

Human Capital Services

## MAKING A MID-YEAR CHANGE/ADDING AND DROPPING DEPENDENT

Mid-year changes can be made in the event of the birth of a dependent, death of a dependent, a dependent enrolling in separate coverage, etc.

- Log into HRIS as you do to review your paycheck. https://hris.k-state.edu/
- Go to Employee Self Service.
- Click on Benefits.
- Click on Health Insurance Enrollment.
- You may need to re-enter your **eID** and **password** to login to the MAP Portal.
- Once you are in the MAP Portal, click on Mid-Year Benefit Changes.

dependent due to a change in coverage.

• Click on the "I have read and agree..."

• Click Continue.

• Click on Start a New Request.



The table to the right contains a list of all	Request Type	Request Date	Status	Actions
currently active change requests. These requests	quests No Active Requests			
been submitted on your behalf by your Hu Resources department.	man Dtart a New Request	<b></b>		
You may view, cancel and create Mid-Yea requests at any time, simply click 'Start a	r change New			
Aid-Year Benefit Change F	lequest			
> Mid-Hear Benefit Change > Cho	cee a Request Type			
Choose a Request Type				
Member Requests	Member Walve Coverage (Mci-Year)			
	HSA Mid-Year Change			
	O FSA (Health Care / Limited Scope) Mid-Y	lear Change		
	O FSA (Dependent Care) Mid-Year Change			
	<ul> <li>Communication Form</li> </ul>			
Dependent Requests	Newly Eligible Dependent			
	Add/Drop a Dependent due to a Change	in Coverage		
	O Death of Spouse or Dependent			
	Remove ineligible Dependent			
	I have read and some to the Liner Arrest	ment and Attestation		
	Continue			

• Select the dependent to be added or removed from your coverage. Detail your reasons for change in the **Request Note** field.

• Click on the radio button that applies to your situation. In this example, the employee needs to Add or Drop a

## Add/Drop a Dependent due to a Change in Coverage

Account Overview

Mid-Year Benefit Changes

Did the Dependent Gain or Lose 'Other Coverage'?	<ul> <li>Dependent has Gained Other Coverage, and Needs Removed</li> </ul>
	O Dependent has Lost Other Coverage, and Needs Added
	Contrue

- Click on Submit Request.
- Log out of the Member Portal.

Date Dependent(s) Gained Other Coverage	
Please select the Dependent(s) you wish to remove from benefits	Name
	Name
	Name
	Not seeing the dependent you wish to remove?
Request Note	Additional information
	Submit Request
	What have not as the first second of