



# **Web Benefits Employee User Guide**

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# 1. Overview

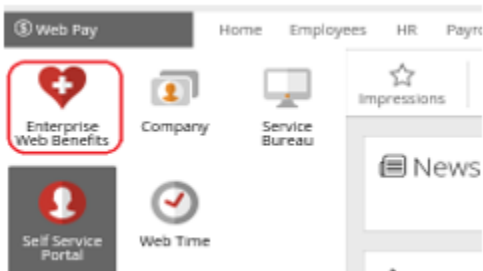
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You will be able to use the Web Benefits site to make your New Hire elections, view your current elections, make life event changes, update family and/or beneficiary information, access benefit materials (i.e. plan summary documents or forms), etc.

# 2. Accessing Web Benefits

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You will be able to access the Web Benefits site directly from the Web Pay Employee Self Service Portal, by clicking on the Applications tab and selecting Enterprise Web Benefits from the dropdown options. You will not need a separate user ID or password when accessing the site via the Employee Self Service Portal.

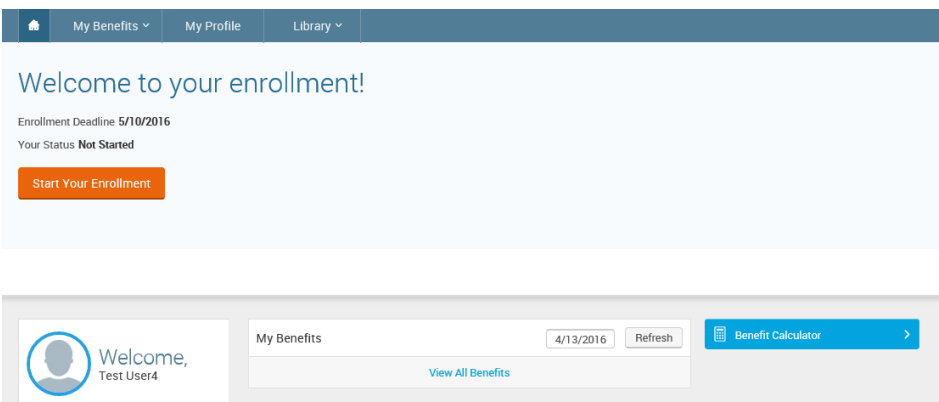


For successful navigation of the site, do not use the back button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located at the top of the screen.

# 3. Making Your Benefit Elections

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From the homepage, click on Start Your Enrollment. If you do not see the Start Your Enrollment button, please contact your HR department.



The enrollment process consists of the following four steps. You will be taken through each step to make changes or confirm your information on file and choose your benefits for the new plan year.

1. Employee (Personal Information)
2. Family (Family Information)
3. Enroll
4. Confirm

## VERIFY YOUR PERSONAL INFORMATION

Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.). If you need to make any changes, please do so in your Employee Self-Service Portal. All updates will reflect on this page within 24 hours. You can still move on with your enrollment. Verify that all information is accurate. When done, check I Agree at the bottom of the page and click Continue.

Any field that has an asterisk next to it is required.

### Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete any required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue.

#### Demographics

First Name	Enrollment
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## VERIFY YOUR FAMILY INFORMATION

Please add all dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click Add Dependents. When all of your family information is accurate, check I Agree and click Continue.

### Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependent. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue.

<b>Enrollment Test</b> Male Employee 41 years old (1/1/1975) SSN: 111-23-4567 <a href="#">Edit &gt;</a>	<b>Test spouse</b> Female Spouse 36 years old (1/1/1980) SSN: 111-23-4569 <a href="#">Edit &gt;</a>	 <a href="#">Add Dependents</a>
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## MAKING BENEFIT ELECTIONS

### Medical, Dental, and Vision Plans

To review all available plan options, click the View Plan Options link.

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

### Medical

NO PLAN SELECTED

[View Plan Options](#)

Before you are able to select a plan, select all dependents you wish to cover (the system will generate your coverage tier based on this) and click Continue. If you wish to add a new dependent at this time, click Add Dependents to direct to the family tab and add the dependent.

#### Who will be covered by this plan?

Enrollment Test  
Employee

Test spouse  
Spouse

+
Add Dependents

←
Back

Continue

From here, you can use the View All Plans Side-by-Side section to compare all available plans. Once you have chosen the plan you wish to enroll in, click Select to the corresponding plan.

