1. To submit a request sign into your Member Portal here: <u>https://sso.cobraguard.net/seer_login.php</u>

2. Click on the Mid-Year Benefits Changes tab.

3. Click on the blue Start a New Request button.

Account Overview								
Member & Family Benefits Mid-Year Benefit Ch	nanges E	nrollments & Events	SEHP Vendors	Forms	Billing	Documents	Payment History	
Mid-Year Benefit Changes Change Requests								
The table to the right contains a list of all your	Reques	t Туре	Request Date	e		Status	Actions	
The table to the right contains a list of all your currently active change requests. These requests may have been submitted by you, or may have	Request No Activ	t Type e Requests	Request Date	e		Status	Actions	
The table to the right contains a list of all your currently active change requests. These requests may have been submitted by you, or may have been submitted on your behalf by your Human Resources department.	Request No Activ Start a No	t Type e Requests ew Request	Request Dat	e		Status	Actions	

4. Choose the appropriate FSA Mid-Year Change, review the User Agreement and Attestion and click the blue Continue button.

Choose a Request Type	
Member Requests	 Member Waive Coverage (Mid-Year) HSA Mid-Year Change FSA (Health Care / Limited Scope) Mid-Year Change FSA (Dependent Care) Mid-Year Change Communication Form

5. Click the Ineligible Dependent box for the change reason. Enter the date for the event as 1-1-2024, the annual contribution amount and the per paycheck contribution amount. Additional comments can be added in the Request Note box. Then click on the green Submit Request button.

FSA (Health Care / Limited Scope) Mid-Year Change

Change Reason	O Newly Eligible Dependent - Newborn				
	O Newly Eligible Dependent - Adoption				
	O Newly Eligible Dependent - Marriage				
	⊖ Divorce				
	○ Death of Spouse				
	○ Death of Dependent				
	O Dependent Gained Other Employment or Coverage				
	O Dependent Lost Other Employment or Coverage				
	Ineligible Dependent				
Data of Friend	04/04/0004				
Date of Event	01/01/2024				
Employee Annual Contribution	\$ 0.00				
	4 0.00				
Employee Per Paycheck Contribution	\$ 0.00				
Request Note	Additional information				
	Submit Request				