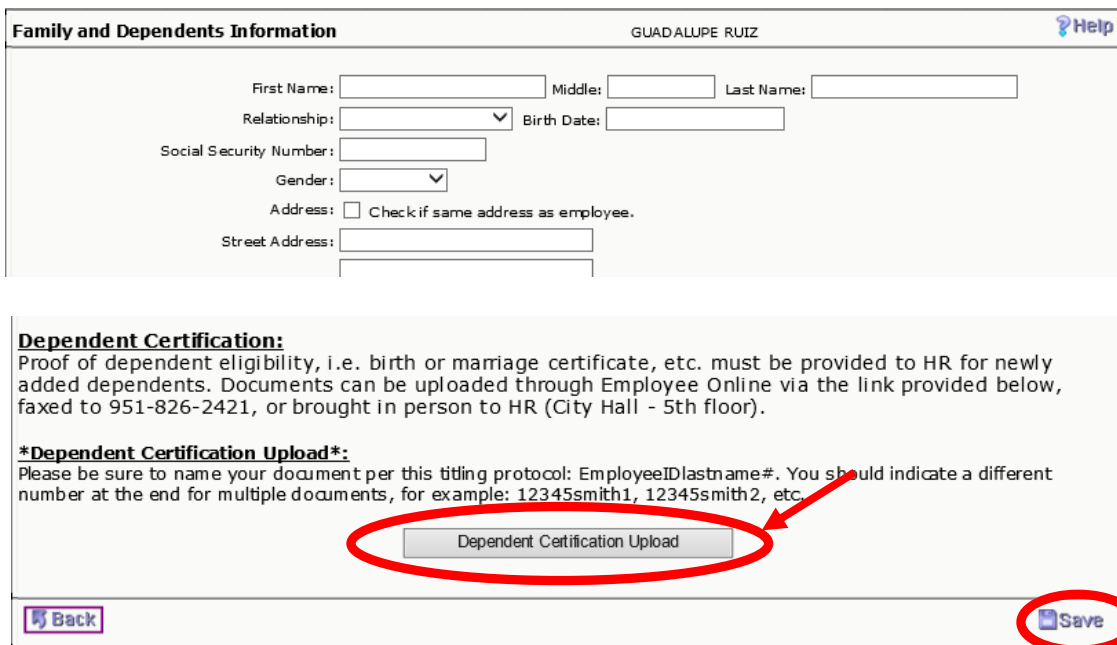
**Dependent Certification:**  
Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor). For listing of acceptable documentation, [click here](#). Per City policy, proof of dependent certification must be submitted to Human Resources no later than 60 days from the qualifying event date. **Failure to provide the required documentation will result in the dependent being dropped from coverage effective the 1st of the month following the 60 days.**

**\*Dependent Certification Upload\*:**  
Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.

Dependent Certification Upload

Add

After entering your dependent's information, upload your dependent certification and click "Save"



**Family and Dependents Information** GUADALUPE RUIZ [? Help](#)

First Name:  Middle:  Last Name:

Relationship:  Birth Date:

Social Security Number:

Gender:

Address:  Check if same address as employee.

Street Address:

**Dependent Certification:**  
Proof of dependent eligibility, i.e. birth or marriage certificate, etc. must be provided to HR for newly added dependents. Documents can be uploaded through Employee Online via the link provided below, faxed to 951-826-2421, or brought in person to HR (City Hall - 5th floor).

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Please be sure to name your document per this titling protocol: EmployeeIDlastname#. You should indicate a different number at the end for multiple documents, for example: 12345smith1, 12345smith2, etc.

Dependent Certification Upload

Back Save

# Requesting Changes to Your Benefits

**Step 2: Add/Remove Dependent from Insurance** – To add or remove a dependent from your insurance plan(s) click on **Insurance** and select the plan you would like to add or remove the dependent from then select your Plan (which will be hyperlinked) and

**Benefits**

[Benefits Msg Page](#)

[Dependent Information](#)

[Deferred Comp](#)

[Add'l Life Ins.](#)

[Insurance](#)

[Other Benefits](#)

[Benefits Summary](#)

**Insurance Benefits** JENNIFER KELLY BROWN

Coverage Type	Plan Name	Covered Individuals
<a href="#">MEDICAL</a>	HEALTH OPT OUT	Employee
<a href="#">DENTAL</a>	DELTA DNTL DPO	Family

**IMPORTANT INFORMATION:** Premiums for health and dental insurance are due in advance and are paid via payroll deduction. Premiums are split evenly between two paychecks and there are a total of 24 deductions in a calendar year. In months where there are fewer paychecks, the employee will be responsible for the remaining premium amount.

Depending upon the timing of benefits enrollments, additional premiums may be due if any pay periods have been missed in the past. Resources/Benefits will contact the employee with details about the retroactive adjustments.

Update the **Coverage Category**, if necessary, **check or uncheck** the box next to the dependent you are adding or removing and include a **Qualifying Event** and **Date** and click **Save**.

**Update Insurance Benefit** ? Help

	<b>Current Plan</b>	<b>New Change Request</b>
Plan Name	DELTA DNTL DPO	DELTA DNTL DPO
Plan Type	PRE-TAX	PRE-TAX
Description	DELTA DENTAL PRETAX DPO	DELTA DENTAL PRETAX DPO
Employee Deduction	0	0
Coverage Category	<input checked="" type="checkbox"/> Family <input type="checkbox"/> Employee <input type="checkbox"/> Emp + one	<input checked="" type="radio"/> Family <input type="radio"/> Employee <input type="radio"/> Emp + one
Covered Dependents		
(SPOUSE)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(CHILD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(CHILD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Qualifying Events</a>		
Qualifying Event Date		

[Back](#)
**Save**

- **Blue Shield HMO plans** – If enrolled in a Blue Shield HMO plan a Primary Care Physician(PCP) identification number needs to be entered for the dependent on the medical screen. The Finding a Doctor tool can be used to find the PCP number for each doctor, this tool can be accessed at <http://www.blueshield.com/networkhmo>

# Requesting Changes to Your Benefits

**Step 3: Benefit Confirmation - Verify your request.** Print and/or email your Benefit Confirmation statement before exiting the EO system.



**Benefit Confirmation** Help

Below is a summary of your Current benefit elections and any outstanding change requests.

Benefit Plan	Current Plan	Benefit Change Request
<b>MEDICAL</b>	HEALTH OPT OUT (Emp Only)	(No Change Submitted)
<b>DENTAL</b>	DELTA DNTL DPO (Family)	(No Change Submitted)
<b>Dependent(s)</b>		
<b>FSA HEALTH CARE</b>	FSA PLAN HEALTH (Emp Only)	(Not Enrolled)
<b>Amount</b>	\$2,750.00	
<b>LEGAL PLAN</b>	LEGAL PLAN (Emp Only)	(No Change Submitted)
<b>LTD - MANAGEMENT</b>	MGMT LTD (Emp Only)	(No Change Submitted)

## Questions or Concerns

[CityBenefits@RiversideCA.Gov](mailto:CityBenefits@RiversideCA.Gov)

(951) 826-5639