

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 BEFORE 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.

Login to WebAdvisor

Please click on "WebAdvisor"

The screenshot shows the King's College website with the following elements:

- Header:** KING'S COLLEGE WILKES-BARRE, PENNSYLVANIA. Navigation links: MyKing's | Campus Map | Directions | News & Events. Search bar: Google Custom Search.
- Navigation Bar:** HOME | ABOUT KING'S | ADMISSIONS | ACADEMICS | ATHLETICS | LIFE AT KING'S | SUPPORTING KING'S
- Left Sidebar:** MyKing's menu with links: Home, Communi-K, Help Desk, WebAdvisor, Moodle, Tech Web, Web Cams, Class Cancellations, Emergency Notification Bulletin Board, Employee Search, Student Search.
- Center:** Banner image of a lion statue with "iits KING'S COLLEGE" and "MyKing's" text.
- Right Sidebar:** HEADLINES section with a notice about shuttle service on April 16th and 21st. Links section with Technology Links: Anti-Virus Software, Change Password, Dell Purchase Program, FAQ, IITS Contacts, IITS Learning Hub, IITS Computer Drop-Off Form, Password Station, Policies, Request A Link, Resnet, Software Purchase Program, Staff Verizon Store.
- Bottom:** Windows taskbar with icons for Internet Explorer, Mail, and other applications. System tray shows time 3:56 PM and date 4/23/2014.

Login to WebAdvisor

http://www.kings.edu/mykings/Web_Advisor

Web Advisor | King's College

Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE
WILKES-BARRE, PENNSYLVANIA

MyKing's | Campus Map | Directions | News & Events

Google™ Custom Search Search

HOME | ABOUT KING'S | ADMISSIONS | ACADEMICS | ATHLETICS | LIFE AT KING'S | SUPPORTING KING'S

Home > MyKing's > Web Advisor

MyKing's

- Home
- Communi-K
- Help Desk
- WebAdvisor**
- Moodle
- Tech Web
- Web Cams
- Class Cancellations
- Emergency Notification Bulletin Board
- Employee Search
- Student Search

STUDENT WEBMAIL

STAFF WEBMAIL

PASSWORD ISSUES

Web Advisor

LOGIN TO WEBADVISOR

Important Notices To All WebAdvisor Users

- WebAdvisor will be down for maintenance
 - 1:45AM - 2:00AM Every Day
 - 3:30AM - 4:30AM Every Friday Morning
 - 4:00AM - 5:00AM Every Sunday morning
- These browsers are certified for use with WebAdvisor:
 - Firefox 19
 - Google Chrome 26
 - Safari 6.0
 - Mac OS X Mountain Lion (10.8)
 - Internet Explorer 10 (Windows 7 and 7 SP1 only)
- The minimum supported resolution for WebAdvisor is 1024 x 768

4:20 PM
4/23/2014

Login to WebAdvisor

The screenshot shows a web browser window displaying the King's College WebAdvisor interface. The browser's address bar shows the URL <https://wa02.kings.edu:8443/webadvisor/colleague?TYPE=M&P>. The page features the King's College logo at the top left and navigation links for [LOG IN](#), [MAIN MENU](#), and [CONTACT US](#) at the top right. A vertical sidebar menu on the right contains links for [Prospective Students](#), [Students](#), [Faculty](#), and [Employees](#). The main content area includes a "Welcome Guest!" message, a brief description of WebAdvisor, and a "Select your point of entry to the right." instruction. A security notice about VeriSign SSL is also present. At the bottom right, there are links for [Account Information](#), [I'm New to WebAdvisor](#), and [What's My Password?](#), along with another set of [LOG IN](#), [MAIN MENU](#), and [CONTACT US](#) links. The WebAdvisor logo and version (3.1) are displayed in the bottom right corner. A blue callout box at the bottom left contains the text "Please click-on 'Log In'" with an arrow pointing to the "LOG IN" button in the bottom right navigation area. The Windows taskbar at the bottom shows the system clock as 4:22 PM on 4/23/2014.

WebAdvisor Main Menu

Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE

[LOG IN](#) [MAIN MENU](#) [CONTACT US](#)

Welcome Guest!

WebAdvisor gives students, staff, and the community access to our databases.

Select your point of entry to the right.

Prospective Students

Students

Faculty

Employees

This site chose VeriSign [SSL](#) for secure e-commerce and confidential communications.

[Account Information](#) [I'm New to WebAdvisor](#) [What's My Password?](#)

[LOG IN](#) [MAIN MENU](#) [CONTACT US](#)

WebAdvisor
3.1
POWERED BY DATATEL

Please click-on "Log In"

4:22 PM
4/23/2014

Login to WebAdvisor

https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX= Log In

WebAdvisor Main Menu Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE

LOG IN MAIN MENU CONTACT US

Welcome Guest!

Log In

WebAdvisor UserName: kingsemployee

Passw ord: ●●●●●●

Hint:

SUBMIT

LOG IN MAIN MENU CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

Please enter your "User ID" which is your first and last name with NO spaces. Then enter your "Password". Then please click-on the "SUBMIT" button.

Login to WebAdvisor

https://wa02.kings.edu:8443/webadvisor/colleague?TYPE=M&P WebAdvisor Main Menu

Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE

CHANGE PASSWORD LOG OUT MAIN MENU CONTACT US

Welcome Kings Employee!

WebAdvisor gives students, staff, and the community access to our databases.

