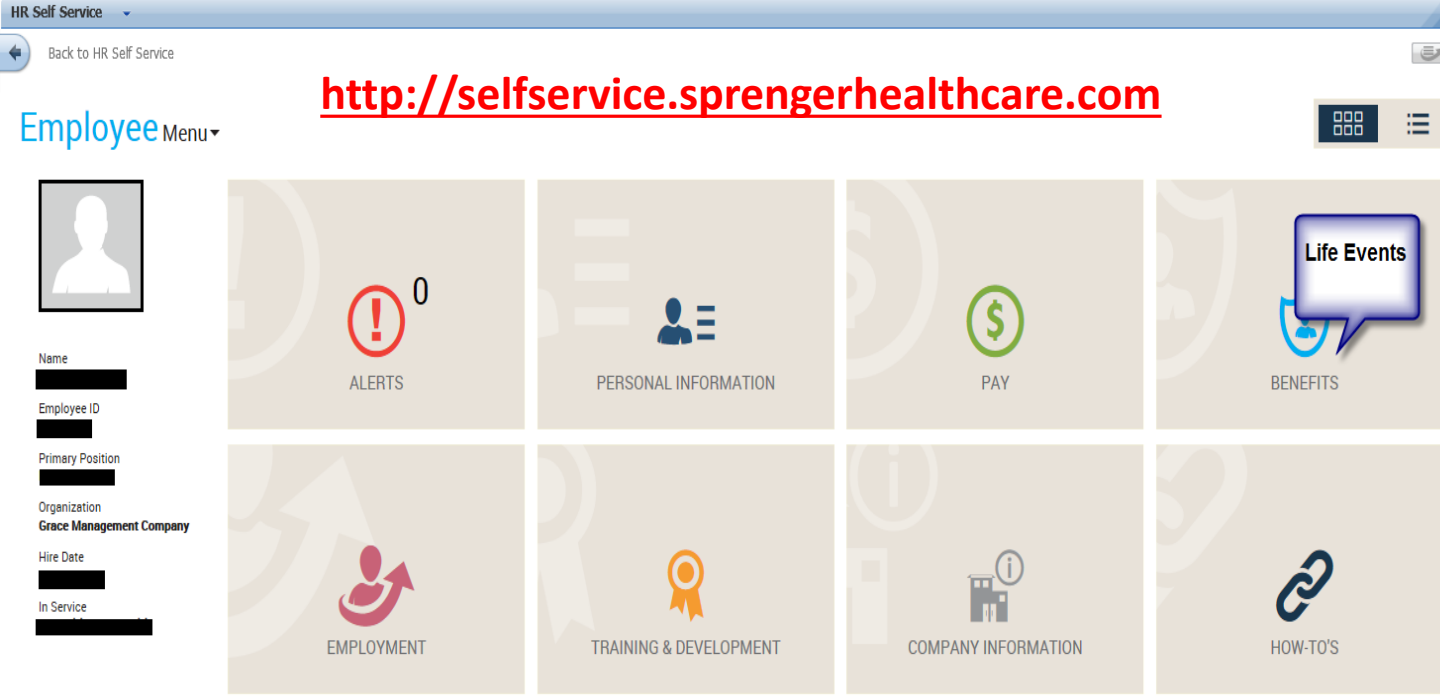


Once in your Employee Menu, go to the **BENEFITS** tab. Select **LIFE EVENTS.**

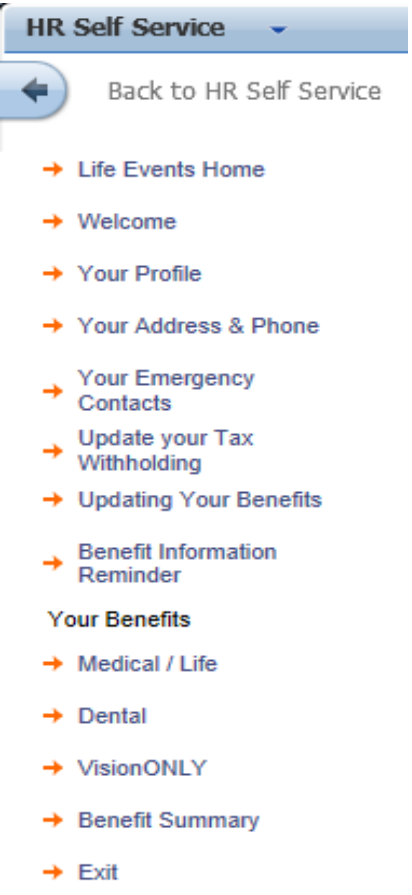
→ **Scheduled Hours Change**

→ **New Hire Enrollment**

Once in LIFE EVENTS, select "New hire Enrollment" if you are a new hire.

Select "Scheduled Hours Change" if you are not a new hire but are now eligible to enroll in Benefits.

Select "New Child" only if you are adding a newborn baby to your already active coverage.



Once you select your option you will see the screen to the left.

Select “Medical / Life”

MEDICAL / LIFE

What you can do?

- Change your enrollment
- Add or update your dependents
- Add or update your beneficiaries
- View plan details

Select the bubble on the left next to the plan you want. Then select the option you are enrolling in.

CURRENT ELECTIONS

Benefit	Plan	Election	Semi-Monthly Deduction
Medical	ACP - Medical,Rx	FAM NoTob W/Well	$140.00
Life	Group LIfe	None	$0.00

MEDICAL

Plan	Election	Semi-Monthly Deduction
◉ ACP - Medical,Rx	○ EO NoTob W/Well	$39.00
	○ EO NoTob W/O Well	$49.00
	○ EO Tob W/Well	$79.00
	○ EO Tob W/O Well	$89.00
	○ E+C1 NoTob W/Well	$67.00
	○ E+C1 NoTob W/O Well	$77.00
	○ E+C1 Tob W/Well	$107.00
	○ E+C1 Tob W/O Well	$117.00
	○ E+C2+ NoTob W/Well	$100.00
	○ E+C2+ NoTob W/O Well	$110.00
	○ E+C2+ Tob W/Well	$140.00
	○ E+C2+ Tob W/O Well	$150.00
	◉ FAM NoTob W/Well	$140.00
