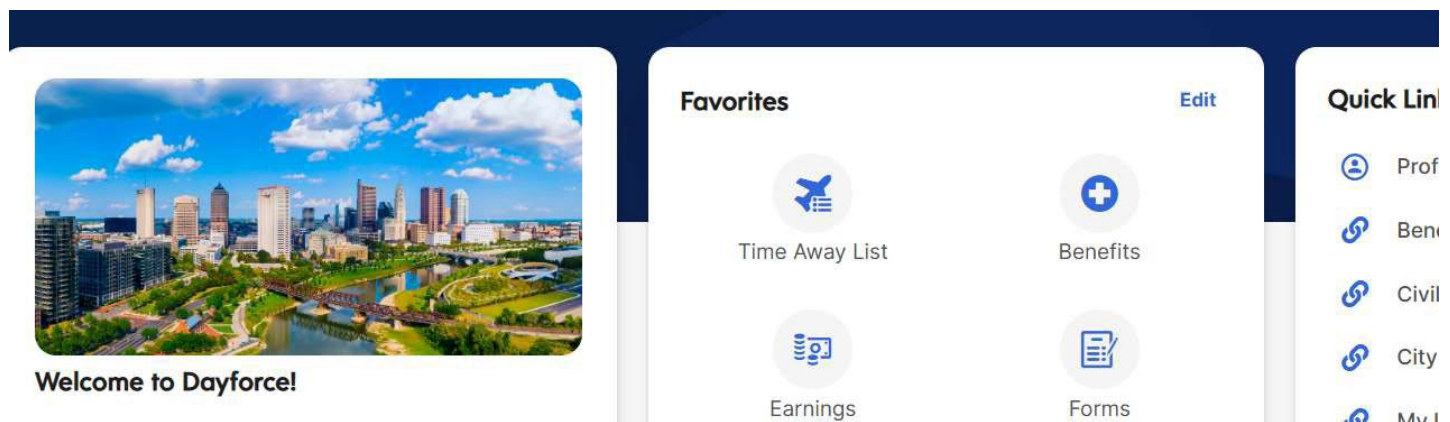


Life Enrollment Guide

How to Submit a Life Event Enrollment in Dayforce

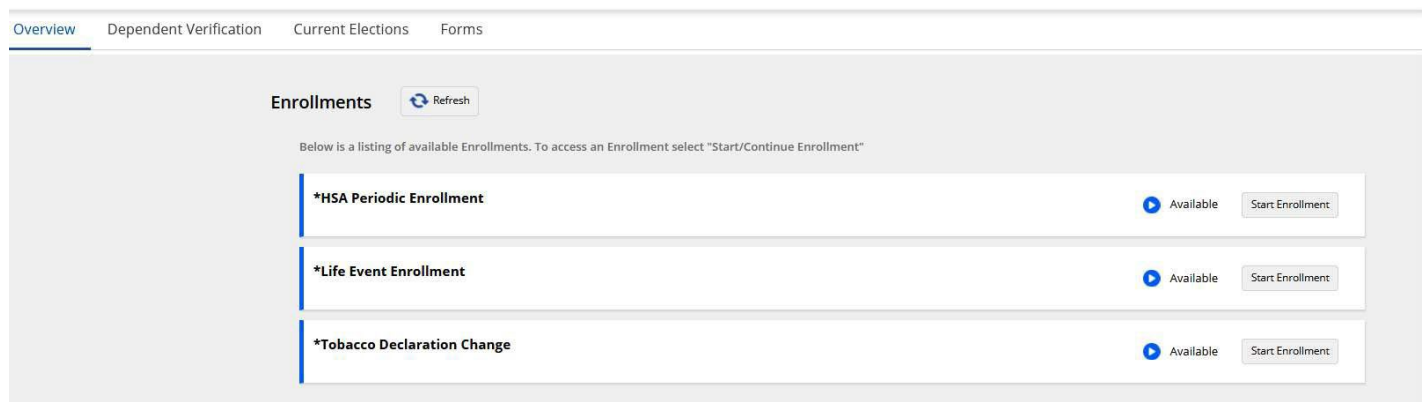
STEP 1

Enter Dayforce with your login credentials. Once logged into Dayforce, you will want to select the **Benefits** icon in the top menu bar.



