Benefit Enrollment 14-15

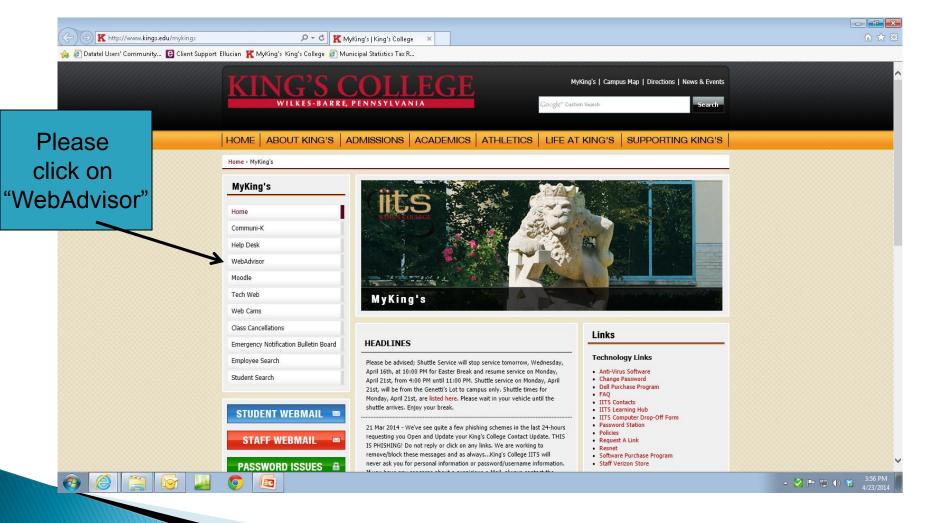
- This is a step-by-step guide to making your 2014-2015 Open Enrollment elections and defining your beneficiaries through Web Advisor.
- ▶ The entire process takes approx 5–10 minutes to complete.
- You will need the DOB, address, and SSN# for each new dependent/beneficiary you are enrolling. Make sure you have this information in front of you <u>BEFORE</u> you begin.

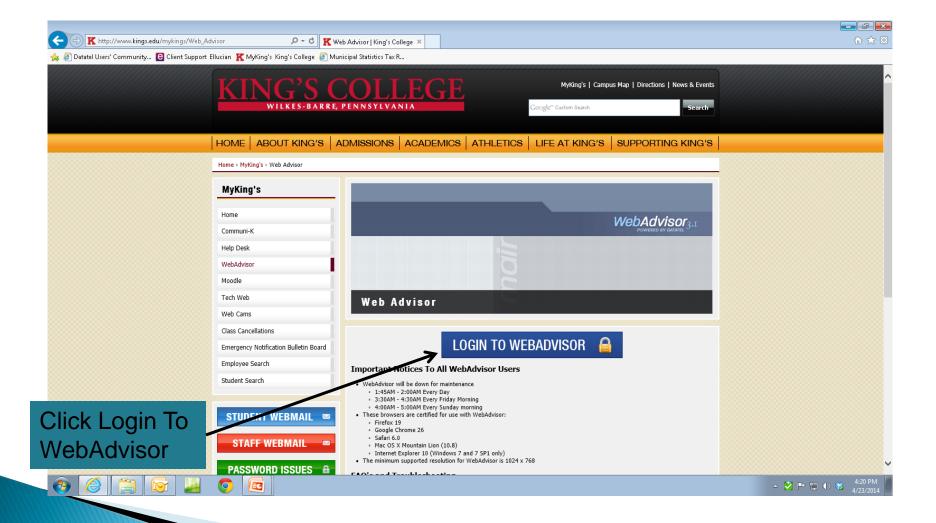
Instructions

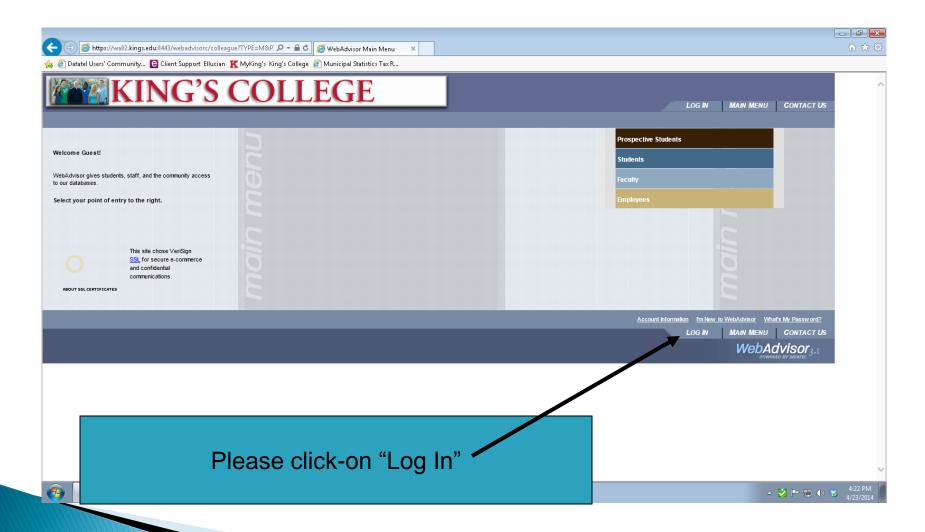
- All elections must be made by May 25, 2014. If the elections are not made you will default enroll in Employee VALUE Custom PPO and all elective benefits will be terminated.
- You need to either elect/update or opt out of every benefit. Do not skip any benefit option.
- If you do not wish to elect coverage or wish to cancel coverage for a specific benefit, you will click on "Opt Out".
- The rates for each benefit can be accessed by clicking on the blue text hyper-link for each benefit.