Select your point of entry to the right.

Employees

main menu

main menu

Account Information Im New to WebAdvisor What's My Password?

CHANGE PASSWORD LOG OUT MAIN MENU CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

4:28 PM
4/23/2014

Please click-on “EMPLOYEES” from your menu options.
(Please note your screen may have a different number of options than this example.)

Benefit Enrollment

https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX= WebAdvisor for Employees

Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US

EMPLOYEES - WEBADVISOR FOR EMPLOYEES MENU Welcome Kings Employee!

The following links may display confidential information.

User Account

- [Im New to WebAdvisor](#)
- [What's my User ID?](#)
- [What's my passw ord](#)
- [Change Passw ord](#)
- [Address Change](#)

Communication

- [My Documents](#)

Employee Profile

- [Position Summary](#)
- [Leave Plan Summary](#)
- [My Stipends](#)
- [W-2 Electronic Consent](#)
- [W-2 Statements](#)
- [14 Electronic Consent](#)
- [Current Benefits](#)
- [Benefit Enrollment](#)

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

You have two options on this screen. The first is “Current Benefits”, which displays your current benefit elections. The second is “Benefit Enrollment” which is the area you will enter to make your 14-15 Benefit Enrollment elections.

Click on Benefit Enrollment

https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX= WebAdvisor for Employees

Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US

EMPLOYEES - WEBADVISOR FOR EMPLOYEES MENU Welcome Kings Employee!

The following links may display confidential information.

User Account

- [I'm New to WebAdvisor](#)
- [What's my User ID?](#)
- [What's my passw ord](#)
- [Change Passw ord](#)
- [Address Change](#)

Communication

- [My Documents](#)

Employee Profile

- [Position Summary](#)
- [Leave Plan Summary](#)
- [My Stipends](#)
- [W-2 Electronic Consent](#)
- [W-2 Statements](#)
- [T4 Electronic Consent](#)
- [Current Benefits](#)
- [Benefit Enrollment](#)

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

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

KING'S COLLEGE

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

EMPLOYEES Welcome Kings Employee!

Benefit Enrollment

| Current Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries | Available During This Enrollment Period |
|--------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------|---|
| Additional Life Insurance Empl | \$10,000.00 | | | | Yes |
| Dental Family | \$27.10 | Fake Employee; Notreal Employee | | | Yes |
| Long Term Disability | | | | | No |
| Medical Spending Account | | | | | Yes |
| Ppo \$300 Deductible Family | \$68.42 | Fake Employee; Notreal Employee | | | No |
| Retirement - 1% | 1.0000% | | | | Yes |

Enroll or Change Benefits
 Manage Dependents/Beneficiaries
 Proceed to Enrollment Completion

Continue

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

4:40 PM
4/23/2014

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

Select every Benefit

https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX=... Select all the Benefits Liste... x

Datatel Users' Community... Client Support Ellucian MyKing's King's College Municipal Statistics Tax R...

KING'S COLLEGE

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU HELP CONTACT US

EMPLOYEES Welcome Kings Employee!

Select all the Benefits Listed Below

| Select All That Apply | Benefit Selections |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Life Insurance |
| <input checked="" type="checkbox"/> | 14-15 Medical Insurance |
| <input checked="" type="checkbox"/> | 14-15 Dental Insurance |
| <input checked="" type="checkbox"/> | 14-15 Vision Insurance |
| <input checked="" type="checkbox"/> | 14-15 Retirement Plans |
| <input checked="" type="checkbox"/> | 14-15 GSRA |
| <input checked="" type="checkbox"/> | 14-15 Medical Spending |
| <input checked="" type="checkbox"/> | 14-15 Dependent Care Spending |
| <input checked="" type="checkbox"/> | 14-15 Additional Life Employee |
| <input checked="" type="checkbox"/> | 14-15 Additional Life Ins Spou |
| <input checked="" type="checkbox"/> | 14-15 Add Life Ins Children |

Select **EVERY** Benefit option and then click "Continue".

Continue

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU HELP CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

4:43 PM
4/23/2014

Select Group Life Insurance

The screenshot shows a web browser window displaying the 'Benefit Selection' page for King's College. The page header includes the college logo and navigation links: CHANGE PASSWORD, LOG OUT, MAIN MENU, EMPLOYEES MENU, HELP, and CONTACT US. The main content area is titled 'Benefit Selection' and contains the following text: 'King's College provides, at no cost to you, Basic Life and AD&D Insurance in an amount equal to 1.5 times your annual Earnings to a maximum of \$100,000. Life insurance pays your beneficiary a benefit if you die while you are covered.'

Below this text is a table with the following data:

| Current Life Insurance Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---------------------------------|----------------------------------|------------|----------------------------------|---------------|
| Additional Life Insurance Empl | \$10,000.00 | | | |

Further down, there is a section for selecting a life insurance benefit. It includes a 'Select One' dropdown menu with 'Group Life Insurance' selected. A blue callout box with an arrow pointing to the dropdown contains the text: 'Select Group Life Insurance and hit Continue. This is to designate your beneficiaries.'

Below the dropdown are two radio button options: 'Save information and go to the next form' (selected) and 'Do not save changes and go to the next form'. At the bottom of the form is a 'Continue' button.

The footer of the page includes the same navigation links as the header and the 'WebAdvisor 3.1' logo, powered by DATATEL. The Windows taskbar at the bottom shows the system clock as 4:47 PM on 4/23/2014.

