![ADP]	# Submitting Benefits Documents

How to submit documents supporting dependent verification, qualifying life events, or statement of health.

Access MyADP
### From web browser on computer/mobile device

1. Visit https://my.adp.com from a web browser on your computer or mobile device. **You cannot declare a life event from the MyADP Mobile App at this time.**
2. Login using your MyADP Username and Password.
   a. **Users prior to Aug 2017** should have a username of the first initial of your first name and all or part of your last name before @LAITRAM. (Ex: jsmith@LAITRAM; mpoppins@LAITRAM) **Users after Aug 2017** are not required to use this format.
3. New users must register for MyADP using instructions in the **Payroll** section of the Laitram intranet.

Submitting Benefits Documents

1. Login to MyADP and click on the **Benefits** tab.
2. Select **Submit Benefits Documents** in the **Benefits Links** tile. There will be a pop-up indicating that you are going to a different site – click **Continue**.
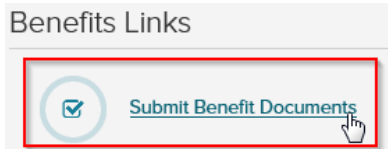

3. The new site should indicate **My Documents** at the top, which your name and job title just below.
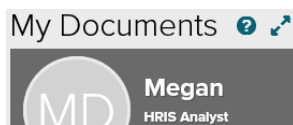
4. Drag and drop files to the indicated portion of the screen or click **Upload** at the top right to upload documents.
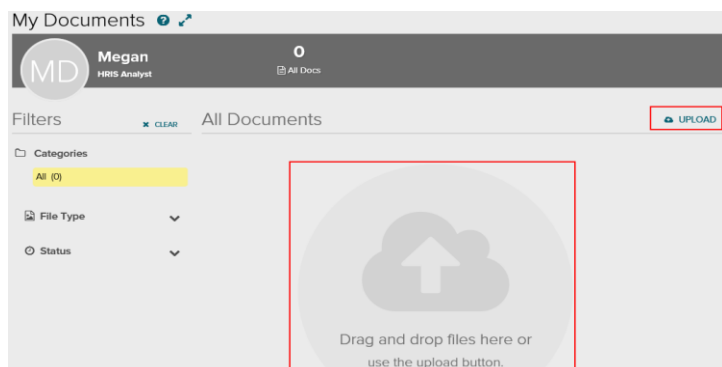
5. When you have uploaded a document, you will be asked to update the document properties by:
   a. Naming your document
   b. Selecting the correct category
      i. Dependent Verification
      ii. Evidence of Insurability
   c. Providing an Effective Date
      i. This is the date of the event (e.g. date of birth, marriage, date coverage was lost)
   d. Click **Save** when complete
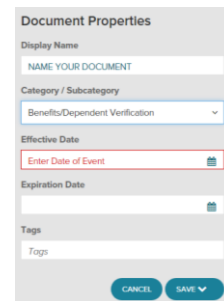
Pending Elections
Dependent/Life Event Verification Required

You will need to provide documentation verifying the eligibility of your dependent and your qualifying event.

1. Read the Qualifying Life Event directions in your online enrollment carefully. They will provide clear information about what type of documentation may be required.
2. Documentation must be submitted within 30 days of the Event Date.
3. Your benefit changes will **NOT** become effective until supporting documentation is received. If appropriate documentation is not received within 30 days from the date of your life event, your benefit changes will not be approved.

Evidence of Insurability/Statement of Health Required

Optional Life Insurance benefits may require completion of a Statement of Health (also known as Evidence of Insurability) if you are selecting Optional Employee or Spouse Life coverage over a designated amount, or adding or increasing your coverage at any time other than your initial benefits enrollment.

Event	Document Type
Pended Dependents (New Hires/Newly Eligible)	
Spouse	• Marriage Certificate • Current Tax Return with Spouse Name Listed
Child	• Birth Certificate or Hospital Birth Letter with Name of Employee Listed • Adoption Certificate • Current Tax Return with Dependent Name Listed • Court Order Establishing Legal Guardianship
Pended Events (Qualifying Life Events)	
Birth of a Child	• Birth Certificate or Hospital Birth Letter with Name of Employee Listed
Adoption	• Final court judgement establishing adoption • Documentation from an accredited agency placing child in home for adoption
Establish Legal Guardianship	• Court Order Establishing Legal Guardianship
Marriage	• Marriage Certificate • Church/Religious Marriage Certificate
Divorce	• Finalized Divorce Decree (Filing Page Only)
Dependent Gains Eligibility	• Birth Certificate with Name of Employee Listed • Marriage Certificate (Step Children)

Dependent Gains Other Coverage	• Letter on company/organization letterhead indicating:
	  1. Reason Individual is gaining coverage
	  2. Date coverage is effective
	  3. Which benefits are effective (Medical/Dental)
	  4. Which dependents are covered

Dependent Loses Eligibility	• Finalized Divorce Decree (Filing Page Only) • Disillusion of legal guardianship

Dependent Loses Other Coverage	• Letter on company/organization letterhead indicating:
	  1. Reason individual is no longer eligible for coverage
	  2. Date coverage is terminated
	  3. Which benefits are ending (Medical/Dental)
	  4. Which dependents were covered
	• COBRA Notice

Employee Gains Other Coverage	• Letter on company/organization letterhead indicating: 1. Reason Individual is gaining coverage 2. Date coverage is effective 3. Which benefits are effective (Medical/Dental) 4. Which dependents are covered
Employee Loses Other Coverage	• Letter on company/organization letterhead indicating: 1. Reason individual is no longer eligible for coverage 2. Date coverage is terminated 3. Which benefits are ending (Medical/Dental) 4. Which dependents were covered • COBRA Notice
Gain of CHIPRA Coverage	• Letter from CHIP/Medicaid indicating effective date
Loss of CHIPRA Coverage	• Letter from CHIP/Medicaid indicating end date of coverage
Spouse Gains Other Coverage	• Letter on company/organization letterhead indicating: 1. Reason Individual is gaining coverage 2. Date coverage is effective 3. Which benefits are effective (Medical/Dental) 4. Which dependents are covered
Spouse Loses Other Coverage	• Letter on company/organization letterhead indicating: 1. Reason individual is no longer eligible for coverage 2. Date coverage is terminated 3. Which benefits are ending (Medical/Dental) 4. Which dependents were covered • COBRA Notice