STEP 2

It will then take you to the **Benefit** page **Overview** tab where it lists all active enrollments. To start the enrollment, you will click the **Start Enrollment** button under the **Life Event Enrollment** line.



STEP 3

Read and review the information on the instruction page. When ready, select **Start** at the bottom of the page.

*Life Event Enrollment

Introduction



Life Event Enrollment

If you are requesting coverage for a dependent (spouse, domestic partner, or eligible child), the dependent's eligibility must be verified before coverage will be approved. To verify a dependent's eligibility, submit the applicable required documents (see dependent types and required documents below).

The required documents must be uploaded to Dayforce within the specified period, customarily 30 days from the event date. See below:

New Hire: Within 30 days of your date of hire

Qualified Life Event, i.e., marriage, birth, etc.: Within 30 days of the date of the life event

Open Enrollment: No later than the end of the Open Enrollment period

If the required documents are not provided within this timeframe, coverage will not be approved, and the next opportunity to enroll your dependents will be at the next annual Open Enrollment.

Once you have an approved life event, your dependent(s) coverage will become effective in Dayforce and the City will inform the vendors of the update. If you have questions about the vendor updates or coverage identification cards, please contact the Employee Benefits and Wellness Office at 614-645-8624 or EmployeeBenefitsandWellness@columbus.gov.

-You understand that your compensation reported for tax purposes will be reduced in an amount equal to the rate of contribution for Group Health Plan as set by the City's Employee Benefits and Wellness Programs or Collective Bargaining Agreements.

-You understand if you have self-identified as a tobacco user, you will be charged an extra \$25 the 1st paycheck of the month for the Group's Health and Benefits Plan provisions. If you complete the tobacco cessation program (or the reasonable alternative) the surcharge will be removed from your contributions on the first of the month after the employee amends their Tobacco User status in Dayforce. If the tobacco cessation program or reasonable alternative is completed within 6-months of the original effective date of coverage, all tobacco surcharge premiums will be refunded to the employee upon notification to the Employee Benefits and Wellness Office.

-You understand that the reduction amount will be automatically adjusted in the event of a change in the contribution rate and that your elections are irrevocable unless you experience a qualifying life event change. Employee Benefits and Wellness Office, Dayforce, and/or Human Resources must receive notification of such change within 30 days.

-You understand the value of the City's Group Health Plan coverage for a domestic partner and their dependent children (if any) is considered post-tax contribution on the 1st and 2nd paychecks of the month and that the value of the healthcare cost is imputed income and will be included as taxable wages on form W-2.

This form is an acknowledgement of the Compensation Reduction Agreement.

Cancel

Start

STEP 4

Select the qualifying life event from the **Type of Event** drop-down that applies to your life event. Enter the **Date of Event**. Upload supporting documents by selecting the **Add Document** button for your Life Event. Once all supporting documents are uploaded, select **Continue**.

*Life Event Enrollment

Event Details

To declare a life event, please specify the type of event and select the date of the event. Both fields are required. Please attach supporting documentation.

For information regarding documentation, click on the hyperlink <https://www.columbus.gov/Government/Departments/Human-Resources/Employee-Benefits>

Event Details

Type of Event*

Birth or Adoption

Date of Event*

4 / 1 /2025

Date of event should be within the past 30 days or any future date based on the type of event you have chosen.

Supporting Documents

Supporting documentation is required for the selected event type. Please add the documents before continuing.