Designation of Beneficiaries

Beneficiaries for This Benefit

Benefit
Group Life Insurance

| Select | Beneficiary Name | Relationship | Beneficiary Type | Beneficiary Percentage |
|--------------------------|----------------------|--------------|------------------|------------------------|
| <input type="checkbox"/> | Mrs. Fake Employee | Spouse | PRI - Primary | 100 |
| <input type="checkbox"/> | Mr. Notreal Employee | Child | CON - Contigent | 50 |

Save information and go to the next form
 Add or Manage Beneficiaries
 Do not save changes and go to the next form

Continue

Select individuals to be named your beneficiary or if individual or entity is not already listed, then select “Add or Manage Beneficiaries” and hit Continue

CORE Life Insurance

KING'S COLLEGE

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

EMPLOYEES Welcome Kings Employee!

Dependent/Beneficiary Pool

| Select | Name | Address | Gender | Relationship to Employee | Birth Date | SSN | Marital Status |
|----------------------------------|---|-----------------------------------|--------|--------------------------|------------|-------------|----------------|
| <input type="radio"/> | Mrs. Fake Employee | 123 Main Street Now here PA 18711 | F | Spouse | 02/01/64 | | Married |
| <input type="radio"/> | Mr. Notreal Employee | 123 Main Street Now here PA 18711 | M | Child | 04/25/00 | 123-12-3123 | |
| <input checked="" type="radio"/> | ADD NEW | | | | | | |
| <input type="radio"/> | Return to the Beneficiaries for This Benefit form | | | | | | |

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

WebAdvisor^{3.1}
POWERED BY DATATEL

Select "ADD NEW" if beneficiary or entity is not listed and hit Submit

4:49 PM
4/23/2014

CORE Life Insurance

Maintain Dependent/Beneficiary

Use this field to enter an organization name only if the entity is an organization or trust.

Organization Name

Is this a trust or trustee?

Enter the name and demographic information for an individual below.

Prefix

First Name

Middle Name

Last Name

Suffix

Marital Status

Birth Date

SSN

Gender

Relationship to Employee

Full-Time Student

Enter the address data information below for both individuals and organizations.

Address Lines

City

State

Zip

Country

Save information and go to the next form

Do not save changes and go to the next form

SUBMIT

4:53 PM
4/23/2014

Fill in form with beneficiary information. Select the Save Information and go on to the next from and hit the Submit button

CORE Life Insurance

KING'S COLLEGE

EMPLOYEES Welcome Kings Employee!

Dependent/Beneficiary Pool

| Select | Name | Address | Gender | Relationship to Employee | Birth Date | SSN | Marital Status |
|----------------------------------|---|--|--------|--------------------------|------------|-------------|----------------|
| <input type="radio"/> | Mrs. Fake Employee | 123 Main Street Now here PA 18711 | F | Spouse | 02/01/64 | | Married |
| <input type="radio"/> | Fake Child 2 Employee | 123 Now here Street Now w here Town PA 18711 | | | 04/01/14 | 000-00-0000 | |
| <input type="radio"/> | Mr. Notreal Employee | 123 Main Street Now here PA 18711 | M | Child | 04/25/00 | 123-12-3123 | |
| <input type="radio"/> | ADD NEW | | | | | | |
| <input checked="" type="radio"/> | Return to the Beneficiaries for This Benefit form | | | | | | |

Continue

WebAdvisor 3.1
POWERED BY DATATEL

4:54 PM
4/23/2014

If you do not need add more beneficiaries then select "ADD NEW" again otherwise select Return to Beneficiaries for this Benefit form and hit the Continue button.

CORE Life Insurance

The screenshot shows a web browser window with the URL <https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX=>. The page header includes the King's College logo and navigation links: CHANGE PASSWORD, LOG OUT, MAIN MENU, EMPLOYEES MENU, HELP, and CONTACT US. The main content area is titled 'EMPLOYEES' and 'Welcome Kings Employee!'. The central form is titled 'Beneficiaries for This Benefit' and shows the selected benefit as 'Group Life Insurance'.

Beneficiaries for This Benefit

Benefit: Group Life Insurance

| Select | Beneficiary Name | Relationship | Beneficiary Type | Beneficiary Percentage |
|-------------------------------------|-----------------------|--------------|------------------|------------------------|
| <input checked="" type="checkbox"/> | Mrs. Fake Employee | Spouse | PRI - Primary | 100 |
| <input checked="" type="checkbox"/> | Fake Child 2 Employee | | CON - Contigent | 50 |
| <input checked="" type="checkbox"/> | Mr. Notreal Employee | Child | CON - Contigent | 50 |

Options:

- Save information and go to the next form
- Add or Manage Beneficiaries
- Do not save changes and go to the next form

Submit button

CT US
3.1

Windows Taskbar: 4:57 PM 4/23/2014

Select all the individuals or entities you want as your beneficiaries. Make sure to name a primary and a contingent. The percentage for each much equal 100%

Select Save information and go on to the next form and hit the Submit button

Medical Insurance

Benefit Selection

Please make your benefit elections for the fiscal year 2014-2015 below. Please note that all elections must be completed by May 25, 2014 and will become effective on July 1, 2014. Any employee who fails to complete and sign his/her benefit election sheet by the date indicated will be automatically enrolled in VALUE PPO 300 plan and all other benefit elections (including the Flex medical waiver) from the prior year will be terminated. If you are enrolling your spouse and/or child and he/she is not appearing as a dependent option you will need to enter ALL of his/her information including DOB, SSN# and address if their information is not already listed.

| Current 14-15 Medical Insurance Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|----------------------------------|----------------------------------|----------------------------------|---------------|
| Dental Family | \$27.10 | False Employee, Notreal Employee | | |
| Ppo \$300 Deductible Family | \$65.42 | False Employee, Notreal Employee | | |

Pending Elections for This Enrollment Period Enrollment Action Coverage or Participation Levels Dependents Health Care Provider Information Beneficiaries

You currently have no pending elections for this benefit type.