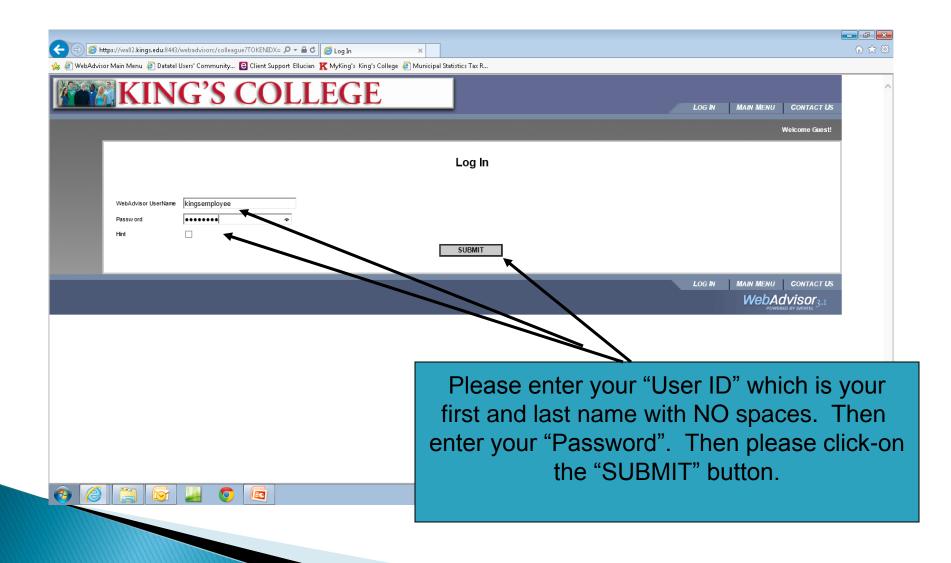
Employee Responsibilities

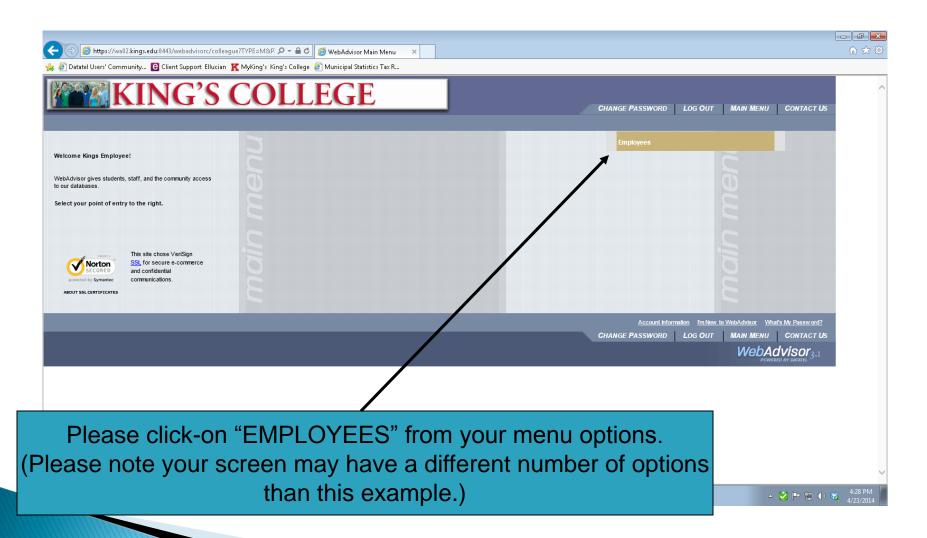
Any changes or new enrollments for a medical spending account, dependent care spending account, and/or additional life insurance will require additional forms. You can find these forms within the WebAdvisor Benefit Enrollment screens by clicking on the blue hyperlinked text or by accessing the Benefit portion of the Human Resources Website. These need to be in the HR office by May 27, 2014.



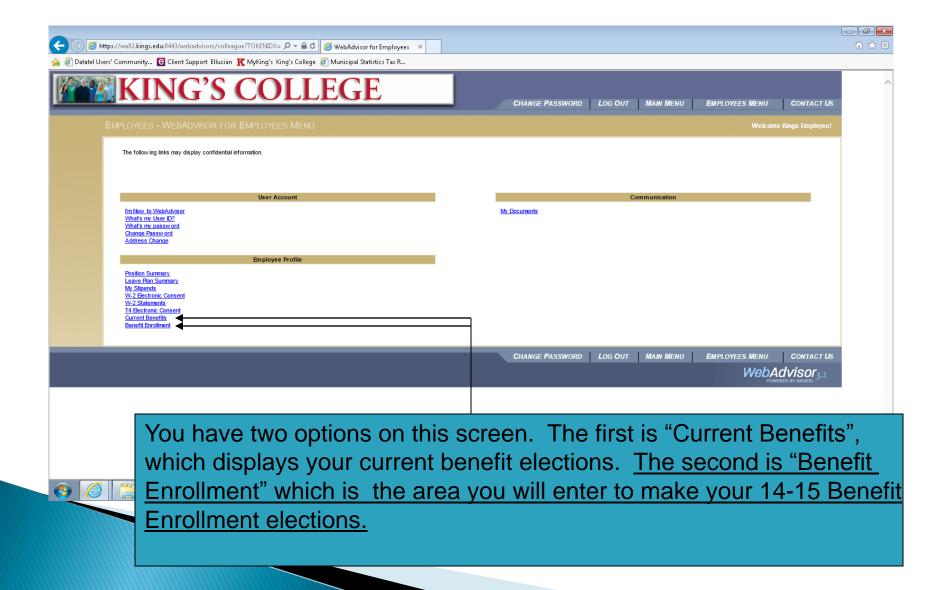




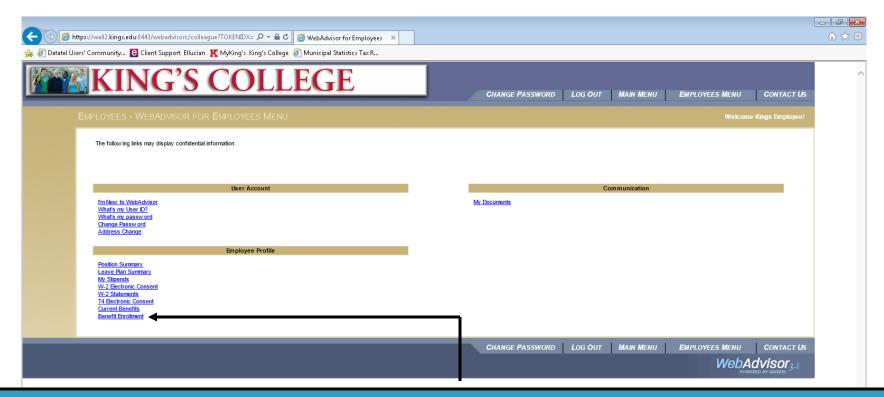




Benefit Enrollment



Click on Benefit Enrollment

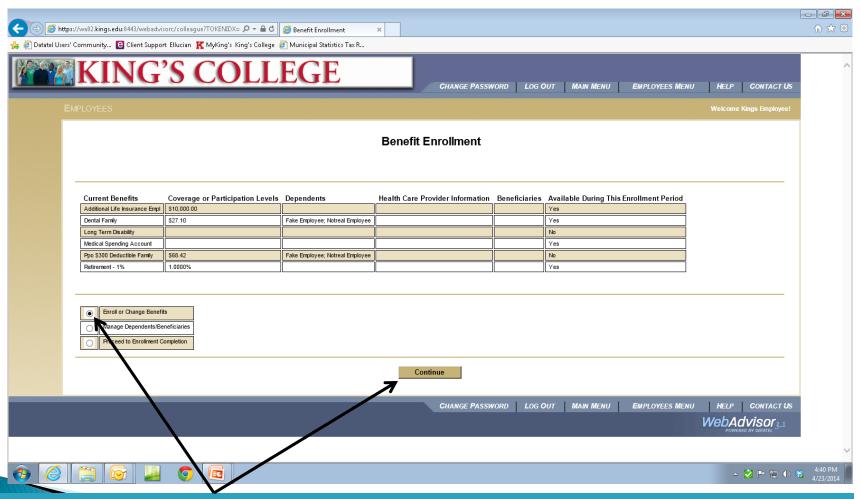


To make your 14-15 Open Enrollment elections, please click-on "Benefit Enrollment". You will be allowed to enter this area and make elections through May 25, 2014.

After this date, the system will not allow you to enter this area.

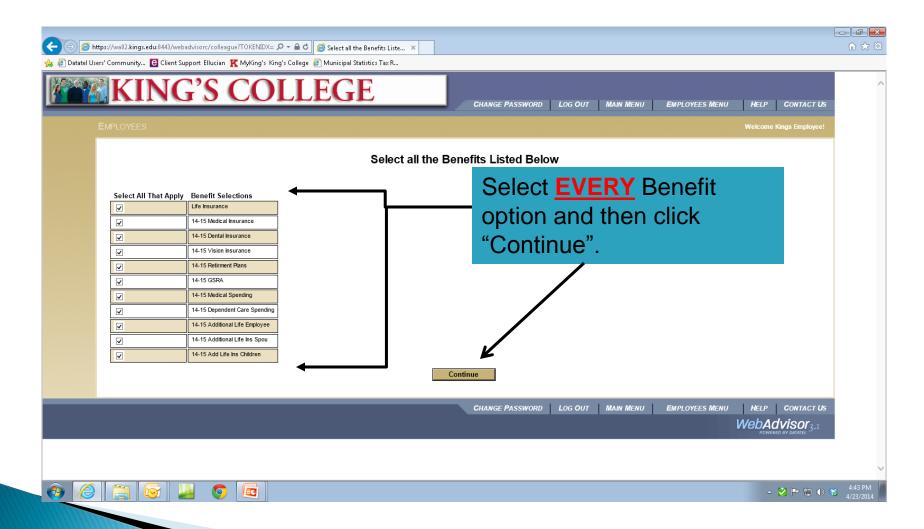
Please make sure you have the name, DOB, address and SSN# for any new Dependents/beneficiaries you are enrolling. If this information is incomplete, your elections cannot be processed and the coverage will not become effective.

