SPOUSAL COORDINATION OF BENEFITS SELF SERVICE GUIDE

(STATE OF DELAWARE PENSIONERS, PARTICIPATING GROUP EMPLOYEES, UNIVERSITY OF DELAWARE EMPLOYEES AND COBRA PARTICIPANTS)

Phone: 1-800-489-8933 • Email: benefits@delaware.gov • Website: de.gov/statewidebenefits

This guide provides step-by-step instructions to complete the online Spousal Coordination of Benefits Form for State of Delaware Pensioners, Participating Group Employees, University of Delaware Employees, and COBRA Participants. If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans, you **MUST** complete the online Spousal Coordination of Benefits (SCOB) Form upon initial enrollment, each year during Open Enrollment and anytime your spouse's employment or insurance status changes. **Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.**

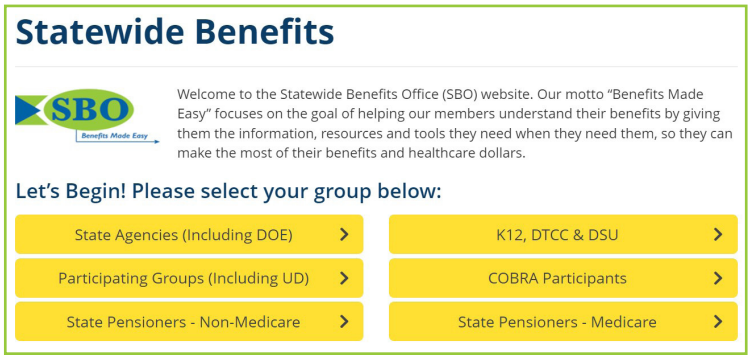
To complete the form, you will need:

- Your spouse's full name, birthdate, and Social Security number.
- Name of your spouse's employer or former employer and date of retirement if spouse is retired.
  - **If applicable and spouse is enrolled:** Your spouse's insurance information: carrier name, policy number, and effective date.
  - **If applicable and spouse is not enrolled:** The percentage of the premium of the lowest benefit employee only/retiree only plan your spouse would be required to pay (this includes any payments or credits provided by your spouse's employer toward premiums or purchase of medical coverage).
- Your valid email address (confirmation will be sent once you have successfully completed the form).
- Your State of Delaware Pension ID number (if you are a State of Delaware Pensioner).

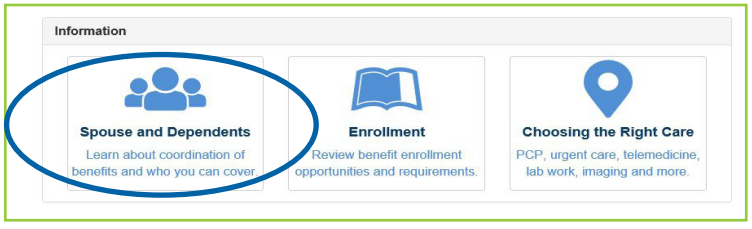
Access the Spousal Coordination of Benefits (SCOB) Form through the Statewide Benefits Office Website

Visit de.gov/statewidebenefits and

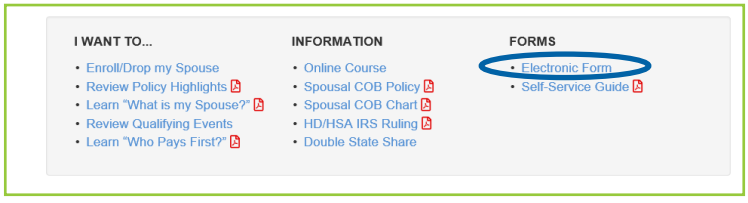
1. Select your **Group**.



2. Select **Spouse & Dependents**

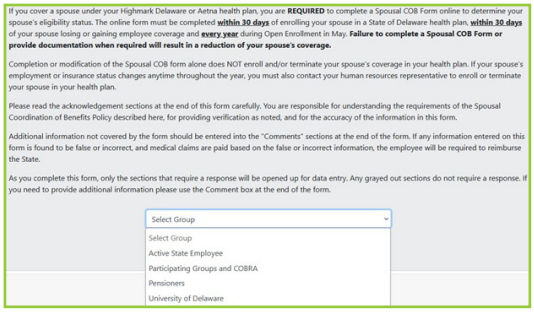


3. Under the header **Forms**, select **Electronic Form**.



4. **Read This First** for important information section and then open the **Select Group** drop down box at the bottom of the page.