+ Add Documents

Finish Later

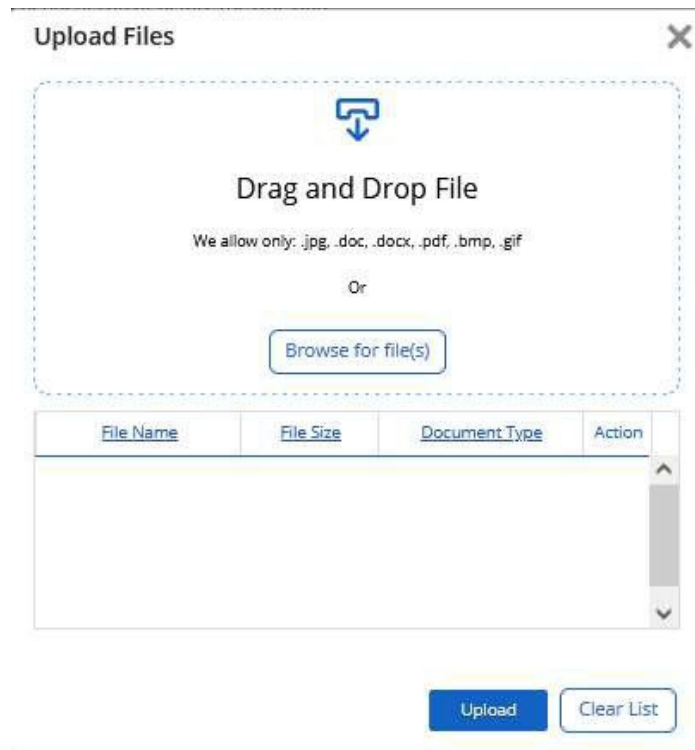
Back

Continue

STEP 5

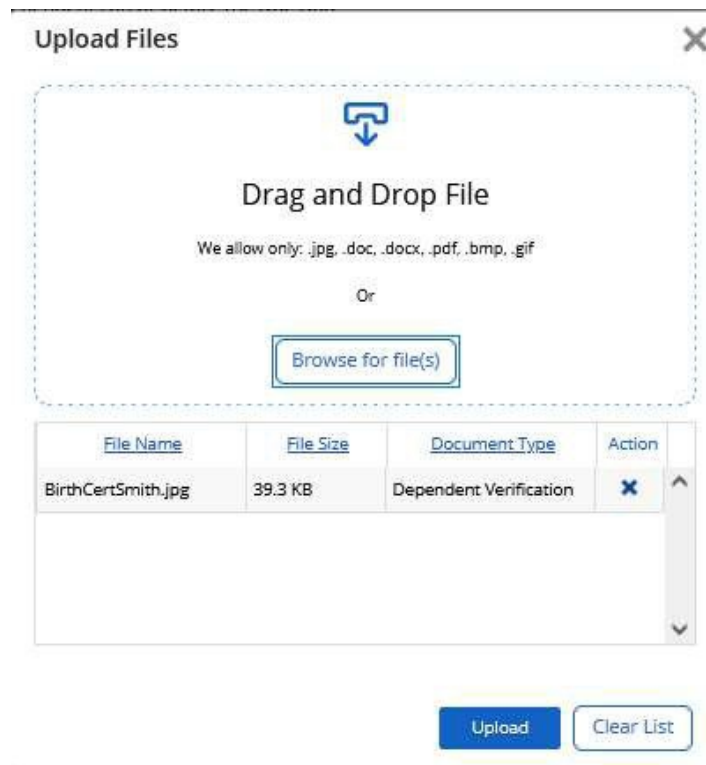
Select the **Browse for file(s)** button to select the document to upload. Please ensure you upload documents with the file type of .jpg, .doc, .docx, .pdf, .bmp, or .gif. Otherwise, the documents will not upload.

Repeat step 5 for multiple documents.



STEP 6

Once all document(s) are selected, click **Upload**.



STEP 7

Review Personal Information. Select **Continue**.

***Life Event Enrollment**

Personal Information

Please review your personal information. If you need to update your personal records, please click on home, then personal information.

Full Name Smith, John 123456
Birth Date 09/13/1990
Address 123 South Bend Drive Columbus, OH 43215

[Finish Later](#)

[Back](#)

[Continue](#)

STEP 8

Review dependent information. To add a new dependent, select the **Add button**.

***Life Event Enrollment**

Dependent Information

A dependent is a person who is eligible for coverage under the benefits you elect. Please add all dependents that should be covered under any of your benefit plans for the year.

Dependents

Jane Smith (Wife, 07/30/1990)

[+ Add Dependent](#)

[Finish Later](#)

[Back](#)

[Continue](#)

STEP 9

Fill out the dependent information. Be sure to fill out all required fields:

First Name, Last Name, Gender, Relationship, Birth Date, and Social Security Number.

Select **Continue** when done.

Repeat steps 6 and 7 to add multiple dependents.

