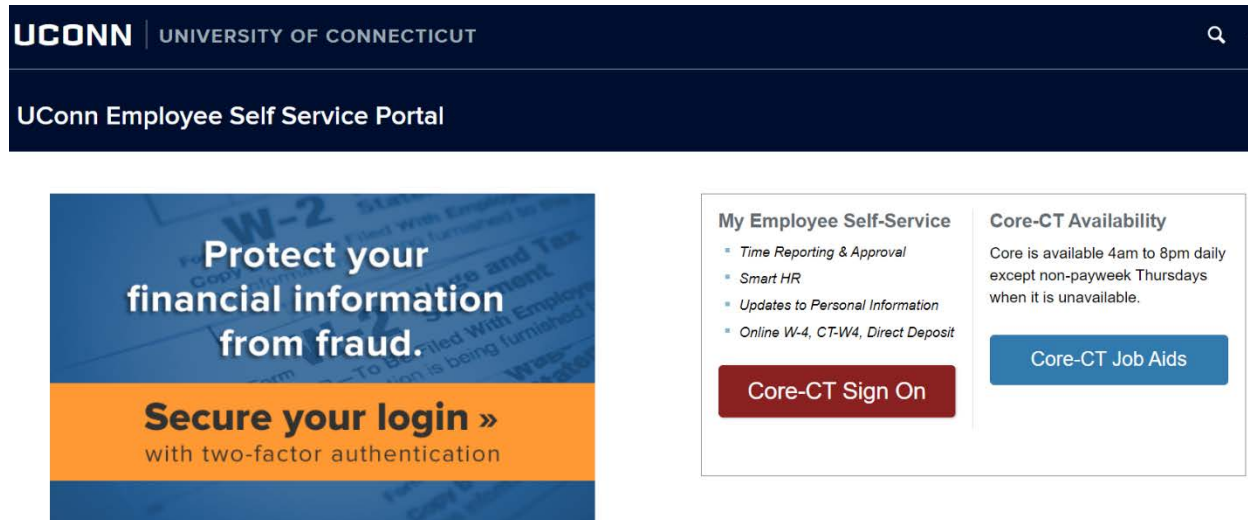
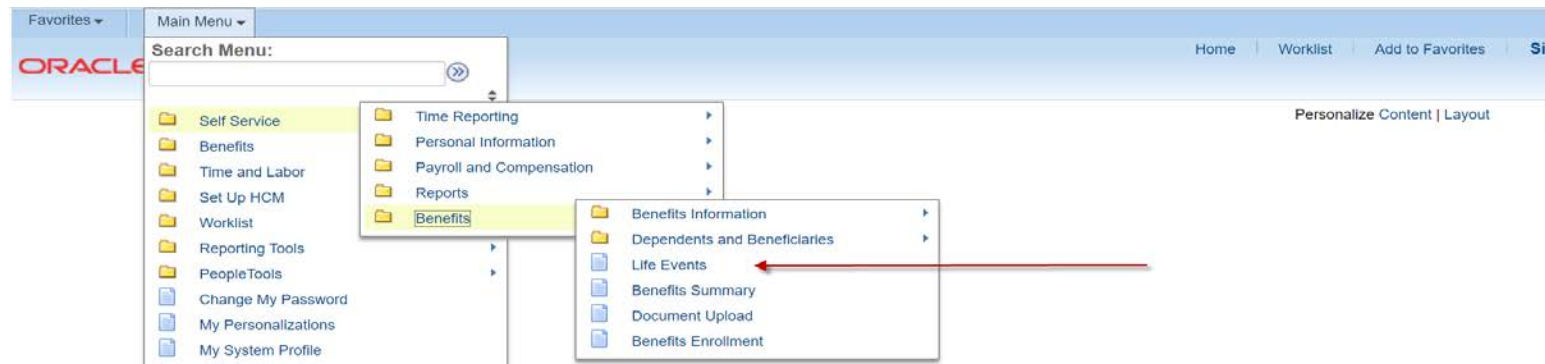


# Submitting an Employee Life Event (as of April 2022)

Step 1: Enter your User Net ID and Password at [www.ess.uconn.edu](http://www.ess.uconn.edu).