If you have medical insurance coverage through a different plan, you may decline coverage by providing coverage to the Human Resources Department by May 25, 2014. It will result in your automatic enrollment.

Opt out of 14-15 Medical Insurance

Please select your medical plan and coverage from the options listed below. Please note the different plan

| Select One | 14-15 Medical Insurance Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|---|----------------------------------|-----------------------|
| <input type="checkbox"/> | VALUE \$300 Deductible Custom PPO | Employee - Only - Single | Rates |
| <input type="checkbox"/> | VALUE \$300 Deductible Custom PPO | Parent & Child(ren) | Rates |
| <input type="checkbox"/> | VALUE \$300 Deductible Custom PPO | Employee & Spouse | Rates |
| <input checked="" type="checkbox"/> | VALUE \$300 Deductible Custom PPO | Family | Rates |
| <input type="checkbox"/> | CORE \$500 Deductible PPO | Employee - Only - Single | Rates |
| <input type="checkbox"/> | CORE \$500 Deductible PPO | Parent & Child(ren) | Rates |
| <input type="checkbox"/> | CORE \$500 Deductible PPO | Employee & Spouse | Rates |
| <input type="checkbox"/> | CORE \$500 Deductible PPO | Family | Rates |
| <input type="checkbox"/> | PRIMEER \$150 Deductible PPO | Employee - Only - Single | Rates |
| <input type="checkbox"/> | PRIMEER \$150 Deductible PPO | Parent & Child(ren) | Rates |
| <input type="checkbox"/> | PRIMEER \$150 Deductible PPO | Employee & Spouse | Rates |
| <input type="checkbox"/> | PRIMEER \$150 Deductible PPO | Family | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

Continue

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU HELP CONTACT US

WebAdvisor 3.1
POWERED BY DATATEL

5:04 PM
4/23/2014

If you do not need health insurance click-on “**Opt Out**”. You are required to provide proof of coverage to the HR Department by 5/27/14.

Select “one” plan and coverage level & continue.

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

Medical Insurance

Benefit
VALUE \$300 Deductible Custom PPO - Family

| Select | Dependent Name | Relationship to Employee | Full Time Student |
|-------------------------------------|-----------------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> | Mrs. Fake Employee | Spouse | No |
| <input checked="" type="checkbox"/> | Fake Child 2 Employee | | No |
| <input checked="" type="checkbox"/> | Mr. Notreal Employee | Child | No |

Save information and go to the next form
 Add or Manage Dependents
 Do not save changes and go to the next form

Continue

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".

EMPLOYEES

Welcome Dummy Employee!

Enter Dependent Information for This Benefit

Benefit

Ppo \$500 Deductible Medical Insurance - Family

| 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 | <input type="checkbox"/> |

Address Lines

123 Main Street

| City | State | Zip | Country |
|---------|-------------------|-------|---------|
| Nowhere | PA - Pennsylvania | 18711 | |

Add another dependent

Save information and go to the next form

Do not save changes and go to the next form



If you need to add a dependent you must enter his/her name, DOB, SSN, address and full-time student status. When all have been entered click on "continue".

KING'S COLLEGE

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

EMPLOYEES

Welcome Dummy Employee!

Enter Dependent Information for This Benefit

Benefit

Ppo \$500 Deductible Medical Insurance - Family

| Prefix | First Name | Middle Name | Last Name | Suffix |
|----------|------------|-------------|-----------|--------|
| MR - Mr. | Paul | Thomas | Employee | |

| Marital Status | Birth Date | SSN | Gender | Relationship to Employee | Check if Full Time Student |
|----------------|------------|-------------|--------|--------------------------|-------------------------------------|
| S - Single | 01/01/1990 | 222-22-2222 | m | C - Child | <input checked="" type="checkbox"/> |

Address Lines

123 Main Street

| City | State | Zip | Country |
|---------|-------------------|-------|---------|
| Nowhere | PA - Pennsylvania | 18711 | |

Add another dependent

Save information and go to the next form
 Do not save changes and go to the next form

Continue

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

If you are covering more than 1 dependent you will continue to click-on "Add another dependent" and fill in the information for each. When done entering all of the dependents you are covering under this benefit, please click-on "Save information and go to the next form" and "Continue".