Add Dependent ✕

First Name*

Middle Name

Last Name*

Gender* Relationship*

Date of Birth* SSN/SIN

Student

Disabled

Primary Address

Primary Residence

123 South Bend Drive
Columbus, OH 43215
USA

Other Address

Phone Number

[Cancel](#) [Continue](#)

STEP 10

Select the newly eligible dependent(s) by selecting the **checkmark** next to the name(s). Once all are selected, click **Continue**.

*Life Event Enrollment

Impacted Dependents

Select the newly eligible dependents due to the event: [Birth or Adoption]. If the effected dependents aren't displayed below please ensure they have been added in previous step.

Newly eligible dependents

- Jane Smith (Wife, 07/30/1990)
- Jack Smith (Child, 04/01/2025)

[Finish Later](#)

[Back](#)

[Continue](#)

STEP 11

To add/remove dependents on the plan, select **Change** in the top box.

***Life Event Enrollment**
Select One Bundle

Medical, Behavioral Health and Pharmacy are your Health programs. If an employee elects Health Programs, dental, vision and

... [Show More](#)

1 Covered Dependents

[Change](#)

Jane Smith

STEP 12

Checkmark the names you would like to include in the coverage. **Uncheck** the names you would like to remove from coverage. Click **Confirm** once all desired dependents are selected/deselected.

***Life Event Enrollment**
Select One Bundle

Medical, Behavioral Health and Pharmacy are your Health programs. If an employee elects Health Programs, dental, vision and

... [Show More](#)

Covered Dependents

Select the dependents who you would like to cover. You will then be able to select a plan option.

- No Dependents
- Jane Smith (Wife, 07/30/1990)
- Jack Smith (Child, 04/01/2025)

[Confirm](#)

STEP 13

Under the bottom half of the screen, **select** the desired plan option. The current plan you are enrolled in will have a *currently enrolled* marker on the plan option in the details. The dependents that will be covered under the plan will be listed in the top section of the page. Select **Continue** when done.

*Life Event Enrollment

Select One Bundle

Medical, Behavioral Health and Pharmacy are your Health programs. If an employee elects Health Programs, dental, vision and

... Show More

2 Covered Dependents

Jane Smith, Jack Smith

Change

Select a Plan

Employee & Family

<input checked="" type="radio"/> MCP FT Bundle Family Pre-Tax <hr/> 3. Medical/Rx MCP Full Time - Family Pre-Tax Effective from 4/1/2025 Your Cost \$270.85 Frequency 1st & 2nd Pays of Month <i>Currently Enrolled</i> Dental MCP Full Time - Family Pre-Tax Effective from 4/1/2025 Your Cost \$0.00 <i>Currently Enrolled</i> Vision MCP Full Time - Family Pre-Tax Effective from 4/1/2025 Your Cost \$0.00 <i>Currently Enrolled</i> <input checked="" type="checkbox"/> Selected	<input type="radio"/> MCP Full Time HDHP Bundle Family Pre-Tax <hr/> 3. Medical/Rx MCP Full Time HDHP - Family Pre-Tax Effective from 4/1/2025 Your Cost \$205.85 Frequency 1st & 2nd Pays of Month Dental MCP Full Time - Family Pre-Tax Effective from 4/1/2025 Your Cost \$0.00 <i>Currently Enrolled</i> Vision MCP Full Time - Family Pre-Tax Effective from 4/1/2025 Your Cost \$0.00 <i>Currently Enrolled</i> <input type="button" value="Select"/>	<input type="radio"/> Waive All Health <hr/> Your Estimated Bundle Cost \$0.00 <hr/> Waive Medical/Rx Effective from 4/1/2025 Waive Dental Effective from 4/1/2025 Waive Vision Effective from 4/1/2025 Your Cost \$0.00 <input type="button" value="Select"/>
---	---	--

Finish Later

Back

Continue

STEP 14

If populated, **select** your applicable Tobacco Surcharge status. Click **Continue** when done.

*Life Event Enrollment

Tobacco Surcharge

You understand if you have self-identified as a tobacco user, you will be charged an extra \$25 the 1st paycheck of the month for the Group Health Program. If you successfully complete the tobacco cessation program (or the reasonable alternative) the surcharge will be removed

... Show More

Select a Plan

Employee Only

Tobacco Surcharge - No, I am not a tobacco user
Effective from 4/1/2025
Currently Enrolled

Select

Tobacco Surcharge - Yes, I am a tobacco user
Effective from 4/1/2025

Your Cost **\$25.00**
Frequency **First Pay Of Month**

Select

Finish Later

Back

Continue

STEP 15

Select your HSA account election. If enrolled in the PPO plan, your option will default to selecting waive. Click **Continue** when done.