Step 2: Use the following path to access the Life Events selection page: Main Menu -> Self Service -> Benefits -> Life Events



**Step 3: Please read the important information on this page before proceeding. Select the applicable Life Event from the list below.**

### Select Your Event

Read the following instructions:

1. The Life Events page provides you with online access to review information and make changes consistent with the change in your situation. The Life Event must be entered within 31 days of your qualifying event to use this page. Otherwise, you will need to contact your Agency Benefits Specialist.
2. If you and your spouse are both State of Connecticut employees and you have at least one eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling in or changes to the Family Less Employed Spouse (FLES) health options. FLES elections cannot be processed through Self Service.
3. Before proceeding, please make sure the following documents are available. If you are adding dependents, you need to provide the long form birth certificate for children, adoption decree for adopted children and a marriage certificate for a spouse. If you are enrolling yourself and/or dependents due to a loss of coverage from another source, you need to provide proof of the loss of coverage such as a COBRA notice or employer letter including names and coverage lost. If you are dropping your spouse and step children due to a divorce/legal separation, you need to provide a copy of the divorce decree or documentation from the court. Social Security Numbers are requested for all dependents.
4. Please select the event from the list below. If your event is not listed, contact your Agency Benefits Specialist.

#### Employee

- ☐ Birth/Adoption (Add Children)
- ☐ Marriage (Add Spouse/Children)
- ☐ Divorce/Legal Separation (Drop Spouse/Children)
- ☐ Loss of Spouse/Dependent Coverage (Add Spouse/Children)
- ☐ Loss of Coverage (Add Self/Spouse/Children)



**Step 4: Enter the Life Event date (e.g., Birth, Marriage, Loss of coverage) and click on the highlighted OK button to continue or click on the highlighted Cancel button to restart the enrollment process.**

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Life Events

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#### Change Status Date

#### Change Status Date

The Life Event must be entered within 31 days of your qualifying event or you will not be able to change your benefit elections. The change will become effective the first of the month following the date of your qualifying event. This sentence will need to be changed in all of the life event pages.

Enter the actual date of your life event (Birth, Marriage or Divorce Date), then click on the OK button below.

Please note that clicking the OK button below will create a transaction on your employee record. If you do not wish to proceed with this transaction, please click the Cancel button below before leaving this page.

Status Change Date

\*Event Date  31

OK

Cancel



**Step 5: Click on the highlighted Next button on the Welcome page to proceed.**

Oracle eBenefits interface showing the 'Welcome to Life Events' page. The page includes a sidebar with 'Life Events' selected, a main content area with a welcome message, and a top navigation bar with 'Previous', 'Next', 'Cancel', and 'Continue' buttons. A red arrow points to the 'Next' button.

Click on the Next button in the upper right corner to enroll your spouse and/or stepchild(ren) in your current coverage.

**Step 6: If you choose to view benefit elections from a prior period, enter the date and click on the highlighted Go button. Click on the highlighted Next button to continue.**

Oracle eBenefits interface showing the 'Benefits Summary' page. The page includes a sidebar with 'Benefits Summary' selected, a main content area with a table of benefits, and a top navigation bar with 'Previous', 'Next', 'Cancel', and 'Continue' buttons. A red arrow points to the 'Next' button.

The information below reflects your current benefits as of today.  
To view your benefits as of another date, enter the date and select Go. Click on Next to continue.

10/05/2021 Go

Type of Benefit	Plan Description	Coverage or Participation
Medical	Anthem State BlueCare POE	Employee Only
Dental	Enhanced Dental	Employee Only
Prescription	Caremark Anthem Prescription	Employee Only
HEP/Non-HEP Standard Plan	Anthem POE HEP Plan	Employee Only
Life	Basic Group Life Insurance	\$38,000
Supplemental Life		Waived

**Step 7: You will have the option to add eligible dependents based on the Life Event by clicking on the highlighted Add a dependent or beneficiary button. Click on the highlighted Next button to continue if you are not adding a new dependent.**

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Life Events ⌂ ⚙️ ▾

Legend

✔️ \* Welcome

● Benefit Summary

● **Dependent and Beneficiary**

○ Benefit Enrollment

○ \* Document Upload

○ Event Completion and Exit

Marriage

⏪ PreviousNext ⏩ CancelContinue

Add/Review Dependent/Beneficiary

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' button.

Dependent Information

Name	Relationship to Employee	Date of Birth	
	Parent	09/19/1956	

Add a dependent or beneficiary

A red arrow pointing from the right side of the screen towards the 'Next' button in the top navigation bar.

A red arrow pointing from the right side of the screen towards the 'Add a dependent or beneficiary' button at the bottom of the page.



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Life Events ⌛ ⚙️ ▾

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✔️ \* Welcome

● Benefit Summary

✔️ Dependent and Beneficiary

● Benefit Enrollment

⚠️ \* Document Upload

● Event Completion and Exit

Marriage

«PreviousNext»CancelContinue Later

Personal Information

Save Confirmation

✔️ The Save was successful.  
Click OK, to add another dependent or click the next button on the top right corner to proceed.