Enroll or Change Benefits

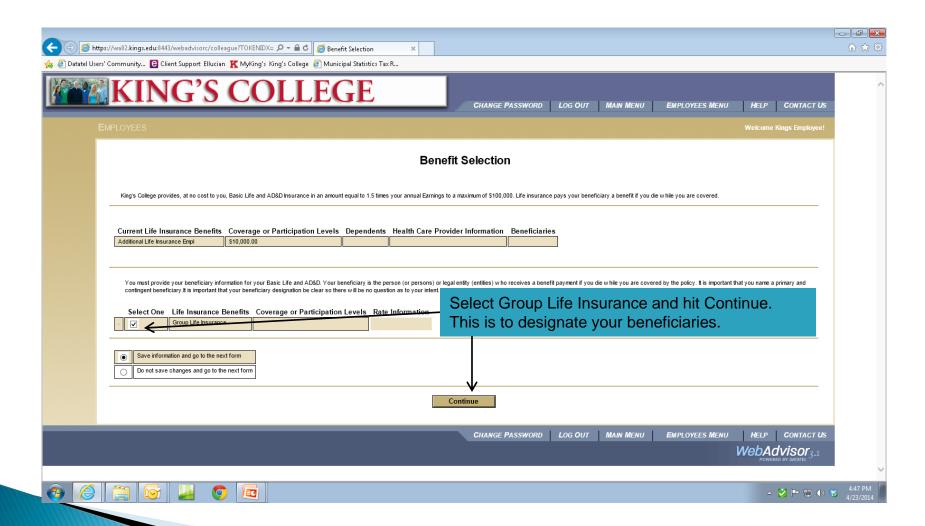


Click on "Enroll or Change Benefits" and then "Continue".