*Life Event Enrollment

Health Care Savings Account (HSA)

When enrolling in the High Deductible Health Plan (HDHP), you may also consider enrollment in a Health Savings Account (HSA).

The Health Savings Account requires an HSA account to be opened at **CME Credit Union**. Please visit for additional details.

... Show More

Select a Plan

Waive Health Savings Account (HSA)
Effective from 4/1/2025
Currently Enrolled

Select this option to waive the coverage

Select

Finish Later

Back

Continue

STEP 16

Select and ensure EAP Plan option is selected. Select **Continue** when done.

*Life Event Enrollment

Employee Assistance Program (EAP)

Effective with your date of hire all employees and household dependents are eligible for services with the City of Columbus' EAP.

... Show More

Select a Plan

Employee Only

EAP Plan Option
Effective from 4/1/2025
Currently Enrolled

Your Cost \$0.00

Selected

Finish Later

Back

Continue

STEP 17

Select to make elections, ensure the Cancer Advocacy Plan is selected if populated. Select **Continue** when done.

*Life Event Enrollment

Cancer Advocacy Plan

For more information contact CancerBridge at: mycancerbridge.com or your union representative.

Select a Plan

Employee Only

Cancer Advocacy Plan Option - MCP
Effective from 4/1/2025
Currently Enrolled

Your Cost \$0.00

Selected

Finish Later

Back

Continue

STEP 18

Review to ensure all options for beneficiaries are listed. To add a new possible beneficiary that is not currently listed, select **Add Beneficiary**.

*Life Event Enrollment

Beneficiary Information

A beneficiary is a person who you designate to receive the benefits from your insurance/retirement plans. Please add any beneficiary who is not already specified as a dependent.

Dependents

Jane Smith (Wife, 07/30/1990)

Jack Smith (04/01/2025)

Additional Beneficiaries

Sarah Matthews (Sister, 02/22/1996)

Edit

Brad Matthews (Brother 10/12/1999)

Edit

+ Add Beneficiary

Finish Later

Back

Continue

STEP 19

Fill out the beneficiary information for the new beneficiary. Be sure to fill out all required fields: First Name, Last Name, and Relationship.

Select **Continue** when done.

Repeat steps 16 and 17 to add multiple beneficiaries.

Add Beneficiary



First Name*

Middle Name

Last Name*

Gender

Relationship*

Date of Birth

SSN/SIN

Primary Address

Primary Residence



123 South Bend Drive
Columbus, OH 43215
USA

Other Address

Add

Phone Number

Add

Cancel

Continue

STEP 20

Select to make elections for Life Insurance Plan. Select **Continue** when done.

*Life Event Enrollment

Life Insurance

Life Insurance can be purchased with or without the election of the City's Health Program. If an employee waives healthcare, there is an additional cost associated with the Group Life without health applied to your payroll contribution.

... [Show More](#)

Select a Plan

Basic Life - MCP Full Time

Effective from 4/1/2025
Currently Enrolled

Coverage \$122,000.00

Your Cost \$0.00

Select

Finish Later

Back

Continue

STEP 21

Make your Life Insurance beneficiary designation. Ensure all Primary beneficiaries add up to 100% and all Contingent beneficiaries add up to 100%. Select **Change** to make any adjustments to beneficiary percentages and elected beneficiaries. Check to add and uncheck to remove designations. Click **Confirm** to update. Select **Continue** when done.

Select a Plan

Basic Life - MCP Full Time
Effective from 4/1/2025
Currently Enrolled

Coverage \$122,000.00

Your Cost \$0.00

Selected

Beneficiary Designation : Basic Life - MCP Full Time

Primary Beneficiaries Change

Jane Smith (100%)

Contingent Beneficiaries Change

Sarah Matthews (50%), Brad Matthews (50%)

Finish Later

Back

Continue

Beneficiary Designation : Basic Life - MCP Full Time

Primary Beneficiaries

A primary beneficiary is the first person (or persons) entitled to receive the benefits from your insurance policy.