[View All Plans Side-by-Side](#)

<p>UHC HDHP</p> <p>United Healthcare</p> <p><a href="#" style="color: #007bff; font-size: 0.8em;">View plan details</a></p>	<p>Your Cost per pay period:</p> <p><b>\$392.00</b> <span style="font-size: 0.8em;">▼</span></p> <p style="font-size: 0.7em;">Tier: Employee + Spouse</p> <div style="background-color: #e67e22; color: white; padding: 5px; text-align: center; margin-top: 10px;">Select</div>
<p>UHC PPO</p> <p>United Healthcare</p> <p><a href="#" style="color: #007bff; font-size: 0.8em;">View plan details</a></p>	<p>Your Cost per pay period:</p> <p><b>\$497.00</b> <span style="font-size: 0.8em;">▼</span></p> <p style="font-size: 0.7em;">Tier: Employee + Spouse</p> <div style="background-color: #e67e22; color: white; padding: 5px; text-align: center; margin-top: 10px;">Select</div>
<p>Waive Medical Plan</p> <p>Waive</p>	<p>Your Cost per pay period:</p> <p><b>\$0.00</b> <span style="font-size: 0.8em;">▼</span></p> <div style="background-color: #e67e22; color: white; padding: 5px; text-align: center; margin-top: 10px;">Waive</div>

After each election that you make, you will see a summary of your election.

## Medical

\$99.69   
Your Cost per pay period

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PLAN Cigna Silver Medical / Cigna / [View plan details](#)

COVERAGE Employee + Spouse/Domestic Partner

Test IC	Employee	✔ Cover
test spouse	Spouse/Domestic Partner	✔ Cover

✔ Completed

View Plan Options

### Health Savings Account

To elect the Health Savings Account and make a contribution, click View Plan Options to review any necessary information and then click Select. The amount you are eligible to contribute will be limited by any contribution that your employer makes. You can use the Calculate Cost button to see what the amount would break down to on a per-pay basis. When you are satisfied with your election, click Continue. Remember, you can only elect a Health Savings Account if you are enrolled in the HSA Medical Plan.

## Health Savings Account

NO PLAN SELECTED

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I don't want this benefit (waive)

View Plan Options

### Basic Employee Life and AD&D Plans

This is a benefit provided to you by your employer at no cost to you. You do not need to make an election here. You can use the View Information button to review any applicable plan information.

## Basic Employee Life

\$0.00   
Your Cost per pay period

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PLAN Basic Life / Prudential

COVERAGE \$165,000.00

✔ Completed

View Information

## Voluntary Life and AD&D Plans

To elect the Voluntary Employee, Spouse, or Child Life plans, select the View Plan Options button to view all plans offered. Once you have chosen the plan you wish to enroll in, click Select next to the corresponding plan. You will select your desired coverage amount from the dropdown. When you are satisfied with your election, click Continue.

Voluntary Employee Life and AD&D ✔ Selected

Guardian

[View plan details](#)

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**Coverage Amount:**

Guaranteed Coverage Amount: \$100,000.00

**COST SUMMARY (PER PAY PERIOD)**

Your Cost	\$18.48
Total Premium	\$18.48
Employer Contribution	\$0.00
Your Cost (Post-Tax)	\$18.48

[Continue](#)

## Voluntary Disability Plans

To elect the Voluntary STD plan, select the View Plan Options button. Once you have chosen the plan you wish to enroll in, click Select next to the corresponding plan. You will see a summary of your coverage. Once you are satisfied with your election, click Continue.

Long Term Disability (Pre-Tax) ✔ Selected

Guardian

[View plan details](#)

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**COST SUMMARY (PER PAY PERIOD)**

Your Cost	\$0.00
Total Premium	\$6.50
Employer Contribution	\$6.50
Your Cost (Pre-Tax)	\$0.00

[Continue](#)

## Flexible Spending Plans (Healthcare and Dependent Care)

To elect the Healthcare or Dependent Care Flexible Spending Account and make a contribution, click the View Plan Options to review any necessary information and then click Select. You can use the Calculate Cost button to see what the amount would break down to on a per-pay basis. When you are satisfied with your election, click Continue.

Limited Flex Spending Account 2016 ✔ Selected

Flexible Benefit Administrators

[View plan details](#)

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**Employee Contribution Amount:**

\$  annually

[Calculate Costs](#)

Minimum Annual Contribution Amount: \$1.00

Maximum Annual Contribution Amount: \$2,550.00

Remaining Pay Periods: 7

[Continue](#)

## Information-Only Plans

You will not be making elections into these plans here. They are meant solely to provide you with the information you need to make your enrollment elsewhere. To gather more information regarding enrolling into these plans, click View Information.