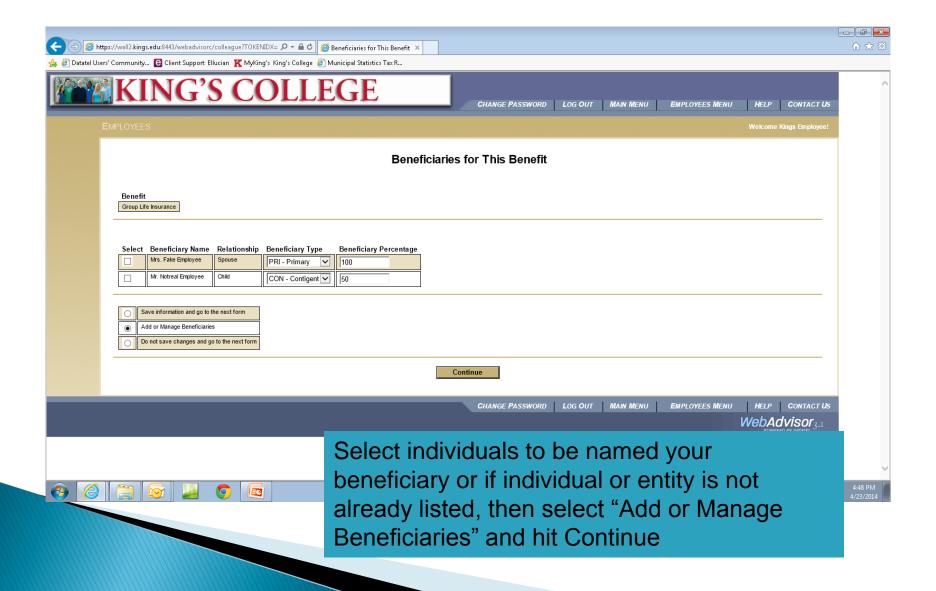
Select every Benefit

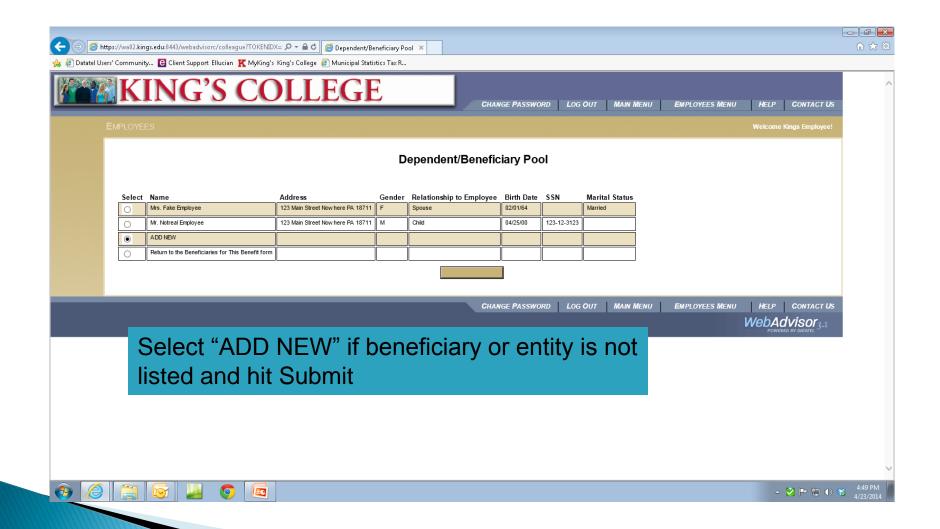


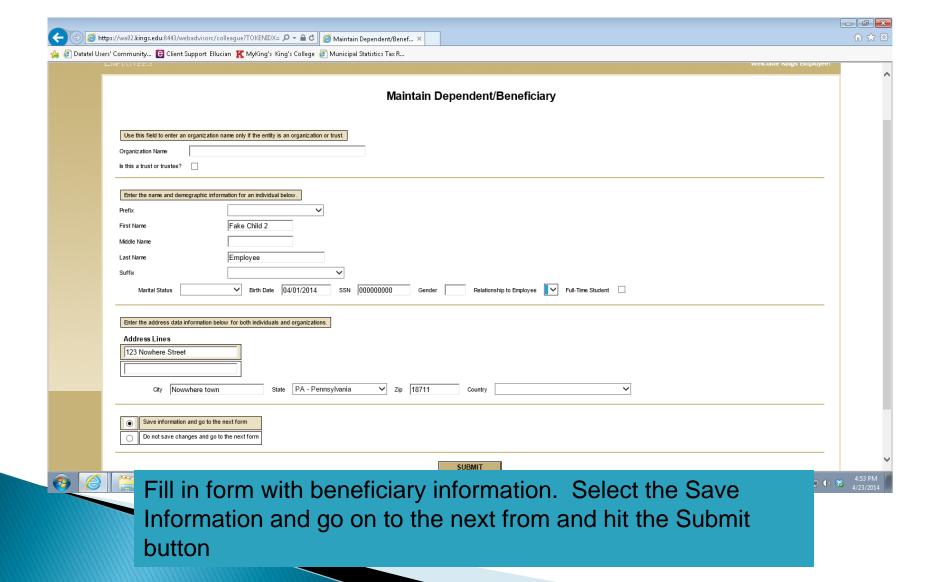
Select Group Life Insurance

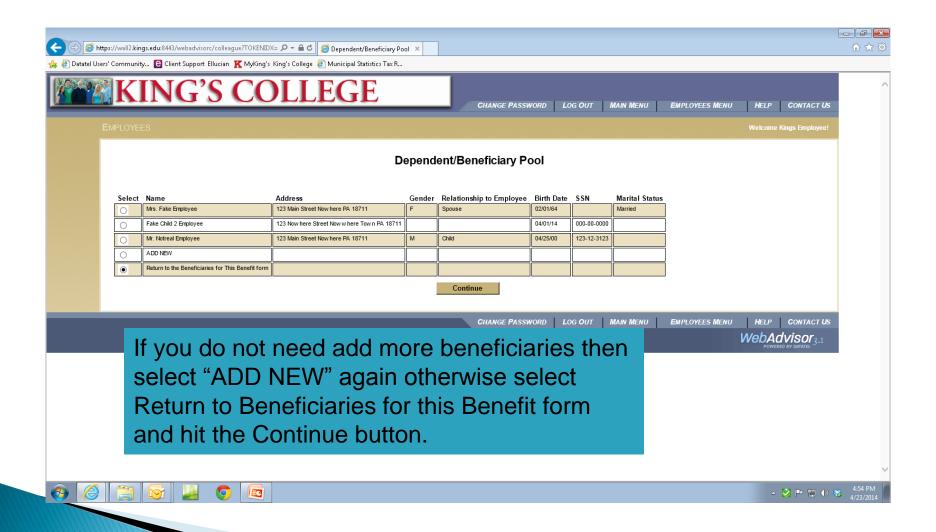


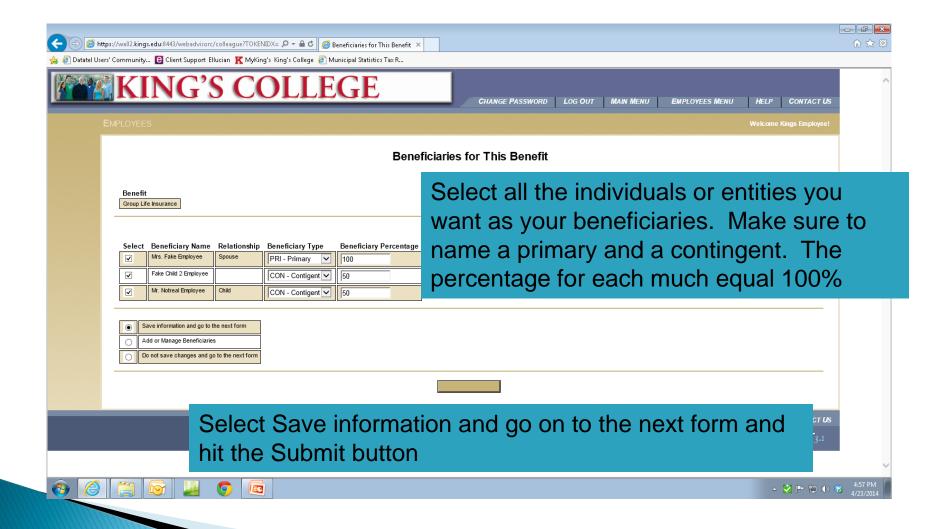
Designation of Beneficiaries



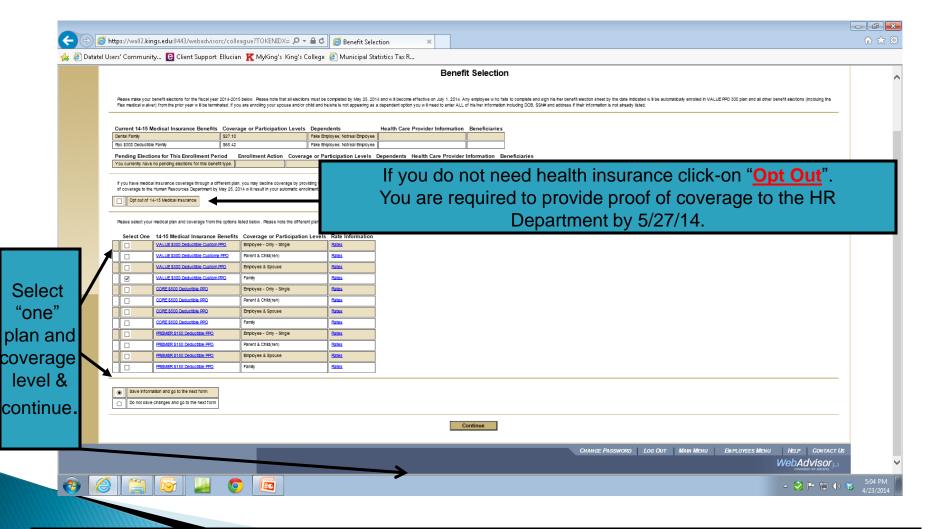






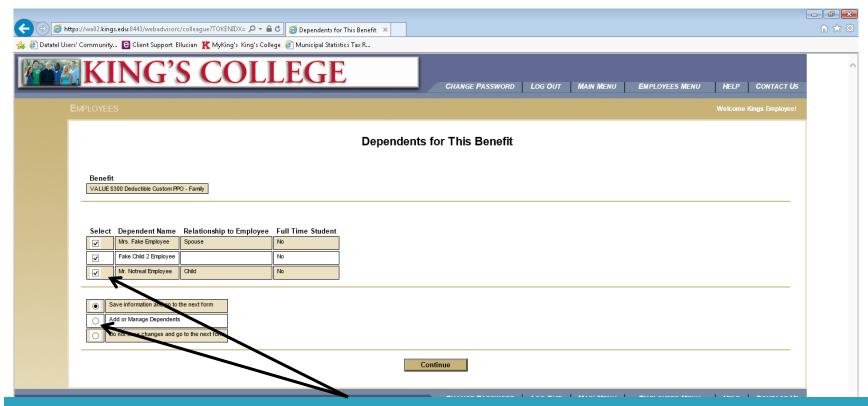


Medical Insurance

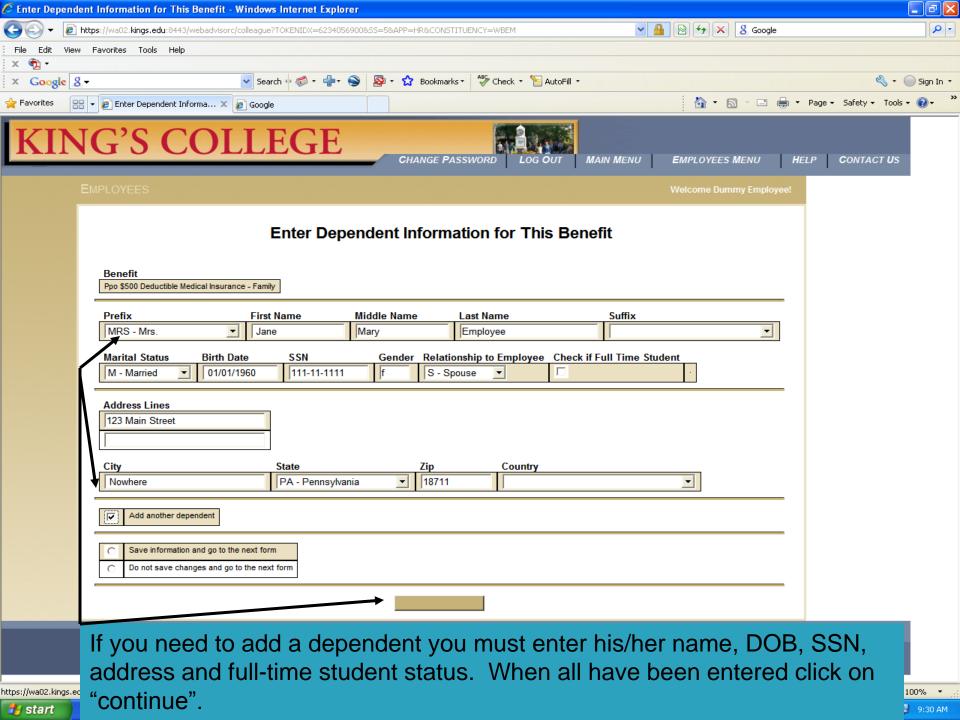


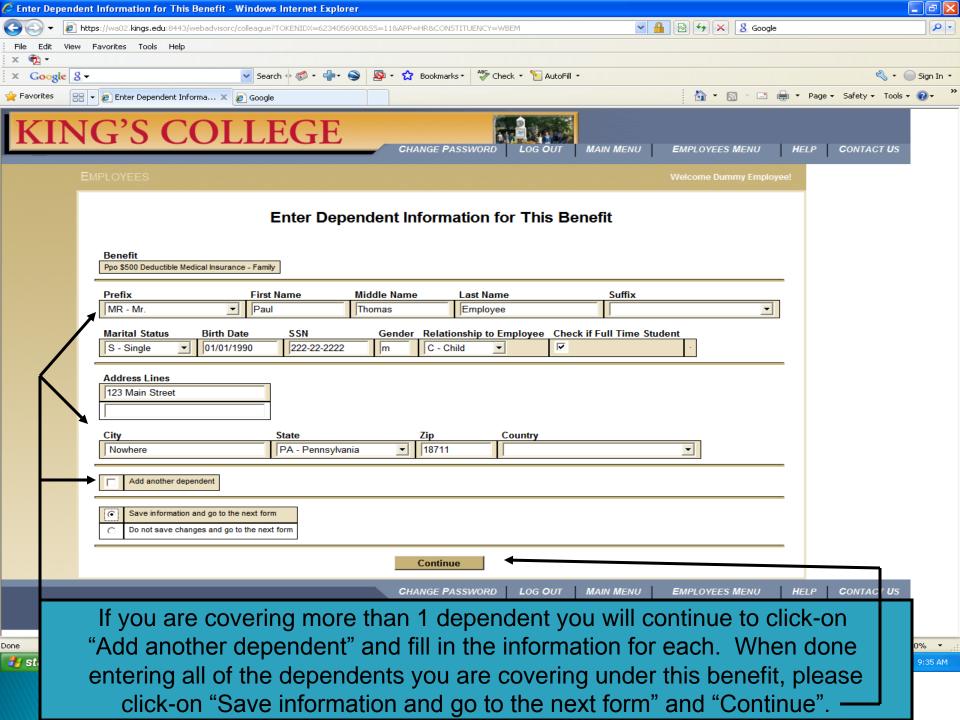
If you click on the blue text "Rates" it will take you to the rate table for each benefit.

Medical Insurance

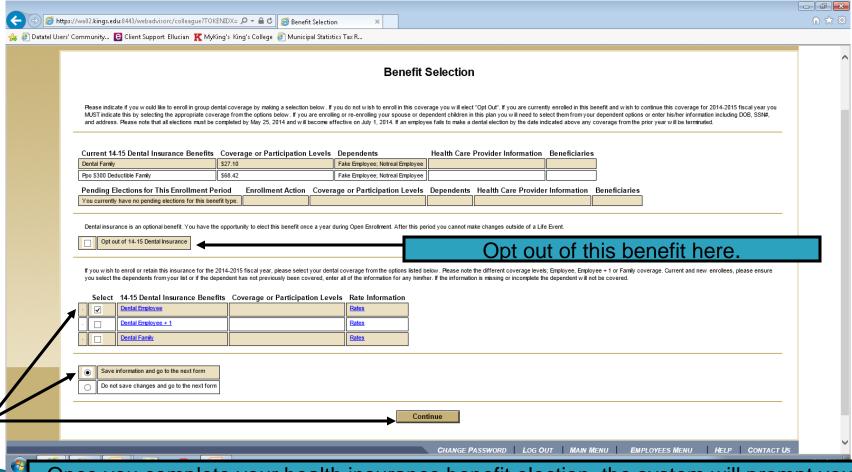


If you select employee coverage you will not get this screen. This screen will only appear for those coverage's with dependents. Select the dependents you wish to cover under each respective benefit that is listed. If he/she is not listed you will need to add him/her by selecting "Add or Manage Dependents".



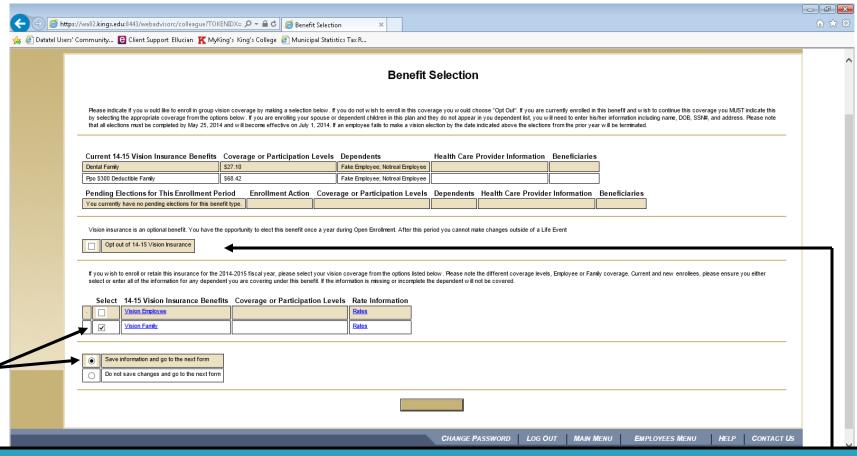