Jane Smith (Wife, 7/30/1990) Allocation: %

Jack Smith (Child, 4/1/2025)

Remaining Allocation : 0 % Confirm

Contingent Beneficiaries Change

Sarah Matthews (50%), Brad Matthews (50%)

Finish Later

Back

Continue

Beneficiary Designation : Basic Life - MCP Full Time

Primary Beneficiaries

[Change](#)

Contingent Beneficiaries

A contingent beneficiary is the person (or persons) who receives the benefits from your insurance policy when the primary beneficiary cannot claim it.

- Sarah Matthews (Sister, 02/22/1996) Allocation: %
- Brad Matthews (Brother, 10/12/1999) Allocation: %
- Jack Smith (Child, 04/01/2025)

Remaining Allocation : 0 %

[Confirm](#)[Finish Later](#)[Back](#)[Continue](#)

STEP 22

Select to make elections, ensure the STD Plan is selected if populated. Select **Continue** when done.

*Life Event Enrollment

Short-Term Disability

The City of Columbus provides Full Time employees with short term disability insurance (STD).

... Show More

Select a Plan

STD - MCP
Effective from 4/1/2025
Auto Enrolled

Coverage	\$2,778.22
Your Cost	\$0.00

Selected

[Finish Later](#)[Back](#)[Continue](#)

STEP 23

Review elections and verify that the elections you have made match your intended enrollment. If you need to make a change, click **Back**. To submit your enrollment, click **Submit Enrollment**.

(HSA)	Effective from 4/1/2025 Your Annual Contribution: \$0.00	
Tobacco Surcharge	Tobacco Surcharge - No, I am not a tobacco user Effective from 4/1/2025	
Employee Assistance Program (EAP)	EAP Plan Option Effective from 4/1/2025	Your Cost: \$0.00
Cancer Advocacy Plan	Cancer Advocacy Plan Option - MCP Effective from 4/1/2025	Your Cost: \$0.00
Life Insurance	Basic Life - MCP Full Time Effective from 4/1/2025 Coverage Amount: \$122,000.00 Beneficiaries Brad Matthews (Brother) Contingent Beneficiary, Allocation: 50.00% Sarah Matthews (Sister) Contingent Beneficiary, Allocation: 50.00% Sarah Smith (Wife) Primary Beneficiary, Allocation: 100.00%	Your Cost: \$0.00 Employer Cost: \$8.50 1st & 2nd Pays of Month
Short-Term Disability	STD - MCP Effective from 4/1/2025 Your Coverage is preset at: \$2,778.22	Your Cost: \$0.00

[Finish Later](#) [Back](#) [Submit](#)

STEP 24

You have successfully submitted your Life Event Enrollment. You may print a copy of your elections by selecting **Print**.

If you have not added any newly eligible dependents to the plan, you have completed all steps for your Life Event Enrollment.

If you added any new eligible dependents to the coverage, click **View Details**, then click **OK** to go to the **Dependent Verification** section to Dayforce to complete the required steps for uploading dependent verification. This page will list all dependents that are pending required Dependent Verification.

***Life Event Enrollment**
Next Steps




Submitted!

Congratulations! Your enrollment has been submitted.

 [Print](#)

After leaving this page, you will no longer be able to see these next steps. Please print if you would like to retain a copy.

 **Dependent Verification Required**
You must submit documents in the Dependent Verification application to verify your covered dependents.
Jack Smith (Child, 04/01/2025)
[View details](#)

Your enrollment elections are now complete.

STEP 25

Select the **Upload Document** button to upload the required document(s) for the selected dependent listed under the In Progress section of the screen.