Once you have made all necessary elections, click Continue.

If you enrolled in a plan that requires beneficiary designation, you will be asked to do that now. Any dependents on file will be listed automatically as beneficiaries. Enter your designations. Your percentages must equal 100 percent. When complete, click Continue. If you would like to add another beneficiary, click Add Beneficiary.

### Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Test spouse (Spouse)	<input type="text"/> %
<b>Total: 0%</b> (must equal 100%)	

[+ Add New Beneficiary](#)

## Almost Finished!

You will now be on the final review page. Review all of your benefit elections and covered dependents. If you wish to make any changes, simply click on any one of the Edit Selection buttons. It will return you to the enrollment page.

### Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

\*Indicates changed benefits

Your Total Cost	<b>\$0.00</b> <small>Per Pay Period</small>
Your total cost (pending approval)	<b>\$269.00</b> <small>Per Pay Period</small>

### Medical\*

Your cost per pay period **\$206.00**

**⚠ This benefit election is pending until approved by HR Department**

**UHC HDHP** United Healthcare  
Coverage: **Employee + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage <span style="font-size: 0.8em;">i</span>
Test USER2	Employee	✔ Cover
Pettie O'Furniture	Spouse	✔ Cover

COST DETAILS PER PAY PERIOD

Total Premium	\$689.44
Employer Contribution	(\$483.44)
Your Cost (pre-tax)	\$206.00
Your Cost (post-tax)	



Once you have completed your review, check “I agree, and I’m finished with my enrollment” and “Complete Enrollment.” If you stop at any point before this step, your progress will be saved, but your enrollment is not complete.

### Once You’ve Reviewed All Your Selections:

#### Participation

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

**I agree, and I’m finished with my enrollment.**

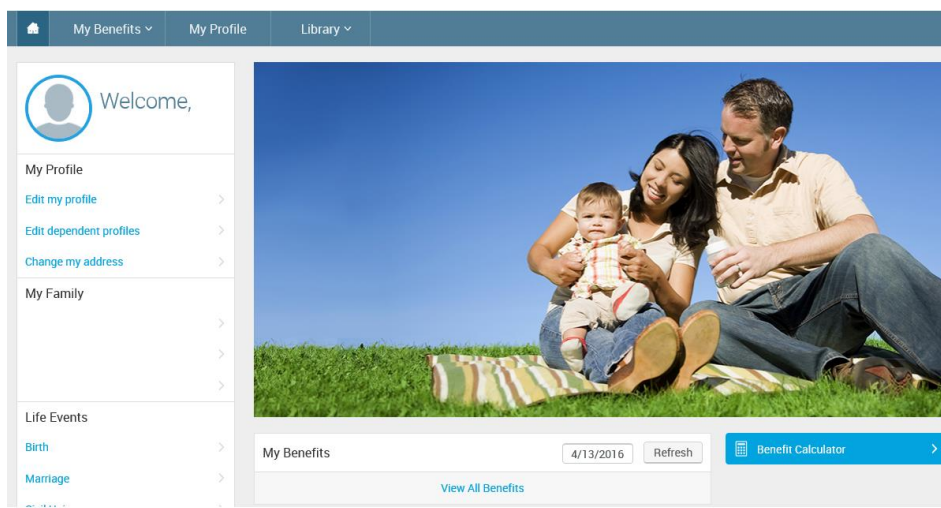
## DEADLINE & CONFIRMATION

You can send yourself an email confirmation of your elections or print it for your records. Click the printer icon on the right-hand side of the screen.

Note: Although the online benefits enrollment site is a secure site and your information is encrypted during transit, it is important that you log off when you have completed your session. Click the Log Off icon in the upper right-hand corner of the enrollment site to do so. For security purposes, the system will automatically log you out if you leave your system idle for more than 30 minutes.