Dental Insurance



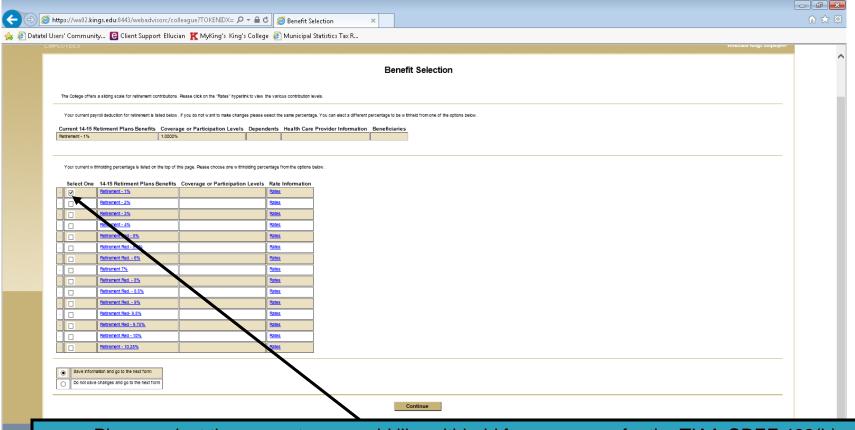
Once you complete your health insurance benefit election, the system will prompt you to elect coverage for the dental benefit. You will repeat the same process for dependents you completed for health insurance. In this example, the employee is electing "Employee" coverage, so he will not be prompted for dependent information.

Vision Insurance



You will complete the same process for vision benefits as you did for health and dental. Select "Opt Out" if you do not wish to elect vision benefits or to cancel you current election. If you are covering any dependents you will need to enter the information for each person you are covering under this benefit.

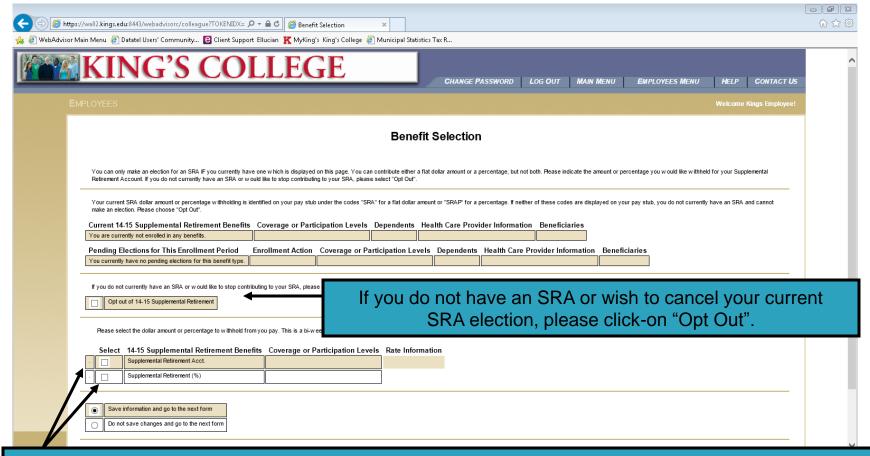
Retirement



Please select the amount you would like withheld from your pay for the TIAA-CREF 403(b) retirement account. The employer contribution is a sliding scale. Click on the blue "Rates" hyperlink to view the various contribution levels.