Dental Insurance

Benefit Selection

Please indicate if you would like to enroll in group dental coverage by making a selection below. If you do not wish to enroll in this coverage you will elect "Opt Out". If you are currently enrolled in this benefit and wish to continue this coverage for 2014-2015 fiscal year you MUST indicate this by selecting the appropriate coverage from the options below. If you are enrolling or re-enrolling your spouse or dependent children in this plan you will need to select them from your dependent options or enter his/her information including DOB, SSN#, and address. Please note that all elections must be completed by May 25, 2014 and will become effective on July 1, 2014. If an employee fails to make a dental election by the date indicated above any coverage from the prior year will be terminated.

| Current 14-15 Dental Insurance Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---|----------------------------------|---------------------------------|----------------------------------|---------------|
| Dental Family | \$27.10 | Fake Employee; Notreal Employee | | |
| Ppo \$300 Deductible Family | \$68.42 | Fake Employee; Notreal Employee | | |

| Pending Elections for This Enrollment Period | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|-------------------|----------------------------------|------------|----------------------------------|---------------|
| You currently have no pending elections for this benefit type. | | | | | |

Dental insurance is an optional benefit. You have the opportunity to elect this benefit once a year during Open Enrollment. After this period you cannot make changes outside of a Life Event.

Opt out of 14-15 Dental Insurance

If you wish to enroll or retain this insurance for the 2014-2015 fiscal year, please select your dental coverage from the options listed below. Please note the different coverage levels: Employee, Employee + 1 or Family coverage. Current and new enrollees, please ensure you select the dependents from your list or if the dependent has not previously been covered, enter all of the information for any him/her. If the information is missing or incomplete the dependent will not be covered.

| Select | 14-15 Dental Insurance Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|---------------------------------|----------------------------------|------------------|
| <input checked="" type="checkbox"/> | Dental Employee | | Rates |
| <input type="checkbox"/> | Dental Employee + 1 | | Rates |
| <input type="checkbox"/> | Dental Family | | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

Opt out of this benefit here.

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

Benefit Selection

Please indicate if you would like to enroll in group vision coverage by making a selection below. If you do not wish to enroll in this coverage you would choose "Opt Out". If you are currently enrolled in this benefit and wish to continue this coverage you MUST indicate this by selecting the appropriate coverage from the options below. If you are enrolling your spouse or dependent children in this plan and they do not appear in your dependent list, you will need to enter his/her information including name, DOB, SSN#, and address. Please note that all elections must be completed by May 25, 2014 and will become effective on July 1, 2014. If an employee fails to make a vision election by the date indicated above the elections from the prior year will be terminated.

| Current 14-15 Vision Insurance Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---|----------------------------------|---------------------------------|----------------------------------|---------------|
| Dental Family | \$27.10 | Fake Employee; Notreal Employee | | |
| Ppo \$300 Deductible Family | \$68.42 | Fake Employee; Notreal Employee | | |

| Pending Elections for This Enrollment Period | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|-------------------|----------------------------------|------------|----------------------------------|---------------|
| You currently have no pending elections for this benefit type. | | | | | |

Vision insurance is an optional benefit. You have the opportunity to elect this benefit once a year during Open Enrollment. After this period you cannot make changes outside of a Life Event

Opt out of 14-15 Vision Insurance

If you wish to enroll or retain this insurance for the 2014-2015 fiscal year, please select your vision coverage from the options listed below. Please note the different coverage levels, Employee or Family coverage. Current and new enrollees, please ensure you either select or enter all of the information for any dependent you are covering under this benefit. If the information is missing or incomplete the dependent will not be covered.

| Select | 14-15 Vision Insurance Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|---------------------------------|----------------------------------|-----------------------|
| <input type="checkbox"/> | Vision Employee | | Rates |
| <input checked="" type="checkbox"/> | Vision Family | | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

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 your 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

The College offers a sliding scale for retirement contributions. Please click on the "Rates" hyperlink to view the various contribution levels.

Your current payroll deduction for retirement is listed below. If you do not want to make changes please select the same percentage. You can elect a different percentage to be withheld from one of the options below.

Current 14-15 Retirement Plans Benefits Coverage or Participation Levels Dependents Health Care Provider Information Beneficiaries

| | | | | |
|-----------------|---------|--|--|--|
| Retirement - 1% | 1.0000% | | | |
|-----------------|---------|--|--|--|

Your current withholding percentage is listed on the top of this page. Please choose one withholding percentage from the options below.

| Select One | 14-15 Retirement Plans Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|---------------------------------|----------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Retirement - 1% | | Rates |
| <input type="checkbox"/> | Retirement - 2% | | Rates |
| <input type="checkbox"/> | Retirement - 3% | | Rates |
| <input type="checkbox"/> | Retirement - 4% | | Rates |
| <input type="checkbox"/> | Retirement - 5% | | Rates |
| <input type="checkbox"/> | Retirement Red - 5% | | Rates |
| <input type="checkbox"/> | Retirement Red - 6% | | Rates |
| <input type="checkbox"/> | Retirement 7% | | Rates |
| <input type="checkbox"/> | Retirement Red - 8% | | Rates |
| <input type="checkbox"/> | Retirement Red - 8.5% | | Rates |
| <input type="checkbox"/> | Retirement Red - 9% | | Rates |
| <input type="checkbox"/> | Retirement Red - 9.5% | | Rates |
| <input type="checkbox"/> | Retirement Red - 9.75% | | Rates |
| <input type="checkbox"/> | Retirement Red - 10% | | Rates |
| <input type="checkbox"/> | Retirement - 10.25% | | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

[Continue](#)

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

KING'S COLLEGE

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

EMPLOYEES Welcome Kings Employee!

Benefit Selection

You can only make an election for an SRA if you currently have one which is displayed on this page. You can contribute either a flat dollar amount or a percentage, but not both. Please indicate the amount or percentage you would like withheld for your Supplemental Retirement Account. If you do not currently have an SRA or would like to stop contributing to your SRA, please select "Opt Out".