OK

**Step 9: Click on the highlighted Next button to continue.**

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eBenefits ⚙️ ⏪

Life Events ⌛ ⚙️ ▾

Legend

✔️ \* Welcome

● Benefit Summary

✔️ Dependent and Beneficiary

○ Benefit Enrollment

○ \* Document Upload

○ Event Completion and Exit

Marriage

«PreviousNext»CancelContinue Later

Add/Review Dependent/Beneficiary

The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' button.

Dependent Information

Name	Relationship to Employee	Date of Birth
	Parent	09/19/1956
	Spouse	01/01/1960
	Stepchild	01/01/2010

Add a dependent or beneficiary

**Step 10: Click on the highlighted Start my Enrollment button to begin your enrollment.**

Oracle eBenefits interface showing the 'Marriage' event page. The left sidebar lists 'Life Events' including Welcome, Benefit Summary, Dependent and Beneficiary, **Benefit Enrollment**, Document Upload, and Event Completion and Exit. The main content area displays the 'Benefit Enrollment' section with a 'Start My Enrollment' button highlighted by a red arrow.

**Step 11: Click on the highlighted Select button next to the Event Description to continue.**

Oracle eBenefits interface showing the 'Benefits Enrollment' page. The left sidebar lists 'Life Events' including Welcome, Benefit Summary, Dependent and Beneficiary, **Benefit Enrollment**, Document Upload, and Event Completion and Exit. The main content area displays the 'Benefits Enrollment' section with a table of 'Open Benefit Events'. The 'Select' button next to the 'Family Status Change' event is highlighted by a red arrow.

Event Description	Event Date	Event Status	Job Title
Family Status Change	10/05/2021	Open	IT Analyst 3



**Step 12:** The benefit options available to you will appear. Please read the important information at the top of the page. Click on the highlighted Edit button to add or remove dependents based on your Life Event. If you have a loss of coverage, click on the highlighted Edit button to enroll in coverage and add dependents, if applicable. The Current Costs per Pay Period and Costs Annually are displayed. If any cost changes occur, based on your election chosen, they will be reflected in the 'New' line.

**Note:** The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.

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Life Events ⌂ ⚙️ ▾

Legend

✔️ \* Welcome

● Benefit Summary

✔️ Dependent and Beneficiary

● **Benefit Enrollment**

○ \* Document Upload

○ Event Completion and Exit

Marriage ⏮️ Prev

Related Content ▾

Benefits Enrollment

Family Status Change

The Enrollment Summary will display which benefit options are open for Edit.

i

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Enrollment Summary



### Medical

Costs per Pay C

Current: Anthem State BlueCare POS:Empl Only

### Dental

Costs per Pay C

Current: Basic Dental:Empl Only

### Life

Costs per Pay C

Current: BasicGrpLf: Salary X 1

This table summarizes estimated costs for your new benefit changes

Election Summary			
Summarized estimates for new Benefit Elections	Costs per Pay Check	Costs Annually	
Costs	65.50	1,703.00	
Your Costs	65.50	1,703.00	

Save and Continue

I Have No Changes

Select the **Save and Continue** button to send your final changes to your Agency Benefits Specialist

Select the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.



**Important:** Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

**Step 13:** After clicking on the highlighted Edit button, enroll or disenroll any dependents(s) by clicking or unclicking the box next to the dependent's name. If you have a loss of coverage, click on the Edit button to begin your enrollment. Click on the highlighted Update and Continue button to proceed or click on the highlighted Discard Changes button to restart your enrollment.

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✔️ \* Welcome

● Benefit Summary

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● **Benefit Enrollment**

○ \* Document Upload

○ Event Completion and Exit

Marriage

⏪ PreviousNext ⏩CancelContinue Later

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Benefits Enrollment

Medical

📘 Important! Your current coverage is: Anthem State BlueCare POE with Employee Only coverage. You will continue with this coverage if you do not make a choice.

Select an Option

[Overview of all Plans](#)

Select one of the following plans:

☒ Anthem State BlueCare POE

Coverage Level	Your Costs	Tax Class
Employee Only	\$48.87	Before-Tax
Employee + One Dependent	\$136.82	Before-Tax
Family	\$173.13	Before-Tax

☐ Waive

Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing.  
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		Spouse
<input type="checkbox"/>		Stepchild

Add/Review Dependents

Update and ContinueDiscard Changes

**Step 14: Review your changes or new enrollment based on your Life Event. Click on the highlighted Update Elections button to continue or click on the highlighted Discard Changes button to restart your enrollment.**

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Legend

✔️ \* Welcome

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● **Benefit Enrollment**

○ \* Document Upload

○ Event Completion and Exit

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Benefits Enrollment

Medical

❗ Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448. Click on I Have No Changes button if you do not want to make any changes to your coverage. Click on the Save and Continue button to submit changes.