	○ FAM NoTob W/O Well	$150.00
	○ FAM Tob W/Well	$180.00
	○ FAM Tob W/O Well	$190.00
○ Aetna PPO 1 - Medical,Rx	○ EO NoTob W/Well	$151.00
	○ EO NoTob W/O Well	$161.00

Waive Medical

LIFE

Plan	Election	Semi-Monthly Deduction
○ Basic Life 50k		$0.00
◉ Group LIfe		$0.00

Waive Life

Add Dependent

Dependent	Relationship	Birth Date	SS#	Enroll	
Matthew Martin [redacted]	Spouse	[redacted]	[redacted]	☑ Medical	Edit
	Child	[redacted]		☑ Medical	Edit
	Child	[redacted]		☑ Medical	Edit

Add Beneficiary

Beneficiary	Relationship	SS#	Enroll	Percent	
Matthew Martin	Spouse	[redacted]	☑ Life	100 % Primary	Edit

Save & Continue

Select what Life Insurance option you want.

Select the ADD DEPENDENT tab and a pop up box will come up. Enter your dependents information. Once done, make sure you "check mark" the box to the right of your dependent. That will enroll the dependent.

Select the ADD BENEFICIARY tab and a pop up box will come up. Enter your Beneficiary's information. Once done, make sure you "check mark" the box on the right side of you beneficiary. You will also need to enter in the percentage amount.

DENTAL

What you can do?

- Change your enrollment
- Add or update your dependents
- View plan details

CURRENT ELECTIONS

Benefit	Plan	Election	Semi-Monthly Deduction
Dental	Dental	Family	$30.

Plan	Election	Semi-Monthly Deduction
◉ Dental	○ Employee Only	$16.
	◉ Family	$30.