Your current SRA dollar amount or percentage withholding is identified on your pay stub under the codes "SRA" for a flat dollar amount or "SRAP" for a percentage. If neither of these codes are displayed on your pay stub, you do not currently have an SRA and cannot make an election. Please choose "Opt Out".

| Current 14-15 Supplemental Retirement Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---|----------------------------------|------------|----------------------------------|---------------|
| You are currently not enrolled in any benefits. | | | | |

| Pending Elections for This Enrollment Period | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|-------------------|----------------------------------|------------|----------------------------------|---------------|
| You currently have no pending elections for this benefit type. | | | | | |

If you do not currently have an SRA or would like to stop contributing to your SRA, please

Opt out of 14-15 Supplemental Retirement

Please select the dollar amount or percentage to withhold from your pay. This is a bi-weekly

| Select | 14-15 Supplemental Retirement Benefits | Coverage or Participation Levels | Rate Information |
|--------------------------|--|----------------------------------|------------------|
| <input type="checkbox"/> | Supplemental Retirement Acct. | | |
| <input type="checkbox"/> | Supplemental Retirement (%) | | |

Save information and go to the next form
 Do not save changes and go to the next form

If you do not have an SRA or wish to cancel your current SRA election, please click-on "Opt Out".

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

EMPLOYEES Welcome Kings Employee!

Enter Benefit Percentage

| Benefit | Maximum Annual Amount | Maximum Percentage Allowed | Percentage |
|-----------------------------|-----------------------|----------------------------|------------|
| Supplemental Retirement (%) | \$999,999.99 | 100.0000% | 2.5 x |

Save information and go to the next form
 Do not save changes and go to the next form

SUBMIT

WebAdvisor 3.1
POWERED BY DATATEL

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

If you do not want this benefit click-on "Opt Out".

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

| Flexible Spending Benefit | Maximum Amount Allowed | Number of Pay Periods | Annual Amount |
|---------------------------|------------------------|-----------------------|---------------|
| Medical Spending Account | \$2,500.00 | 26 | 2000 |

Save information and go to the next form
 Do not save changes and go to the next form

Continue

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

Benefit Selection

A Dependent care spending account will reimburse you with pre-tax dollars for daycare expenses for your children and other qualifying dependents so that you and your spouse may go to work or school.

Current 14-15 Dependent Care Spending Benefits Coverage or Participation Levels Dependents Health Care Provider Information Beneficiaries

Medical Spending Account

Pending Elections for This Enrollment Period Enrollment Action Coverage or Participation Levels Dependents Health Care Provider Information Beneficiaries

You currently have no pending elections for this benefit type.

Opt out of 14-15 Dependent Care Spending

If you wish to enroll in this benefit for the 2014-2015 fiscal year, please enter the annual amount you would like to have withheld from your pay. An additional paper form must be completed. These forms can be found by clicking on the hyperlinked blue "Rates" text below or can be found on the Human Resources webpage. Please remember that this benefit must be elected every year. It automatically terminates on June 30th of each year.

Select 14-15 Dependent Care Spending Benefits Coverage or Participation Levels Rate Information

[Dependent Care Spending Acct.](#) [Rates](#)

Save information and go to the next form

Do not save changes and go to the next form

Continue

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

Benefit Selection

A Dependent care spending account will reimburse you with pre-tax dollars for daycare expenses for your children and other qualifying dependents so that you and your spouse may go to work or school.

Current 14-15 Dependent Care Spending Benefits Coverage or Participation Levels Dependents Health Care Provider Information Beneficiaries

Medical Spending Account

Pending Elections for This Enrollment Period Enrollment Action Coverage or Participation Levels Dependents Health Care Provider Information Beneficiaries

You currently have no pending elections for this benefit type.

Opt out of 14-15 Dependent Care Spending

If you wish to enroll in this benefit for the 2014-2015 fiscal year, please enter the annual amount you would like to have withheld from your pay. An additional paper form must be completed. These forms can be found by clicking on the hyperlinked blue "Rates" text below or can be found on the Human Resources webpage. Please remember that this benefit must be elected every year. It automatically terminates on June 30th of each year.

Select 14-15 Dependent Care Spending Benefits Coverage or Participation Levels Rate Information

[Dependent Care Spending Acct.](#) [Rates](#)

Save information and go to the next form

Do not save changes and go to the next form

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

Benefit Selection

You may choose Additional life Insurance coverage for yourself. If you currently have an election it will be displayed on this page. If you do not have coverage and wish to enroll you will be required to complete an enrollment form and an Evidence of Insurability application if you exceed the Guarantee Issue of \$50,000. If eligible you can purchase insurance in increments of \$10,000 up to a maximum of \$300,000. The rates are driven by the amount of coverage and your age.

If you currently have coverage and wish to maintain the amount of coverage in effect, please indicate this below. If you do not have coverage and/or wish to cancel any coverage in effect, please "Opt Out". Your current coverage is identified in this area. If you wish to simply maintain this coverage please enter the corresponding amount on this page.

| Current 14-15 Additional Life Employee Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---|----------------------------------|------------|----------------------------------|---------------|
| Additional Life Insurance Empl | \$10,000.00 | | | |

| Pending Elections for This Enrollment Period | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|-------------------|----------------------------------|------------|----------------------------------|---------------|
| You currently have no pending elections for this benefit type. | | | | | |

If you do not have coverage and/or wish to cancel the coverage currently in effect, please select "Opt Out".