In Progress

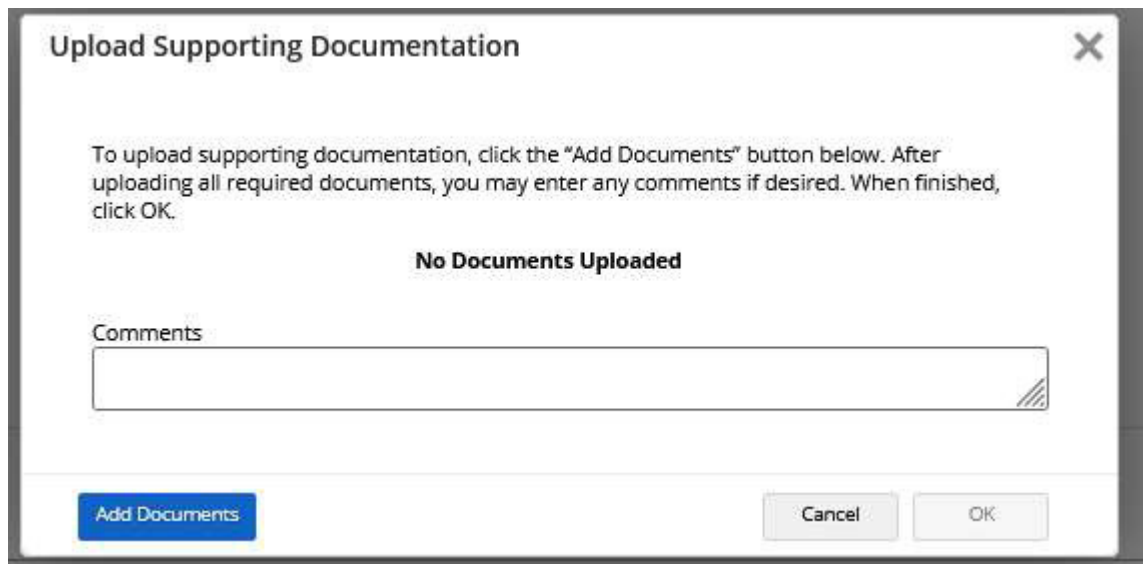
You have requested to cover one or more of your dependents within a benefit option.

Please submit the required supporting documentation for those dependents on or before the Due Date.

Name	Relationship	Status	Due Date	Documentation	Comments
▶ Jack Smith	Child	 Under Review	5/1/2025	Upload Document	

STEP 26

Select the **Add Document** button to upload the required document(s) for the selected dependent.



The screenshot shows a dialog box titled "Upload Supporting Documentation" with a close button (X) in the top right corner. The main text reads: "To upload supporting documentation, click the 'Add Documents' button below. After uploading all required documents, you may enter any comments if desired. When finished, click OK." Below this text, it says "No Documents Uploaded". There is a text input field labeled "Comments". At the bottom, there are three buttons: "Add Documents" (highlighted in blue), "Cancel", and "OK".

Please review the next page for the full list of acceptable dependent verification documents.

Definitions and Required Verification Documents List

SPOUSE AND DOMESTIC PARTNER		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>Legal spouse of a covered employee</p> <p>Does not include:</p> <ul style="list-style-type: none"> - Ex-spouse - <i>Legally</i> separated spouse 	<p>Marriage Certificate (court approved certificate or marriage abstract, not license) PLUS <u>one</u> of the following to show <u>current</u> joint tenancy:</p> <ul style="list-style-type: none"> - Proof of joint ownership of residence or other real estate; - Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property; - Joint ownership of a motor vehicle; - Designation of the spouse as a primary beneficiary of the covered employee's life insurance, or retirement benefits; - Utility bill listing both covered employee and spouse (or two separate utility bills at the same address,
Domestic Partner	<p>A qualified domestic partner:</p> <ul style="list-style-type: none"> - must share a permanent residence with the covered employee; - is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for at least six (6) months and intends to remain in the relationship indefinitely; - is not currently married to or legally separated from another person; - shares responsibility with the covered person for each other's common welfare; - is at least 18 years of age and mentally competent; - is not related to the covered employee by blood to a degree of closeness that would prohibit marriage; - is financially interdependent with the covered employee in accordance with the 	Affidavit of Domestic Partnership
		<p>PLUS</p> <p>Four (4) of the following documents to show financial interdependency: (one of the 4 documents must substantiate the 6 month history)</p> <ul style="list-style-type: none"> - Joint ownership of real estate property or joint tenancy on a residential lease; - Joint ownership of an automobile; - Joint bank or credit account; - Joint liabilities (e.g. credit cards or loans); - A will designating the domestic partner as primary beneficiary; - A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary; - A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.
DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Natural child	A natural (biological) child of the covered	Birth Certificate of child