Waive Dental

Add Dependent

Dependent	Relationship	Birth Date	SS#	Enroll	
Matthew Martin	Spouse	[redacted]	[redacted]	☑ Dental	Edit
[redacted]	[redacted]	[redacted]		☑ Dental	Edit
				☑ Dental	Edit

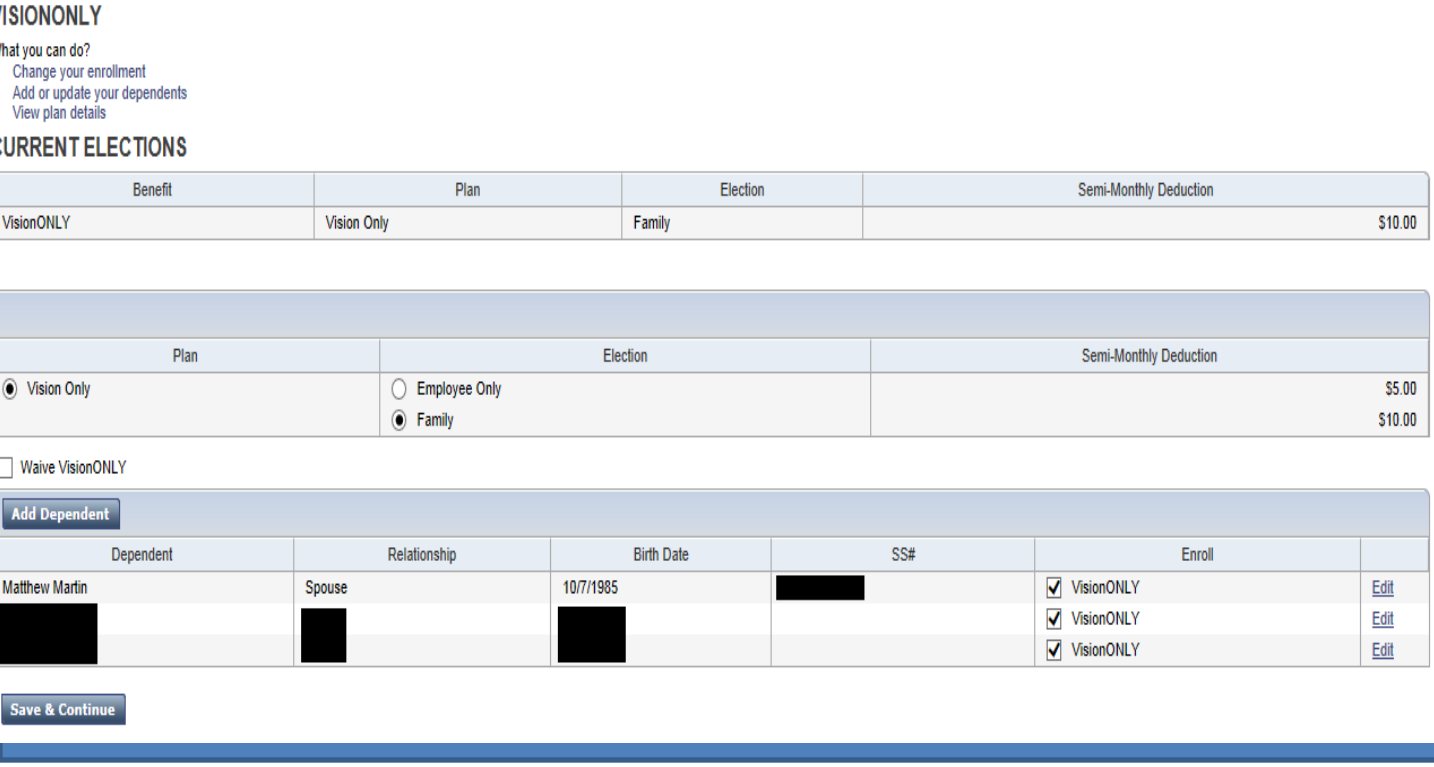
Save & Continue

Select Employee only or Family Dental by selecting appropriate bubble.