Opt out of 14-15 Additional Life Employee

Please select the amount of coverage you wish to maintain or apply for. Insurance can be purchased in increments of \$10,000 up to a maximum of \$300,000. New applicants and any employee who wished to increase current coverage amounts will be subject to Evidence of Insurability if applying for more than the Guarantee Issue amount of \$50,000. Please return applicable forms to the Human Resources office by May 25, 2014. Forms can be obtained from the Human Resource Department Web Page.

| Select | 14-15 Additional Life Employee Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|--|----------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Additional Life Insurance Empl | | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

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

Employees

Welcome Kings Employee!

Enter Insurance Coverage Amount

| Insurance | Minimum Coverage Amount Allowed | Maximum Coverage Amount Allowed | Insurance Coverage Amount |
|--------------------------------|---------------------------------|---------------------------------|---------------------------|
| Additional Life Insurance Empl | \$10,000.00 | \$300,000.00 | 50000 x |

Save information and go to the next form
 Do not save changes and go to the next form

SUBMIT

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

Benefit Selection

You can elect to purchase additional life insurance on your spouse only if you elect to purchase additional life insurance for you as the employee. Insurance can be purchased in \$10,000 increments. The amount of this insurance cannot exceed the amount of additional life insurance you purchase for yourself. Increases in the amount of insurance currently in effect or new enrollees who exceed the Guarantee Issue amount of \$10,000 are subject to Evidence of Insurability. These forms are available on the Human Resources web page.

Your current coverage for this benefit is detailed here. If this section is blank you currently do not have coverage. To maintain your current coverage please make the appropriate selection below. To cancel any current coverage or if you do not wish to purchase insurance, please select "Opt Out".

| Current 14-15 Additional Life Ins Spou Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---|----------------------------------|------------|----------------------------------|---------------|
| Additional Life Insurance Empl | \$10,000.00 | | | |

| Pending Elections for This Enrollment Period | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|-------------------|----------------------------------|------------|----------------------------------|---------------|
| You currently have no pending elections for this benefit type. | | | | | |

Please select "Opt Out" if you do not wish to purchase any additional life insurance or if you wish to cancel any insurance currently in effect.

Opt out of 14-15 Additional Life Ins Spou

If you wish to maintain any insurance currently in effect, please select the appropriate coverage below. Increases to the amount of insurance currently in effect OR new enrollees will be required to complete an enrollment form for the insurance carrier and if the amount exceeds the Guarantee Issue amount of \$10,000 you will be required to fill out an Evidence of Insurability Form. These forms are available on the Human Resources Web page. It is your responsibility to complete the required paperwork and submit it to the Human Resources Department by May 25, 2014.

| Select | 14-15 Additional Life Ins Spou Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|---|----------------------------------|------------------|
| <input checked="" type="checkbox"/> | Additional Life Spouse | | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

Continue

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

EMPLOYEES Welcome Kings Employee!

Enter Insurance Coverage Amount

| Insurance | Minimum Coverage Amount Allowed | Maximum Coverage Amount Allowed | Insurance Coverage Amount |
|------------------------|---------------------------------|---------------------------------|---------------------------|
| Additional Life Spouse | \$10,000.00 | \$300,000.00 | 10000 x |

Save information and go to the next form
 Do not save changes and go to the next form

SUBMIT

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

https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDY=8500563908&SS=68APP=HR&CONSTITUENCY=WBEM

KING'S COLLEGE

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

EMPLOYEES Welcome Dummy Employee!

Enter Dependent Information for This Benefit

Benefit
Additional Life Insurance Spouse

Prefix MRS - Mrs. **First Name** Jane **Middle Name** Mary **Last Name** Employee **Suffix**

Marital Status M - Married **Birth Date** 01/01/1960 **SSN** 111-11-1111 **Gender** F **Relationship to Employee** S - Spouse **Check if Full Time Student**

Address Lines
123 Main Street

City Nowhere **State** PA - Pennsylvania **Zip** 18711 **Country**

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)

Benefit Selection

You can elect to purchase additional life insurance on your child(ren) only if you elect to purchase additional life insurance for you as the employee. It is a flat amount of \$10,000 for each child. The rate is \$0.60/month regardless of the number of children covered.

Your current coverage for this benefit is detailed here. If this section is blank you currently do not have coverage. To maintain your current coverage please make the appropriate selection below. To cancel any current coverage or if you do not wish to purchase insurance, please select "Opt Out".

| Current 14-15 Add Life Ins Children Benefits | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|----------------------------------|------------|----------------------------------|---------------|
| Additional Life Insurance Empl | \$10,000.00 | | | |

| Pending Elections for This Enrollment Period | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|--|-------------------|----------------------------------|------------|----------------------------------|---------------|
| You currently have no pending elections for this benefit type. | | | | | |

Please select "Opt Out" if you do not wish to purchase any additional life insurance or if you wish to cancel any insurance currently in effect.

Opt out of 14-15 Add Life Ins Children

If you wish to maintain any insurance currently in effect, please select the appropriate coverage below. You will be required to enter all of the dependent information for the individual you are covering including DOB, SSN# and address.

| Select | 14-15 Add Life Ins Children Benefits | Coverage or Participation Levels | Rate Information |
|-------------------------------------|--|----------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Additional Life Child(ren) | | Rates |

Save information and go to the next form
 Do not save changes and go to the next form

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

EMPLOYEES Welcome Kings Employee!

