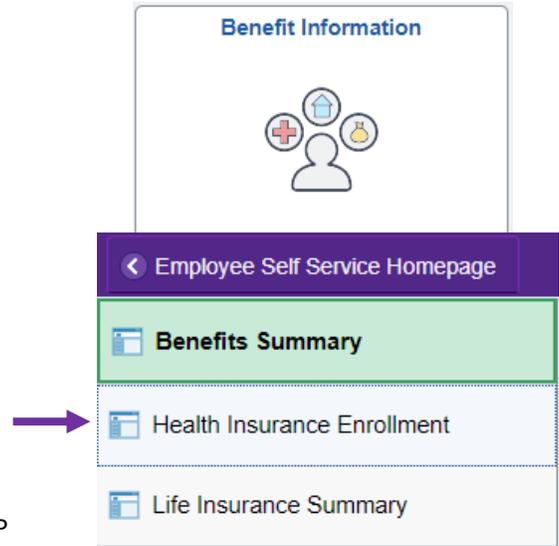


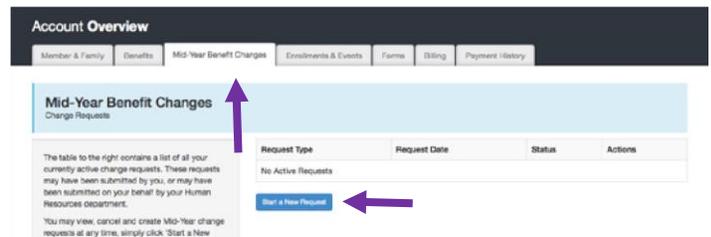
ADDING A DEPENDENT DUE TO LOSS IN OTHER COVERAGE

When a dependent loses other coverage, this qualifies as a life event and enables you to make a mid-year coverage change to some or all of your benefits, within 31 days of the loss of coverage.

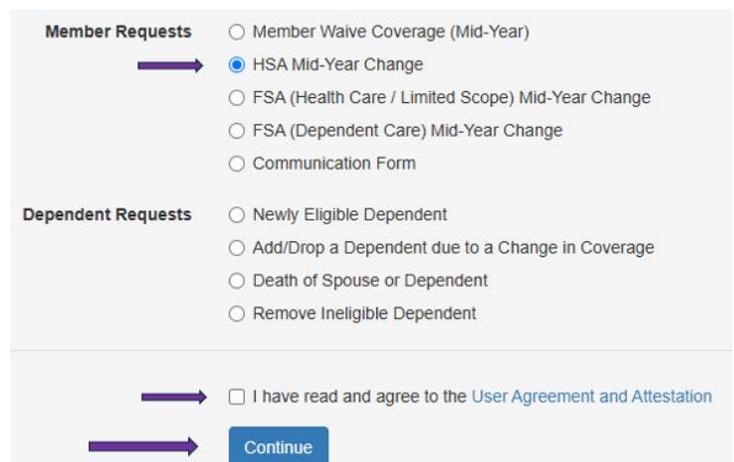
- Log into HRIS as you do to review your paycheck. <https://hris.k-state.edu/>
- Go to **Employee Self Service**.
- Click on **Benefit Information**.
- Click on **Health Insurance Enrollment**.
- You may need to re-enter your **eID** and **password** to login to the MAP portal.



- Once you are in the MAP Portal, click on **Mid-Year Benefit Changes**.
- Click on **Start a New Request**.



- Click on **HSA Mid-Year Change**
- Click on **"I have read and agree..."**.
- Click **Continue**.



- Select **Change Contribution Amount (No Specific Event)**
- Enter the **Date of Event** (Date you want change to be effective, can be any date, but changes will correspond to pay periods accordingly)
- **Annual Contribution** (total annual amount including employer contributions and HealthQuest rewards)
- **Per Paycheck Contribution** (new amount)
- **Request Note** is not optional. Enter reason for change such as 'increasing amount or decreasing amount.'
- Click **Submit Request**

HSA Mid-Year Change

Change Reason

- Add Dependent
- Drop Dependent
- Age 55 Catch Up Contribution
- Change Contribution Amount (No Specific Event)

Date of Event

Annual Contribution \$ 0.00

Per Paycheck Contribution \$ 0.00

Request Note Additional information

Submit Request

[What happens when I submit a request?](#)

- Enter the **date** the dependent(s) **lost** other coverage.
- Select whether the dependent is losing coverage with the SEHP.
- Select the dependent(s) you wish to add to your benefits.
- **Note: If you do not see the dependent you wish to add to coverage, you must first create that dependent using the 'Add Family Member' button found on your Account Overview screen.**
- Click **Submit Request**.

Add/Drop a Dependent due to a Change in Coverage

Date Dependent(s) Lost Other Coverage

Is the Dependent Losing Coverage with the SEHP

- Yes
- No

Please select the Dependent(s) you wish to add to benefits

- Medical - Kermit The Frog (Son)
- Vision - Kermit The Frog (Son)

[Not seeing the dependent you wish to add?](#)

Request Note Additional information

Submit Request

[What happens when I submit a request?](#)

- You will see pop-up box, identifying that your request has been submitted.
- Log out of the Member Portal

Success

Your request has been submitted

Close