   Select your group then select **Next**.

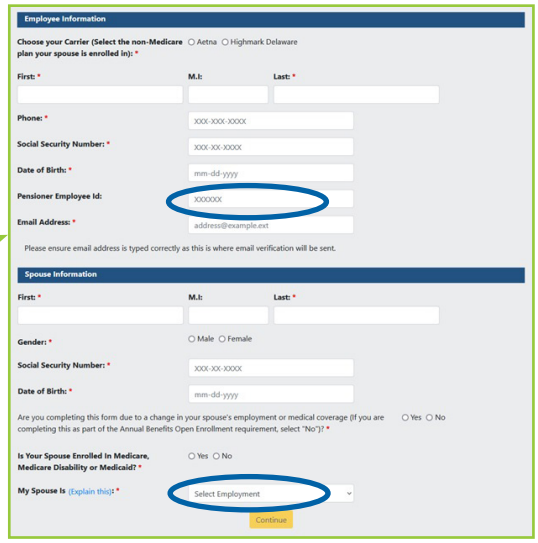


IMPORTANT:
If at any point during the online form process the web browser's navigation is used to **leave a page**, a warning message will appear. By selecting **Leave this Page**, you will leave this site and **ALL** information entered will be **LOST**. The form will **NOT** be completed and will require that you complete a new form.

As you complete this form, only the sections that require a response will be opened up for data entry. All fields marked with a **red (*)** are required **in the format shown** to continue to the next screen. Any grayed out sections do not require a response. If you need to provide additional information please use the "Comments" box on each form.

Completing the SCOB Form

1. In the **Employee Information** section, select the non-Medicare health plan your Spouse is enrolled in, and fill in **YOUR** information (to identify you as the benefits holder).



IMPORTANT:
State of Delaware Pensioners MUST provide your State of Delaware Pension ID number in the appropriate field.

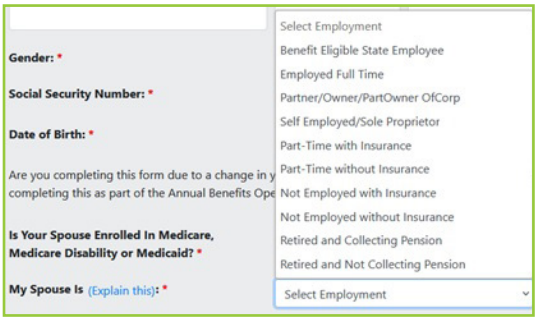
Your Pension Employee ID can be found on your pension pay advice and on the Open Enrollment Packet letter (top right corner) that you received in the mail.

2. In the **Spouse Information** section, select your Spouse's Employment Status from the **My Spouse Is** drop down box. The employment option selected will open up the required questions.

3. Select **Continue**.

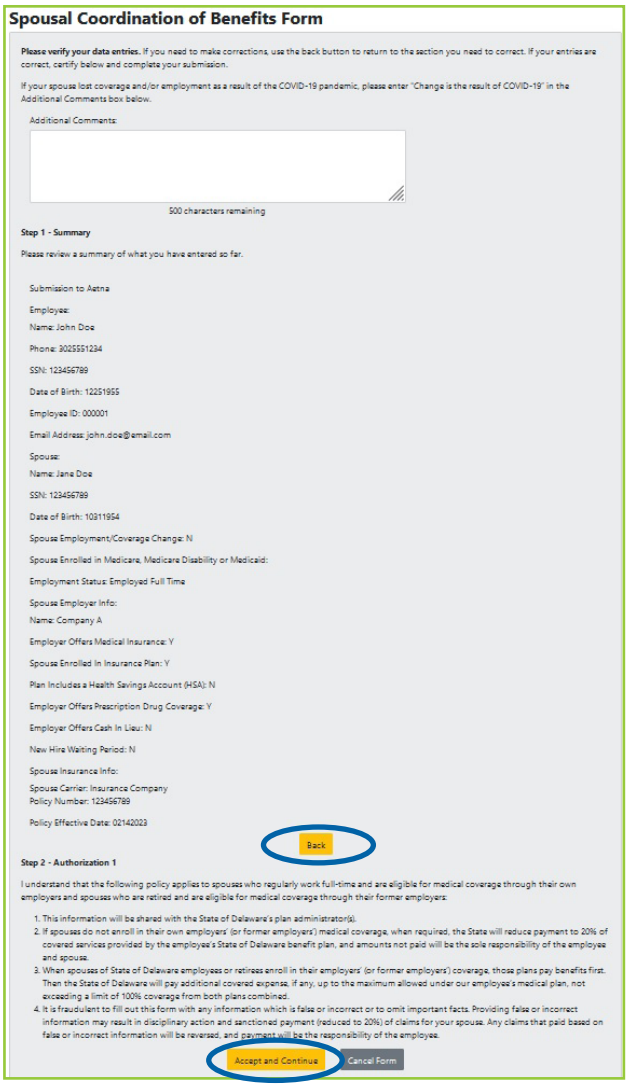
4. Complete the **Spouse's Employer** or **Spouse's Former Employer Information** section, as applicable. The Employer Name field only accepts letters, numbers and spaces. No special characters (apostrophe, comma, or symbols) can be entered.