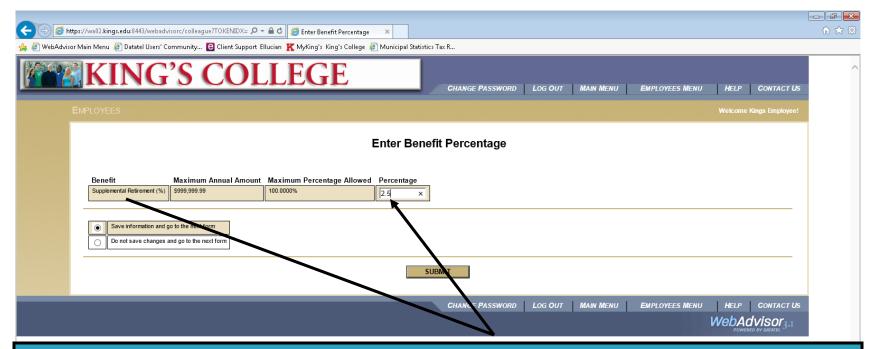
If you wish to maintain the same percentage please choose the corresponding percentage from the options listed. Click Continue.

Supplemental Retirement



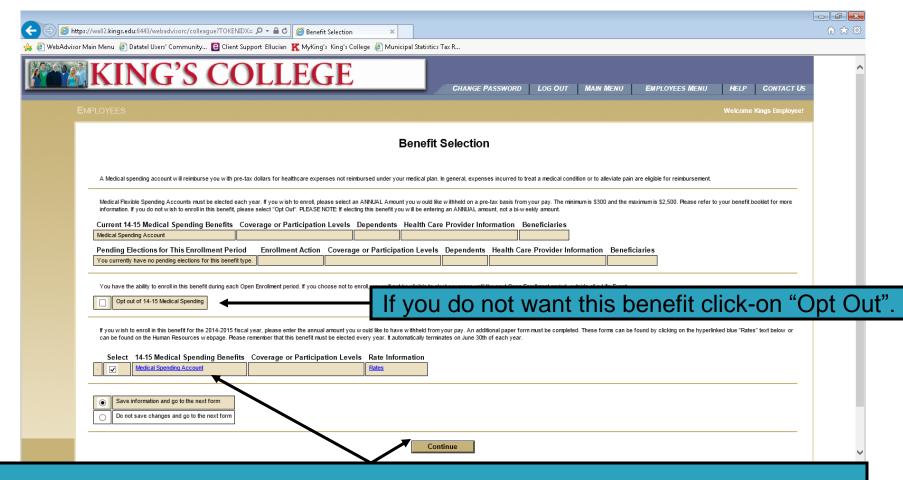
If you currently have an SRA you will need to choose the dollar or percentage Amount to withhold from your pay. Please note the difference of dollar or Percentage from the options. If you do not have an SRA or wish to cancel your SRA election, please click-on "Opt Out" and then "Continue".

Supplemental Retirement



In this example, the employee choose to have a percentage withheld from his pay for his SRA deduction. As such he will enter a percentage above. If he choose a dollar amount, a similar screen will appear and you would enter a bi-weekly flat dollar amount to withhold for this benefit. If you choose "Opt Out" this screen will not appear. Please click-on "Submit" when your selections are complete.

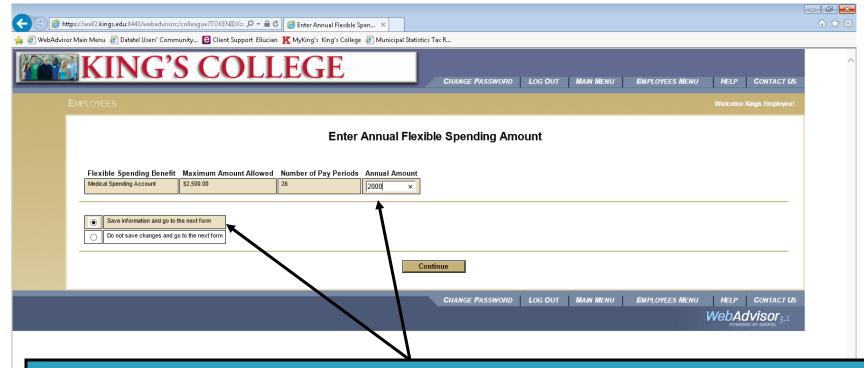
Medical Spending



Medical Spending accounts must be elected each year. If you would like to enroll in this benefit, click-on "Medical Spending Account" and "Continue".

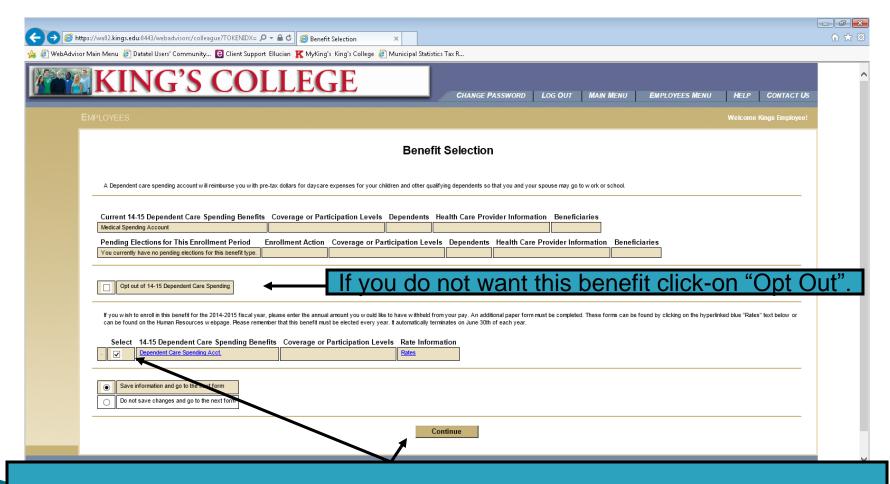
If you do not want this benefit, click-on "Opt Out" and then "Continue".

Medical Spending



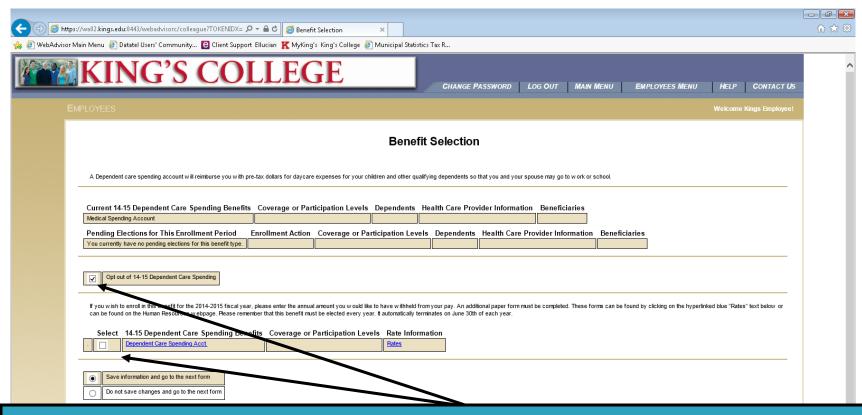
If you chose to enroll in the Medical Spending Account, you will have this screen in front of you. Please select an ANNUAL dollar amount you wish to have withheld from your pay on a tax-deferred basis for eligible medical expenses and click-on "Continue". If you chose "Opt Out" for this benefit, this screen will not appear.