Your Choice

You have chosen Anthem State BlueCare POE with Family coverage. ←

Your Cost

Your Cost \$173.13 ←

Your Covered Dependents

Dependent Details

Name	Relationship
	Spouse
	Stepchild

Notes

Update Elections

Discard Changes

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.

**Step 15: To make Dental changes, follow the same Edit process as the Medical example above.**

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✔️ \* Welcome

● Benefit Summary

✔️ Dependent and Beneficiary

● **Benefit Enrollment**

○ \* Document Upload

○ Event Completion and Exit

Marriage ⏪Previous

❗ Important! Your current coverage is: Basic Dental with Employee Only coverage. You will continue with this coverage if you do not make a choice.

Select an Option

Overview of all Plans

Select one of the following plans:

☒ Basic Dental

Coverage Level

Employee Only

Employee + One Dependent

Family

☐ Waive

Your Costs

\$0.00

\$12.27

\$12.27

Tax Class

Before-Tax

Before-Tax

Before-Tax

Dependent Details

Name	Relationship
	Spouse
	Stepchild

Notes

Update Elections

Discard Changes

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.

**Step 16: Review your changes or new enrollment based on your Life Event. Click on the highlighted Update Elections button to continue or click on the highlighted Discard Changes button to restart your enrollment.**

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✔️ Dependent and Beneficiary

● Benefit Enrollment

○ \* Document Upload

○ Event Completion and Exit

Marriage ⏪PreviousNextCancelContinue

📘 Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448. Click on I Have No Changes button if you do not want to make any changes to your coverage. Click on the Save and Continue button to submit changes.

Your Choice

You have chosen Enhanced Dental with Family coverage. ←

Your Cost

Your Cost \$10.37 ←

Your Covered Dependents

Dependent Details

Name	Relationship
	Spouse
	Stepchild

Notes

Update Elections

Discard Changes

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.

**Step 17: Click on the highlighted Save and Continue button to complete your enrollment or discard changes button to cancel your changes. If any cost changes occur, based on your election chosen, they will be reflected in the 'New' line. Note: The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.**

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Benefits Enrollment

Family Status Change

The Enrollment Summary will display which benefit options are open for Edit.

i

Important: Your enrollment is not complete until you click on the Update Elections button and then submit your changes for approval by your Agency Benefits Specialist. For questions regarding your enrollment in the Health Enhancement Program (HEP) or your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448. Click on I Have No Changes button if you do not want to make any changes to your coverage. Click on the Save and Continue button to submit changes.

Enrollment Summary

	Costs per Pay Check	Costs Annually	
Medical			
Current: Anthem State BlueCare POE:Empl Only	48.87	1,270.62	
New: Anthem State BlueCare POE:Family	173.13	4,501.38	
Dental			
Current: Enhanced Dental:Empl Only	0.00	0.00	
New: Enhanced Dental:Family	10.37	269.62	
Life			
Current: BasicGrpLf: Salary X 1	7.60	197.60	
New: BasicGrpLf: Salary X 1 : \$38,000	7.60	197.60	

## Supplemental Life

Costs per Pay Check    Costs Annually

Current: Waive

New: Waive

This table summarizes estimated costs for your new benefit changes

### Election Summary

Summarized estimates for new Benefit Elections	Costs per Pay Check	Costs Annually
Costs	191.10	4,968.60
Your Costs	191.10	4,968.60

Save and Continue

Select the **Save and Continue** button to send your final changes to your Agency Benefits Specialist

**i** Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist



**Step 18: Read the important information on the Authorize Elections page. Click on the highlighted Submit button to authorize and submit your elections.**

**Click on the highlighted Cancel button to return to the prior Benefits Enrollment page to edit your enrollment.**

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Benefits Enrollment

Submit Benefit Choices10/05/2021 M

Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.

Authorize Elections

I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions described by the health plan.

I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.

I certify that all information on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).

I understand that the rates in the Enrollment Statement are based upon my participation in the Health Enhancement Program (HEP). Employees who choose not to participate in HEP will be responsible for higher premium co-shares of an additional \$100.00 per month (\$46.16 biweekly), a \$350.00 per participant per year deductible (\$1,400 family maximum) and ineligible for reductions in co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

SubmitCancel

Select the **Submit** button to send your final choices to the Benefits Department.