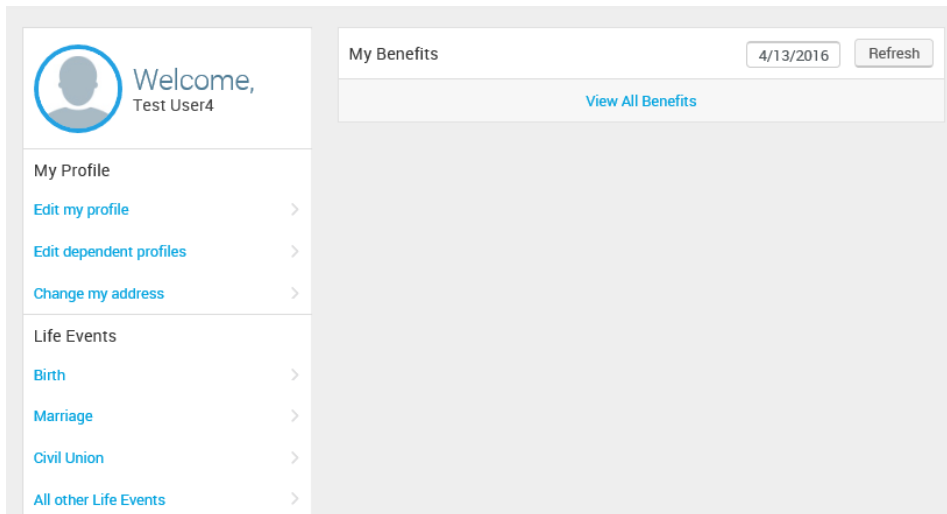
## 4. Viewing Your Current Benefits

To view a confirmation statement with all of your current benefits, click on View All Benefits. You will be given the option to print the confirmation statement or email it to yourself. Note: You will only be given the option to email yourself the confirmation statement if you have a work or personal email address on file.



## 5. Entering a Life Event

Go to the Life Events section of your homepage on the left side of the page. Click on the appropriate life event you have experienced from the list. You can also click on View Other Events to see additional available life event options. Note: If you still do not see the life event you are looking for, please contact your HR department.



Enter the date of the life event and click Save.

### STEP 2 Enter your life event information

#### Marriage

When did your life event take place?

Enter a date:

Add or remove dependents (based on your event). If you are adding a dependent, you must enter all required information. Once you are satisfied, click Save.

### Add Family Member

Dependent Information

\* First Name

Middle Initial

\* Last Name

\* Date of Birth

Social Security Number

\* Gender  Male  Female

Disabled  Yes  No

Tobacco user  Yes  No

\* Relationship

\* Fields are required

If you are deleting a dependent, check the box next to the appropriate dependent and click Continue.

### Update Family Member

Check the box next to the name of the family member you wish to update.

Remove	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Test User4	000-00-0009	Employee	1/24/1977	37	M	
<input type="checkbox"/>	spouse test4	111-22-3333	Spouse	1/1/1974	40	F	

Verify all information entered for your life event is accurate. If so, click “I agree that the above information is accurate” and hit Save.

On the homepage, click Start Your Enrollment to begin making necessary changes to your current benefits. Please refer to the Making Benefit Elections section.

## 6. Updating Dependent Information

To view or edit the demographic information of any existing family members or add a family member without making benefit election changes, click Edit Dependent Profiles.

Welcome, Test User4

My Benefits 4/13/2016

[View All Benefits](#)


My Profile

- [Edit my profile](#) >
- [Edit dependent profiles](#) >
- [Change my address](#) >

Here, you can view any family members that have already been added. To edit the information of an existing family member, click his/her name. To add a new family member, click Add Dependents. Once you are satisfied with all information entered, click Save.

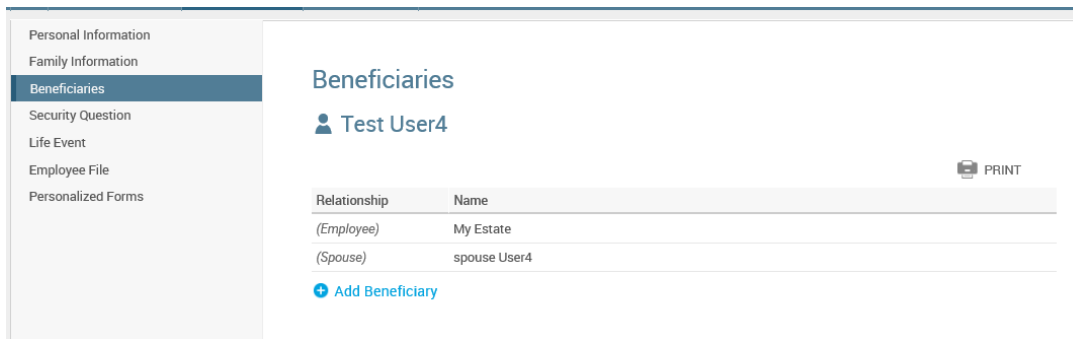
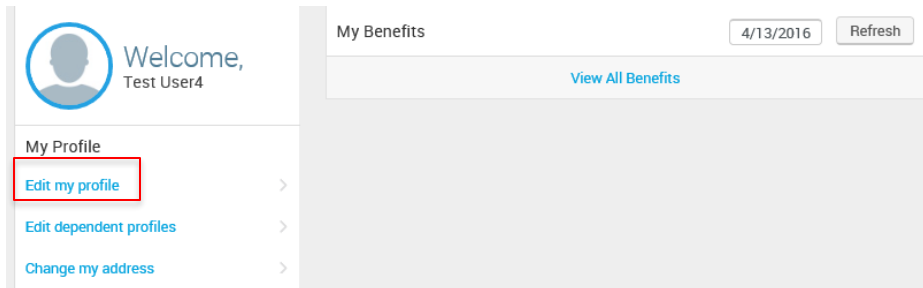
Note: Any field with an asterisk is a required field.