5. Select **Continue**.



Verification and Authorization

1. **Step 1- Summary** - Review the information in this section to verify your data entry. If all the information is correct, scroll down the page to begin the **authorization process**.

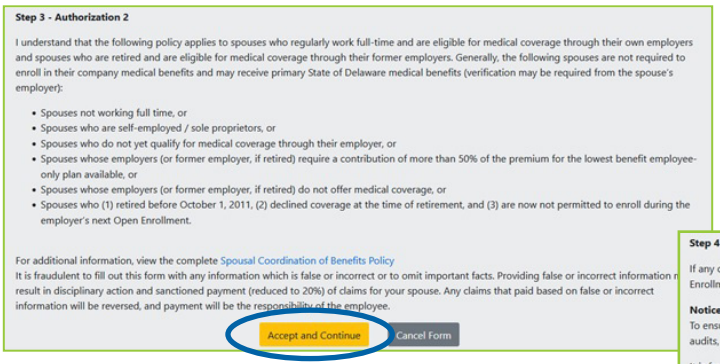


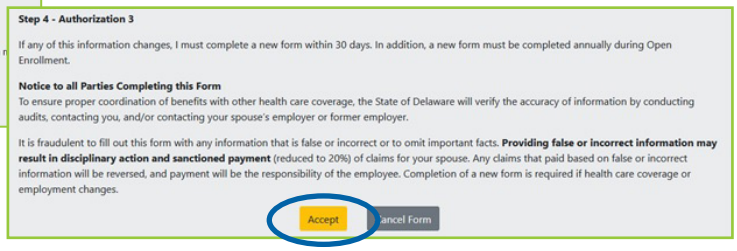
IMPORTANT: If you need to make changes to the information that you entered before beginning the authorization process, use the yellow **Back** button. **DO NOT** use the web browser navigation to return to a page, otherwise **ALL** information will be **LOST**, and your SCOB form will **NOT** be completed.

Selecting the **Cancel Form** button will also delete all of your data entry, and you will need to start over.

2. **Steps 2, 3 and 4 - Authorizations**
   - Please read each authorization.
   - Select **Accept and Continue** for Authorizations 1 and 2, and **Accept** for Authorization 3.

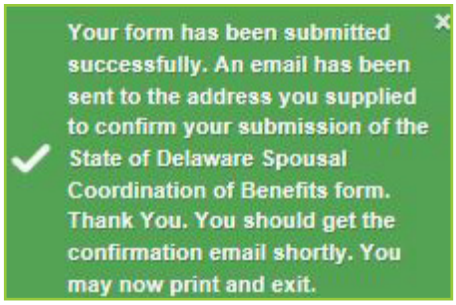
Accepting each authorization certifies you have read and understand all information included in the authorization section.



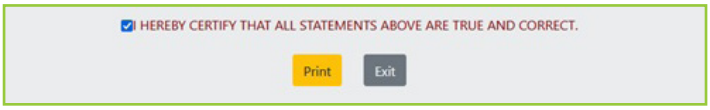


3. After accepting all three (3) authorizations, you will be asked to certify all statements by placing a check mark in the boxes on the form. Then click **Accept and Submit**.

4. A message will appear on the screen to confirm your SCOB form has been submitted successfully.
   - An email confirmation will be sent to the email address you supplied on the form.



5. You have the option to **Print** a summary for your records.



6. Select **Exit** to sign out.