If enrolling in Family Dental make sure you "check mark" the box to the right of your dependent. That will enroll the dependent.

Select Employee only or Family Vision by selecting appropriate bubble.

If enrolling in Family Vision make sure you "check mark" the box to the right of your dependent. That will enroll the dependent.



ISIONONLY

hat you can do?

Change your enrollment
Add or update your dependents
View plan details

URRENT ELECTIONS

Benefit	Plan	Election	Semi-Monthly Deduction
VisionONLY	Vision Only	Family	$10.00

Plan	Election	Semi-Monthly Deduction
◉ Vision Only	○ Employee Only	$5.00
	◉ Family	$10.00

☐ Waive VisionONLY

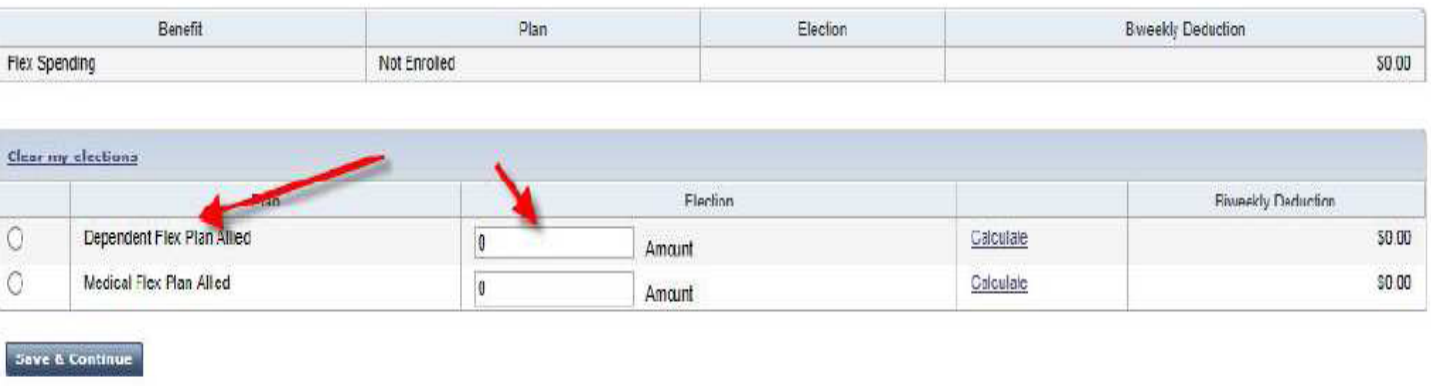
Add Dependent

Dependent	Relationship	Birth Date	SS#	Enroll	
Matthew Martin	Spouse	10/7/1985	[redacted]	☑ VisionONLY	Edit
[redacted]	[redacted]	[redacted]		☑ VisionONLY	Edit
				☑ VisionONLY	Edit

Save & Continue

If you would like Flex Spending Accounts then check mark the appropriate box, Enter the Yearly Amount you would like to contribute and click save and continue.