## Family Information

<p><b>Test User4</b></p> <p>Male Employee 41 years old (1/1/1975) SSN: 000-99-8888</p> <p><a href="#">Edit &gt;</a></p>	<p><b>spouse User4</b></p> <p>Female Spouse 41 years old (1/1/1975) SSN: 000-88-7777</p> <p><a href="#">Edit &gt;</a></p>	 <p><a href="#">Add Dependents</a></p>
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## 7. Updating Beneficiary Information

To view your current beneficiaries or update your beneficiary designations, click Edit My Profile and then Beneficiaries.



To add a new beneficiary, click Add Beneficiary.

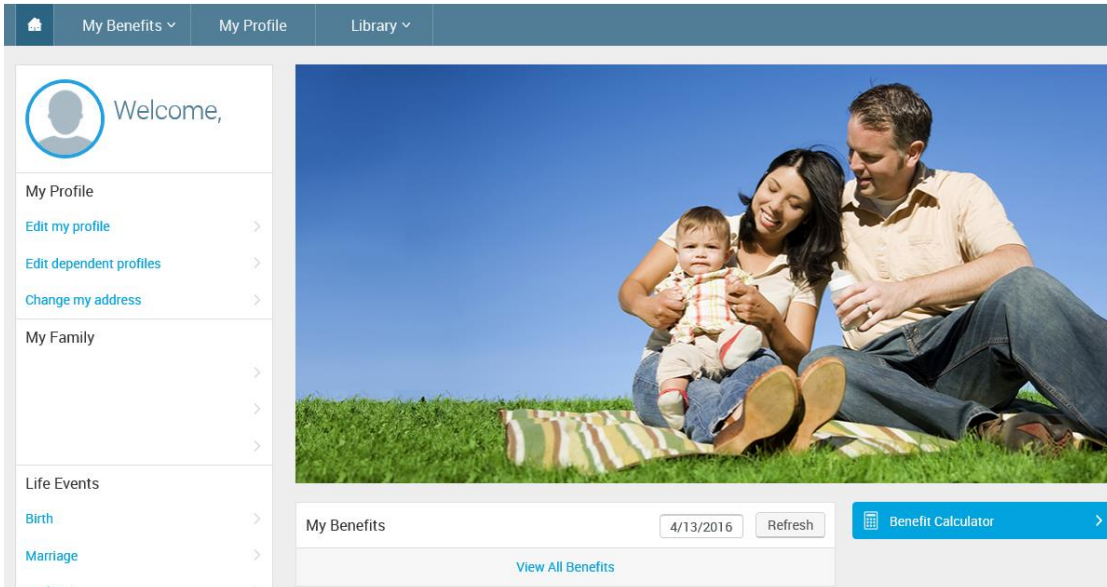
Fill out all required fields. When you are satisfied, click Save.

To change your beneficiary designation, enter the percentage you would like designated to your new primary or secondary beneficiaries. Once you are satisfied with the designation, click Save.

Note: If your employer also requires that you submit a paper beneficiary change form, you will need to complete and submit the paper form as well. This document can be obtained in the Library or from your HR department. Please refer to the Accessing Documents in the Library section.

## 8. Accessing Documents in the Library

The Library allows your employer to post documents you may need to reference outside of open enrollment. To access these documents, click Library and select Content in the dropdown.



Inside the Library are documents available to you. Click on the name of the document you would like to view. You will be given the option to save or open the document at the bottom of the page.

