This guide provides step-by-step instructions to complete the Spousal Coordination of Benefits Form for Active State of Delaware employees. 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).

**How to access Employee Self Service for the Spousal Coordination of Benefits (SCOB) Form**

Access Employee Self Service through my.delaware.gov. Once logged into my.delaware.gov, select the "Employee Self-Service" tile.

**Completing the Spousal Coordination of Benefits Form**

1. Select **Benefits**.
2. Select **Spousal Coordination of Benefit**.
3. Verify **Personal Contact Information** is up to date.
   - If yes, you will proceed to **Spousal Coordination of Benefit**.
   - If no, you will need to click “OK”, then click the Home screen icon located at the top right-hand corner of the page, then select the Personal Information tile. Here you may edit your Personal Contact Information. Then return to the SCOB Form by selecting the Home icon, and following steps 1 and 2 above.
4. Select **CREATE NEW FORM**.
Completing the Spousal Coordination of Benefits Form (continued)

5. **READ THIS FIRST - IMPORTANT INFORMATION** then select **NEXT**.

6. Review all information on the screen. Incorrect information must be updated in Employee Self Service or by contacting your Human Resource/Benefits Representative before completing this form.

7. Select your health plan carrier from the **Employee Carrier** drop down box.

8. Use the **My Spouse Is** drop down box to select the current employment status of your spouse. Select **Next**.

9. Enter the information in the data entry fields that appear.

**PLEASE NOTE:** Only the sections that require a response will open up for data entry. Any grayed out sections do not require a response. If you need to provide additional information, please use the appropriate “Comments” box.

Select **Next** to proceed through each section of the form.

10. If your spouse’s employer offers medical insurance and the spouse is enrolled, it is required to provide the spouse’s health insurance information.
Completing the Spousal Coordination of Benefits Form (continued)

11. Authorizations 1 and 2. Please read each authorization, then select **Accept and Continue**.

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

12. Authorization 3. Please read this authorization, then select **Accept & Submit**.

- If you select **Cancel**, your form will not be authorized or submitted to the carrier. You will be required to **Create a New Form**.

13. When the form is completed the message on the screen will say **ENTRY IS COMPLETE**.

- An email confirmation will be sent to the preferred email address in Personal Information.
- You will have the option to **View/Print Summary** to keep for your records.

14. Select **Exit** to sign out.
Completing the Spousal Coordination of Benefits Form (continued)

View Form History

1. Once you exit the form, you can view the form immediately following its completion.
2. Select the Home icon located at the top right-hand corner of the page.
3. Select Benefits.
4. Select Spousal Coordination of Benefits, then verify Personal Contact Information.
5. The screen will appear providing option to View Form History.
6. Select View Form History, to view a list of all your completed Spousal Coordination of Benefits forms by date.

<table>
<thead>
<tr>
<th>Click Here</th>
<th>Empl ID</th>
<th>Effective Date</th>
<th>Employee Carrier</th>
<th>Name</th>
<th>Spouse Name</th>
<th>Auth1</th>
<th>Auth2</th>
<th>Auth3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Click Here</td>
<td>466745</td>
<td>05/20/20XX</td>
<td>Highmark</td>
<td>State Employee</td>
<td>Employee Spouse</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>2 Click Here</td>
<td>465745</td>
<td>05/20/2018</td>
<td>Highmark</td>
<td>State Employee</td>
<td>Employee Spouse</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>3 Click Here</td>
<td>466745</td>
<td>01/01/2016</td>
<td>Highmark</td>
<td>State Employee</td>
<td>Employee Spouse</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

7. You may select each form to review. If information is incorrect, you will need to complete a new form by returning to the CREATE NEW FORM step. NOTE: “N” or N/A will display on the form summary for questions that did not require a response.

A form will only be considered completed if all three (3) authorizations are marked with "Y."