Completing Add a Family Member or Dependent Form

Revised 09/29/2017
Please Note:

- The Add Dependent Process is to add dependents who are not listed as family members or dependents in the system. You can view existing family members and dependents on your record:
  - On the Benefit’s Menu Page select **View Family Members and Dependents**
  - This will display all dependents listed on your record.
  - If the dependent you would like to add is displayed, you do not need to complete the process to add the dependent
Log into the EBS Portal

Visit ebs.msu.edu and log in using your MSU NetID and password.

If you do not know your MSU NetID and/or Password please contact MSU IT at 517-432-6200.
Complete Two-Factor Authentication

Select Credential from drop down list and then Continue

If you have not yet registered for two-factor authentication, please visit https://secureit.msu.edu/two-factor/ for instructions.
Complete Two-Factor Authentication

Enter Security Code and then Validate
Select Add a Family Member or Dependent Form

Click My Benefits top navigation tab
Select Add a Family Member or Dependent Form

Click Add a Family Member or Dependent tile
Review Instructions and Select Next to Continue

Once the form is displayed, use the number line navigate to steps that need to be completed.

### Fill Out Form: Add a Family Member or Dependent, Step 1 (Overview of Process)

#### Overview of this process to Add Family Member/Dependent for MSU Benefit Coverage

1. Submitting an Add a Family/Dependent form and receiving approval from Central Human Resources will add family members and dependents to your plan.
   - To view existing family members and dependents on your record please click the link below:
     - View Existing Family Members and Dependents
   - To view life events impacting benefits click the link below:
     - Life Events Impacting Benefits
2. In addition to completing the Add a Family Member/Dependent form, additional documentation such as marriage certificate, birth certificate(s) and/or cou
3. A separate Add a Dependent/Family Member form should be submitted for each Family Member/Dependent that you would like to add to your benefit plan
4. Once the form is processed, your family member/dependent will be eligible to be enrolled in benefits. This step alone does not enroll dependents in

#### Note: To view existing dependents on your record select Family Members and Dependents tile located on the My Benefits’ home screen.

For questions or additional information, please feel free to contact Human Resources at (517) 353-4434 or at Solutions.Center@hr.msu.edu
**Review Personal Details**

*Note:* Review **Employee Details** and **Address Sections**. If the information is not correct, please contact Human Resources.
Enter Event and Event Date

**Event**

- **Type of Event:**
  - Adopt/Legal Guardian
  - Birth
  - Divorce
  - Loss of Pre Coverage
  - Marriage

**Dependent Details**

- **Valid From:**

Select **Event Type** from drop down list

**Event**

- **Type of Event:** Adopt/Legal Guardian
- **Legally finalized Adoption/Guardianship:** 10/27/2015

For **Open Enrollment**, use the date that you are completing the form. For all other events (**birth, marriage, new hire**, etc.), use the date of the event.
Enter Dependent Personal Information

Dependent Details

Select Dependent or Family Member type from drop-down list

Check if dependent/family member address is different from displayed address: ☐

* Is this Dependent/Family Member currently on Medicare: ☐ Yes
  ☐ No

Check if this Dependent/Family Member is disabled: ☐
Enter Dependent’s **First and Last Name, Date of Birth, Social Security Number** and select **Gender**.

**Note:** If the event is **Birth** the **Date of birth** will be automatically updated with the event date.
Enter Dependent Personal Information

Entering the address information is optional. Only enter dependent address if the dependent’s address is different from your own.

If applicable, select Address Checkbox and enter dependent’s **Address** and **Telephone number**.

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### Current Address

<table>
<thead>
<tr>
<th>Field</th>
<th>Input Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1:</td>
<td></td>
</tr>
<tr>
<td>Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>ZIP Code:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td></td>
</tr>
</tbody>
</table>
Enter Dependent Personal Information

**Dependent Details**

- **Dependent or Family Member:**
  - [Select]

- **First name:**
- **Middle Name:**
- **Last name:**
- **Suffix:**

- **Date of birth:**
- **Social Security Number:**
- **Gender:**

**Check if dependent/family member address is different from displayed address:**
- [ ]

**Is this Dependent/Family Member currently on Medicare:**
- [ ] Yes
- [ ] No

**Medicare Claim No.:**
- [ ]

**Part A Enroll Date:**
- [ ]

**Part B Enroll Date:**
- [ ]

**Part D Enroll Date:**
- [ ]

**Check if this Dependent/Family Member is disabled:**
- [ ]

If you select **Yes** and you dependent has Medicare A&B, complete Medicare section.
If dependent is disabled, select **Disability** check box and select Dependent Disability Certification Form link to complete form.
Enter Dependent Personal Information

Select **Next** to continue.
Adding Supporting Documentation Attachment

Select Supporting Documentation from **Attachment Type** drop down list and the select **Browse** to upload.

For a list of required documentation, **Select Eligible Dependents and Required Documentation**. If you do not have scanned copies of your documentation, you can email, fax, mail or bring documentation to the Human Resources office.

1. Documentation can be attached to the (Request) or can be:
   - [ ] Emailed to SolutionsCenter@hr.msu.edu
   - [ ] Faxed to 517-432-3862
   - [ ] In-Person you may bring a copy of your document(s) to the Human Resources (same as mail location)
   - [ ] U.S. Mail to
Enter Comments

Enter any Comments you have in the New Comments section.
Sending the form:

Click **Next** to review your completed **Add Family Member/Dependent Form**.
Review information for accuracy, then click **Check**.

**Personal Details**

**Employee Details**

- **Personnel Number:**
  - First name:
  - Middle name:
  - Last name:
  - Job Title:

**Event**

- **Type of Event:** Birth
- **Date of Birth:** 09/27/2016

**Dependent Details**

- **Dependent or Family Member:** Child

- **First name:** child
- **Date of birth:** 09/27/2016
Click Send.
Once the Add Family Member/Dependent form has been sent a confirmation email will be sent to your msu.edu email account.
You have now completed the Add Family Member/Dependent process.

Click **Home** to return to **My Benefits** Menu Page.
Upon completion of the Form, Human Resources will either Approve/Reject the Dependent Addition Form with valid comments in the section provided.
Please Note:

• You will need to complete a Add a Family Member or Dependent form and supply documentation (birth certificate, marriage license etc) for each dependent you would like to add to your benefit plans.

• You will need to complete the enrollment process in order to enroll your dependents in your benefit plans.