**Step 19: The Submit Confirmation page will appear confirming your submission to your Agency Benefits Specialist for approval. Click on the highlighted Next button in the upper right-hand corner to complete your Life Event changes.**

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○ \* Document Upload

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Benefits Enrollment

Submit Confirmation

Your benefit changes have been submitted to your Agency Benefit Specialist.

You will receive a confirmation statement when approved by your Agency Benefit Specialist.

Click on the **Next** button in the upper right corner to complete your life event. The OK button below allows you to return to the Benefits Enrollment page

Enrollment Summary

		Costs per Pay Check	Costs Annually
Medical			
New:	Anthem State BlueCare POE:Family	173.13	4,501.38
Dental			
New:	Enhanced Dental:Family	10.37	269.62
Life			
New:	BasicGrpLf: Salary X 1 : \$38,000	7.60	197.60
Supplemental Life			
New:	Waive		

### Election Summary

Summarized Estimates for new Benefit Elections	Costs per Pay Check	Costs Annually
Costs	191.10	4,968.60
Your Costs	191.10	4,968.60

OK

Click on the **Next** button in the upper right corner complete your life event. The OK button allows you to return to the Benefits Enrollment page



Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

**Step 20: Enter required documentation in the highlighted Proof Document Upload page (e.g., long form birth certificate, marriage certificate). Click on the highlighted Add Attachment button. If you will not be uploading required proof documentation, click Add Note.**

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🔔 \* Document Upload

○ Event Completion and Exit

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### Proof Document Upload

Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click **Add Attachment**. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click **Add Note**.

Add Attachment

Add Note

**Step 21: Enter a document name on the Subject line and then attach the supporting document (via the Choose File button or Browse button – as either may appear). Click on the highlighted Upload button.**

Oracle eBenefits interface showing the "Marriage" event and the "Proof Document- New Attachment" form. The form includes instructions, selection criteria, and a file attachment dialog.

**Navigation:** Favorites, Main Menu, Document Upload, Home, Worklist, Add to Favorites

**Left Sidebar:** eBenefits, Life Events, Legend, \* Welcome, Benefit Summary, Dependent and Beneficiary, Benefit Enrollment, \* Document Upload, Event Completion and Exit

**Main Content:** Marriage, Previous, Next, Cancel, New Window, Help, Personal

**Proof Document- New Attachment**

**Instructions:** Enter a description of the document in the Subject field, such as marriage certificate, and then click Add Attachment. You will then be prompted to select the document to upload by clicking Browse, Upload, and after the upload is complete, Save.

**Selection Criteria:**

Description	Proof Document
*Subject	Marriage Certificate

**Attachment:** Add Attachment

**Buttons:** Save, Go To Proof Document Upload

**File Attachment Dialog:**

File Attachment (Close)

Help

Browse...

Upload Cancel

Red arrows indicate the flow: from the Subject field to the Browse button, then to the Upload button.

**Step 22: Click on the highlighted Save button once your document(s) has been uploaded.**

Legend

✓ \* Welcome

● Benefit Summary

✓ Dependent and Beneficiary

✓ Benefit Enrollment

**🕒 \* Document Upload**

○ Event Completion and Exit

### Proof Document- New Attachment

**Instructions**  
Enter a description of the document in the Subject field, such as marriage certificate, and then click Add Attachment. You will then be prompted to select the document to upload by clicking Browse, Upload, and after the upload is complete, Save.

**Selection Criteria**

Description

Proof Document

\*Subject

Marriage Certificate

Attachment

test.docx

View Attachment

Save

Go To

Proof Document Upload

**Step 23: Click on the highlighted Next button to complete the document upload process.**

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✓ Benefit Enrollment

**✓ \* Document Upload**

○ Event Completion and Exit

Marriage

«PreviousNextCancelContinue

### Proof Document Upload

**Instructions**  
Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click Add Attachment. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click Add Note.

Add Attachment

Add Note

**Attachments**

Personalize | Find |

First 1-2 of 2 Last

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	1	10/08/2021 2:09PM		Proof Document	Marriage Certificate	Submitted
<input type="checkbox"/>	2	10/08/2021 2:09PM		Proof Document	Birth Certificate	Submitted

Select All Deselect All

Delete

**Step 24: Click on the highlighted Complete button to finalize your Life Event changes. You will be returned to the Life Events page which confirms that your enrollment has been submitted to your Agency Benefits Specialist.**

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● Event Completion and Exit

⚙️ ⏪

Marriage

⏮️ Previous

Next ⏭️

Cancel

Continue Later

Event Completion and Exit

You have completed your life event. Contact your Agency Benefits Specialist regarding other changes that may be applicable to your life event. Click Complete to exit the event.

Complete