Dependent Care Spending



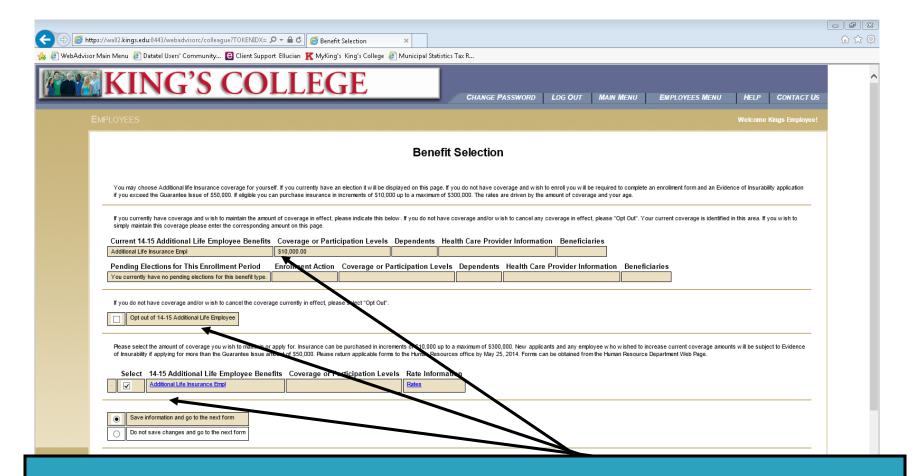
Dependent Care Spending accounts must be elected each year. If you would like to enroll in this benefit, click-on "Dependent Care Spending Account" and "Continue". If you do not want this benefit, click-on "Opt Out" and then "Continue".

Dependent Care Spending



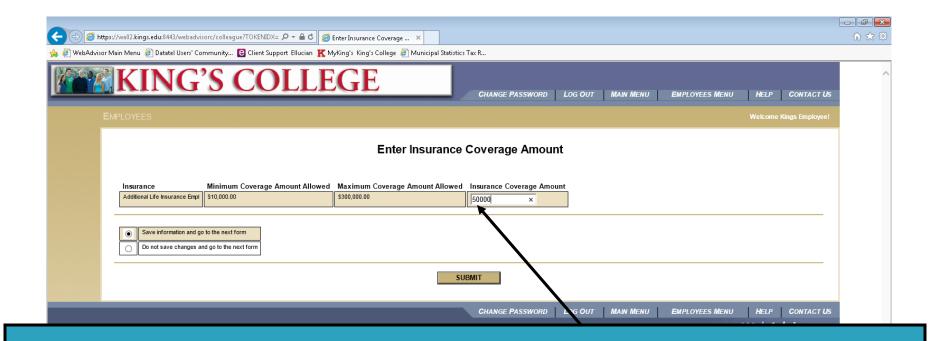
If you chose to enroll in the Dependent Care Spending Account, you will have this screen in front of you. Please select an ANNUAL dollar amount you wish to have withheld from your pay on a tax-deferred basis for eligible dependent care expenses and click-on "Continue". If you chose "Opt Out" for this benefit, this screen will not appear.

Additional Life- Employee



If you currently have supplemental life insurance on yourself you will receive this screen indicating the amount of coverage in effect. To maintain, enroll or change this benefit, please click-on "Additional Life Insurance" and "Continue". Please select "Opt Out" if you do not wish to elect coverage.

Additional Life-Employee



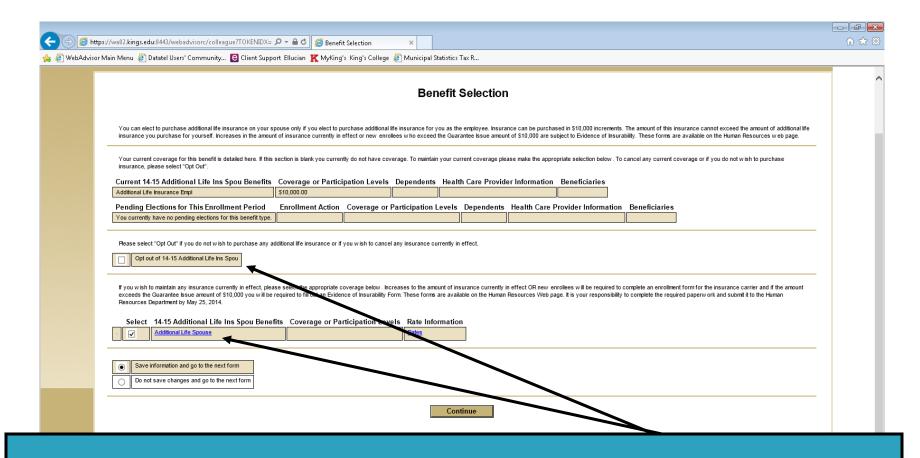
If you elected to maintain, change or enroll in this benefit you will receive this screen. Please enter the amount of life insurance you wish to apply for or the amount currently in effect to maintain coverage. Please note any changes or new enrollees must also complete a hard copy enrollment form and an "Evidence of Insurability" form if the amount exceeds the Guarantee Issue amount.

Forms can be found on the Human Resources web page.

All applications are subject to approval by the insurance carrier.

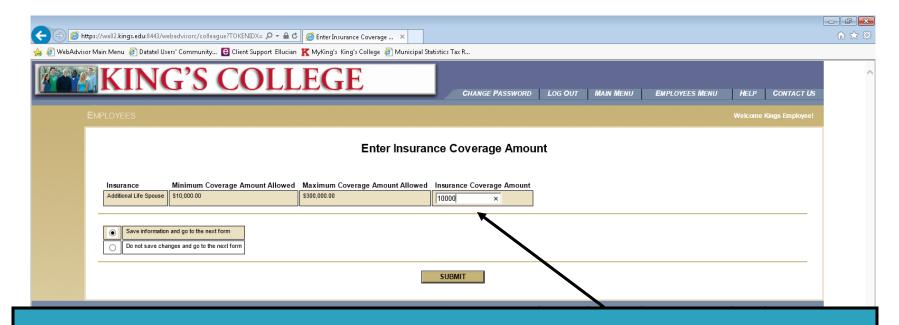
Completion and submission of required forms by May 27, 2014 are the sole responsibility of the employee.

Additional Life- Spouse



If you currently have supplemental life insurance on your spouse you will receive this screen indicating the amount of coverage in effect. To maintain, enroll or change this benefit, please click-on "Additional Life Insurance Spouse" and "Continue". Please select "Opt Out" if you do not wish to elect coverage.

Additional Life-Spouse



If you elected to maintain, change or enroll in this benefit you will receive this screen. Please enter the amount of life insurance you wish to apply for or the amount currently in effect to maintain coverage.

Please note any changes or new enrollees must
also complete a hard copy change form and an "Evidence of Insurability" form if the amount exceeds the Guarantee amount which can be found on the Human Resources web page. All applications are subject to approval by the insurance carrier.

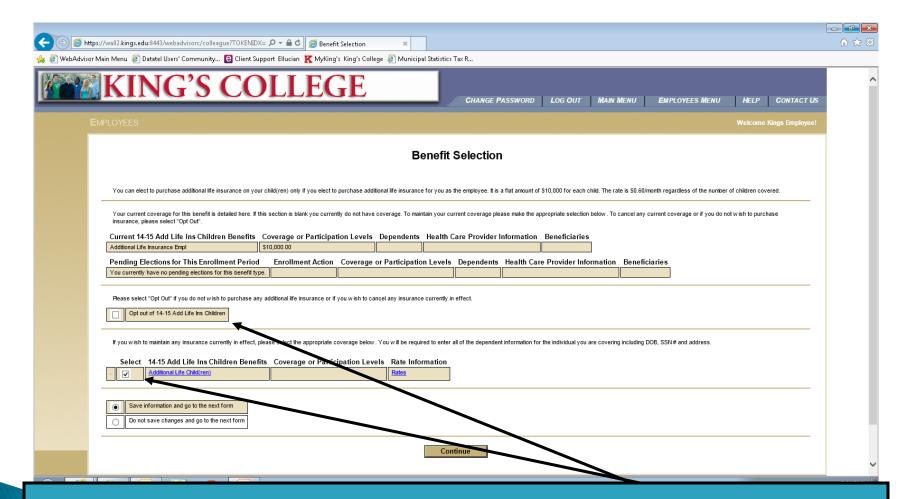
Completion and submission of required forms by May 27, 2014 are the sole responsibility of the employee. You will not be reminded to complete this process.