(up to age 26)	<p>employee or domestic partner</p> <p>The domestic partner must be enrolled in order to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee or the employee has legal guardianship of the child.</p>	<p style="text-align: center;">OR</p> <p>If one of the OPTION above is not available (i.e., when adding a newborn), one (1) of the following:</p> <ul style="list-style-type: none"> - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective
Stepchild (up to age 26)	<p>A natural (biological) child of a covered employee's spouse, i.e. a stepchild of the covered employee</p>	<ul style="list-style-type: none"> - Birth Certificate of child <p>If submitting birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>
Child (up to age 26) for whom the employee, spouse or domestic partner is legal guardian.	<p>A child for whom legal guardianship has been awarded to the covered employee, spouse or domestic partner.</p> <p>The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e. the employee has legal custody of the child.</p>	<p>Court documents signed by a judge verifying legal custody of the child</p> <p>If submitting spouse's court documents of legal custody, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>
DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Adopted child (up to age 26)	<p>A legally adopted child of the covered employee, spouse or domestic partner, includes children placed in anticipation of a legal adoption</p> <p>The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee as well, or the employee has legal guardianship of the child.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Court documents for the adopted child from a court of competent jurisdiction</p> <p>OPTION 2: International adoption papers from country of adoption</p> <p>OPTION 3: Papers from the adoption agency showing intent to adopt</p> <p>If submitting spouse's court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>
Child (up to age 26) covered by a QMCSO	<p>A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Court documents signed by a judge</p> <p>OPTION 2: Medical support orders issued by a State agency</p>


DISABLED DEPENDENT		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Disabled Dependent, age 26 or older	A dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.	One of the required documents for the applicable dependent child definition type above. (See DEPENDENT CHILD section)
		PLUS
		Proof of Disability Beyond Limiting age Certification

STEP 27

Select the **Browse for file(s)** button to select the document to upload. Please ensure you upload documents with the file type of .jpg, .doc, .docx, .pdf, .bmp, or .gif. Otherwise, the documents will not upload.

Repeat step 5 for multiple documents.

Upload Files ✕


Drag and Drop File
We allow only: .jpg, .doc, .docx, .pdf, .bmp, .gif
Or
[Browse for file\(s\)](#)


File Name	File Size	Document Type	Action
-----------	-----------	---------------	--------

[Upload](#) [Clear List](#)

STEP 28

Once all document(s) are selected, click **Upload**.

Upload Files ✕


Drag and Drop File
We allow only: .jpg, .doc, .docx, .pdf, .bmp, .gif
Or
[Browse for file\(s\)](#)

File Name	File Size	Document Type	Action
BirthCertSmith.jpg	39.3 KB	Dependent Verification	✕

[Upload](#) [Clear List](#)

STEP 29

Review the documents selected. If you need to remove a document, click the **X** next to the document. Select the **Add Document** button to navigate back to uploading additional documents and repeat steps 4 through 6. You can add a comment in the comment box if desired. If all required documents are uploaded for this dependent, click the **OK** button.

Upload Supporting Documentation ✕

To upload supporting documentation, click the "Add Documents" button below. After uploading all required documents, you may enter any comments if desired. When finished, click OK.

BirthCertSmith.jpg ✕

Comments

Add Documents Cancel **OK**

STEP 30

Repeat steps 4 through 7 for all dependents listed. Once all documents have been uploaded, click the **Save** button to submit your documents for review.

In Progress

You have requested to cover one or more of your dependents within a benefit option.

Please submit the required supporting documentation for those dependents on or before the Due Date.

Name	Relationship	Status	Due Date	Documentation	Comments
▶ Jack Smith	Child	🔄 Under Review	5/1/2025	BirthCertSmith.jpg	

In Progress

You have requested to cover one or more of your dependents within a benefit option.

Please submit the required supporting documentation for those dependents on or before the Due Date.

STEP 31

You have successfully uploaded your Dependent verification documents. You will receive a notification in Dayforce if accepted. The next time you view the dependent verification tab, the dependent will be listed under the Completed section.

If you provide invalid documents, our office will reach out to you through the contact email(s) listed in Dayforce and provide information regarding what is needed and the next steps. Failure to provide the required dependent verification documents will result in the removal of the dependent from coverage.

Completed

You have requested to cover one or more of your dependents within a benefit option.

Please submit the required supporting documentation for those dependents on or before the Due Date.

Name	Relationship	Status
▶ Jack Smith	Child	✔ Approved