Enter Insurance Coverage Amount

| Insurance | Minimum Coverage Amount Allowed | Maximum Coverage Amount Allowed | Insurance Coverage Amount |
|----------------------------|---------------------------------|---------------------------------|---------------------------|
| Additional Life Child(ren) | \$10,000.00 | \$10,000.00 | 10000 x |

Save information and go to the next form
 Do not save changes and go to the next form

SUBMIT

WebAdvisor 3.1
POWERED BY DATATEL

The coverage amount for dependent life insurance is \$10,000 for each child. Please enter “10000” in the “Insurance Coverage Amount” and click-on “Continue” to enter each dependent child’s information.

KING'S COLLEGE

CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US

EMPLOYEES

Welcome Dummy Employee!

Enter Dependent Information for This Benefit

Benefit

Additional Life Insurance Child(ren)

| Prefix | First Name | Middle Name | Last Name | Suffix |
|----------|------------|-------------|-----------|--------|
| MR - Mr. | Paul | Thomas | Employee | |

| Marital Status | Birth Date | SSN | Gender | Relationship to Employee | Check if Full Time Student |
|----------------|------------|-------------|--------|--------------------------|-------------------------------------|
| S - Single | 01/01/1960 | 222-22-2222 | M | C - Child | <input checked="" type="checkbox"/> |

Address Lines

123 Main Street

| City | State | Zip | Country |
|---------|-------------------|-------|---------|
| Nowhere | PA - Pennsylvania | 18711 | |

Add another dependent

Save information and go to the next form
 Do not save changes and go to the next form

Continue

If covering dependent child(ren) under supplemental life insurance you will be prompted to enter the required information for **each** child on this screen. The information must be completed in order to maintain or enroll in this benefit. Dependent child is under age 19 or 24 if enrolled full-time in an accredited institution. When all of the information is entered, please click-on "Continue".

Enrollment Confirmation

IMPORTANT

YOUR ELECTIONS ARE NOT COMPLETE UNTIL YOUR FORM IS SIGNED.

Enrollment Confirmation

| Pending Elections for This Benefit Enrollment | Enrollment Action | Coverage or Participation Levels | Dependents | Health Care Provider Information | Beneficiaries |
|---|-------------------|---|---|----------------------------------|--|
| Group Life Insurance | Enroll | | | | Fake Employee 100% (Primary); Fake Child 2 Employee 50% (Contigent); Notreal Employee 50% (Contigent) |
| VALUE \$300 Deductible Custom PPO | Enroll | Family | Fake Employee; Fake Child 2 Employee; Notreal Employee | | |
| Dental Employee | Enroll | | | | |
| Dental Family | Cancel | | | | |
| Vision Family | Enroll | | Fake Employee; Fake Child 2 Employee; Notreal Employee | | |
| Retirement - 1% | Keep/Update | | | | |
| Supplemental Retirement (%) | Enroll | 2.5000% | | | |
| Medical Spending Account | Keep/Update | Annual: \$2,000.00; Pay Period: \$76.93 | | | |
| Dependent Care Spending Acct. | Enroll | Annual: \$4,000.00; Pay Period: \$153.85 | | | |
| Additional Life Insurance Empl | Keep/Update | \$50,000.00 | | | |
| Additional Life Spouse | Enroll | \$10,000.00 | | | |
| Additional Life Child(ren) | Enroll | \$10,000.00 | | | |

- Save Choices and Complete Later
- Save and go back to make other selections or corrections
- Manage Dependents/Beneficiaries
- Ready to sign

By clicking the Submit Final Enrollment button below, I understand that I cannot change or revoke my election for medical, dental, vision, additional life insurance, or flexible spending accounts as of any date prior to the next open enrollment period unless I notify the Human Resources office within 30 days of a qualified change in status. The information provided is true and correct to the best of my knowledge and I accept the provisions that I have read and understood. Please note: if you are enrolling or changing your additional life benefit, or elected a medical or dependent care spending account, an additional paper application is needed. You can obtain the applications on the HR webpage or the HR office. Please have forms in to HR by May 31, 2014. All medical, dental, vision, medical/dependent care spending accounts will be taken on a pre-need basis.

Electronic Signature for Final Enrollment

SUBMIT

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

The screenshot shows a web browser window with the following elements:

- Address Bar:** <https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX=>
- Page Title:** Confirmation Complete
- Navigation Menu:** CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US
- Header:** KING'S COLLEGE
- Section:** EMPLOYEES
- Welcome Message:** Welcome Kings Employee!
- Main Content:**
 - Confirmation Complete**
 - Thank you for completing your Open Enrollment Form. You do not need to complete any additional forms unless you are enrolling or changing your additional life insurance benefit and/or medical/dependent care spending accounts. If applicable, please have those forms in Human Resources by May 27, 2014. If you are waiving medical coverage please supply proof of coverage to HR hard-copy or to HumanResources@kings.edu by May 27, 2014.
 - OK** button
- Footer:** CHANGE PASSWORD | LOG OUT | MAIN MENU | EMPLOYEES MENU | HELP | CONTACT US
- Page Info:** WebAdvisor 3.1 POWERED BY DATATEL

The browser's taskbar at the bottom shows the Windows Start button, Internet Explorer, File Explorer, Mail, and other applications. The system tray displays the time as 9:07 PM on 4/23/2014.

This is the confirmation page you will receive to indicate your 14-15 Open Enrollment elections are complete.