Dependent Flex – For Day Care Services Only

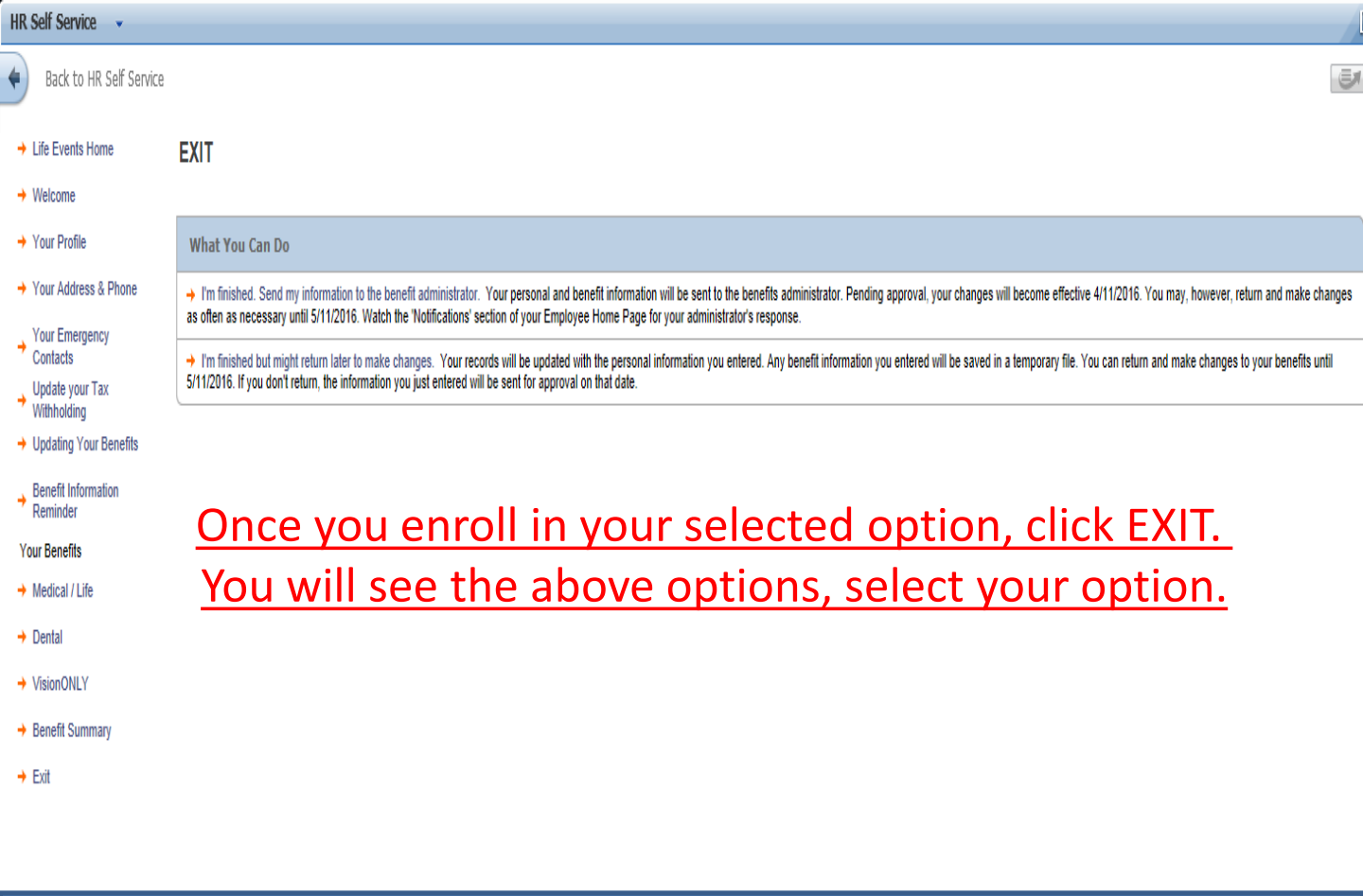


Benefit	Plan	Election	Bweekly Deduction
Flex Spending	Not Enrolled		$0.00

Clear my elections

	Plan	Election			Biweekly Deduction
○	Dependent Flex Plan Allied	0	Amount	Calculate	$0.00
○	Medical Flex Plan Allied	0	Amount	Calculate	$0.00

Save & Continue



Once you enroll in your selected option, click EXIT.
You will see the above options, select your option.

Once you have completed the enrollment process, you will receive an automatic e-mail letting you know if your selections have been Approved or Rejected. If Rejected, there will be an explanation on why it was rejected.

You will not be able to see your Approved Enrollment in self service until your Effective Date.

DON'T FORGET THAT YOUR BENEFITS WILL END ON 12/31. YOU HAVE TO PARTICIPATE IN OPEN ENROLLMENT EVERY YEAR IF YOU WANT COVERAGE FOR THE NEXT PLAN YEAR.