Additional Life-Spouse

Enter Dependent Information for This Benefit - Windows Internet Explorer	
(3 ○ ▼ https://wa02.kings.edu:8443/webadvisorc/colleague?TOKENIDX=85005639088SS=6&APP=HR8.CONSTITUENCY=W8EM	P -
File Edit View Favorites Tools Help	
× Google 8 → Search ♦ ↑ ♣ ♦ Bookmarks ↑ Check ↑ ★ AutoFill ↑	♦ ♦ Sign In • • • • • • • • • • • • •
Favorites 🔐 🗸 🗗 Enter Dependent Informa 🗶 Google	Page - Safety - Tools - 🕡 - **
KING'S COLLEGE CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU HELP CONTACT US	
Enter Dependent Information for This Benefit	
Additional Life Insurance Spouse	
Prefix First Name Middle Name Last Name Suffix	
MRS - Mrs. Jane Mary Employee	
Marital Status Birth Date SSN Gender Relationship to Employee Check if Full Time Student M - Married ▼ 01/01/1960 111-11-1111 F S - Spouse ▼ □	
Address Lines	
123 Main Street	
City State Zip Country Nowhere PA - Pennsylvania I 18711 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
J. V. Cilisylvania	
Add another dependent	
Save information and go to the next form Do not save changes and go to the next form	
Continue	

If covering a spouse under supplemental life insurance you will be prompted to enter the required information on this screen. The information must be complete in order to maintain or enroll in this benefit. When all of the information is entered, please click-on "Continue".

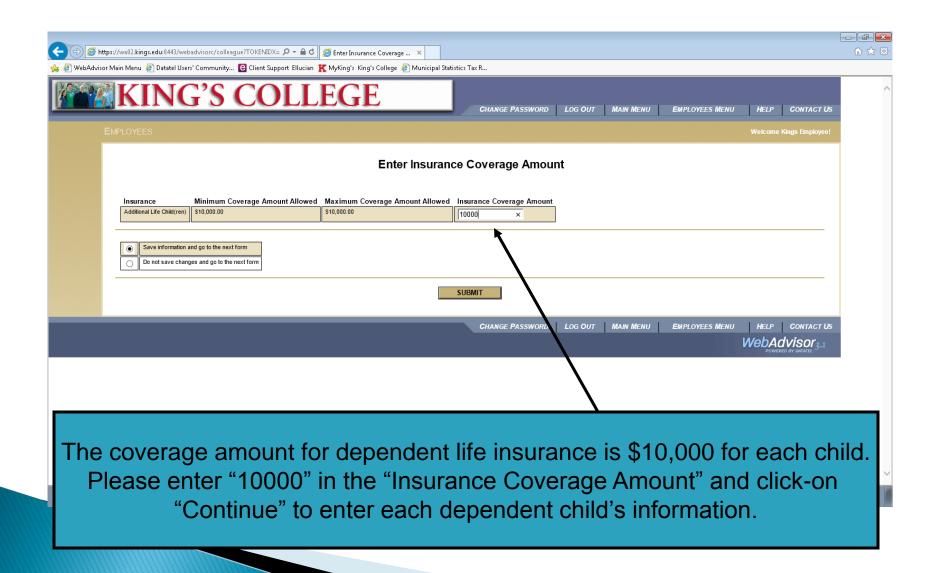
Additional Life- Child(ren)

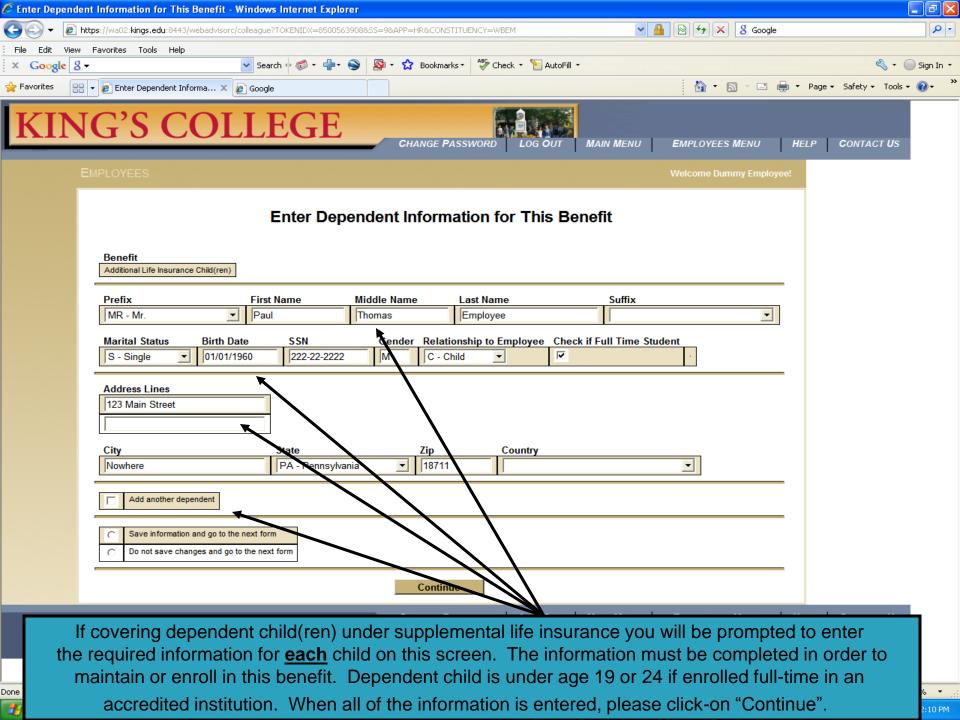


If you currently have supplemental life insurance on your dependent child(ren) the coverage amount is indicated above.

To maintain, enroll or change this benefit, please click-on "Additional Life
Insurance Child(ren)" and "Continue". Please select "Opt Out" if you do not wish to elect coverage.

Additional Life-Children

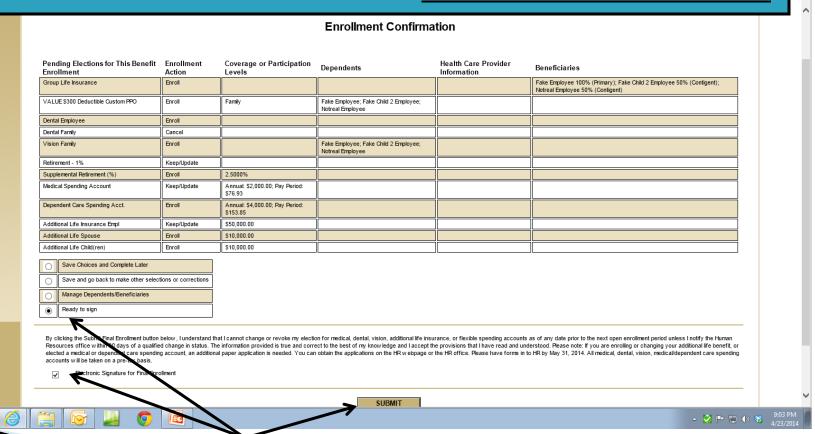




Enrollment Confirmation

IMPORTANT

YOUR ELECTIONS ARE NOT COMPLETE UNTIL YOUR FORM IS SIGNED.



Once you have made all of your elections, you will receive this screen. Please take a minute to review it for accuracy. select "Ready to Sign" and the "Electronic Signature Box" and then "Submit".

Confirmation Complete

