Benefit Enrollment 15–16

- This is a step-by-step guide to making your 2015–2016 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.
All elections must be made by May 22, 2015. If the elections are not made you will default enroll in your same level of coverage 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.
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, 2015.
Login to WebAdvisor

Please click on "WebAdvisor"
Login to WebAdvisor

Click Login To WebAdvisor
Login to WebAdvisor

Please click-on “Log In”
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

Please click-on “EMPLOYEES” from your menu options. (Please note your screen may have a different number of options than this example.)
You have two options on this screen. The first is “Current Benefits”, which displays your current benefit elections. The second is “15-16 Benefit Enrollment” which is the area you will enter to make your 15-16 Benefit Enrollment elections.
To make your 15-16 Open Enrollment elections, please click-on “15-16 Benefit Enrollment”. You will be allowed to enter this area and make elections through May 22, 2015. 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 EVERY Benefit option and then click “Continue”.
Select Group Life Insurance and hit Continue. This is to designate your beneficiaries.
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.
Select “ADD NEW” if beneficiary or entity is not listed and hit Submit
Fill in form with beneficiary information. Select the Save Information and go on to the next form and hit the Submit button.
If you do not need to add more beneficiaries, then select “ADD NEW” again. Otherwise, select Return to Beneficiaries for this Benefit form and hit the Continue button.
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
If you do not need health insurance click-on “Opt Out”.

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.
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”.
If you need to add a dependent you must enter his/her name, DOB, SSN, address. When all have been entered click on “SUBMIT”.
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”.
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.

Opt out of this benefit here.
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.
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.
If you are not contributing at the 5% max level for retirement, then choose Opt out.

If you have elected to contribute at the 5% level and wish to contribute more, select Supplemental Retirement Amount or Supplemental Retirement Percentage.
In this example, the employee choose to have an percentage withheld from his pay in addition to his 5%. 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 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”.
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 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”.

If you do not want this benefit click-on “Opt Out”. 
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.
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.
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, 2015 are the sole responsibility of the employee.
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.
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, 2015 are the sole responsibility of the employee. You will not be reminded to complete this process.
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.
The coverage amount for dependent life insurance is $10,000 for each child. Please enter “10000” in the “Insurance Coverage Amount” and click-on “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”.

<table>
<thead>
<tr>
<th>Pending Elections for This Benefit Enrollment</th>
<th>Enrollment Action</th>
<th>Coverage or Participation Levels</th>
<th>Dependents</th>
<th>Health Care Provider Information</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS-16 Dependent Care Spending</td>
<td>Opt Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS-16 Add Life to Children</td>
<td>Opt Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Life Insurance</td>
<td>Keep/Update</td>
<td></td>
<td></td>
<td>Fake Employee 100% (Primary); Non-</td>
<td></td>
</tr>
<tr>
<td>VALUE 5000 Deductible Custom PPO</td>
<td>Keep/Update</td>
<td>Family</td>
<td>Happy Every</td>
<td>Employee 100% (Contingent)</td>
<td></td>
</tr>
<tr>
<td>Dental Family</td>
<td>Enroll</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Employee</td>
<td>Enroll</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Red - 5%</td>
<td>Enroll</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Retirement Percentage</td>
<td>Enroll</td>
<td>2.0000%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Spending Account</td>
<td>Enroll</td>
<td>Medical Flexible Spending - Ann:</td>
<td>Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5,550.00; Pay Period: $90.00</td>
<td>Period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Life Insurance Elig</td>
<td>Enroll</td>
<td>$50,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Life Spouse</td>
<td>Enroll</td>
<td>$50,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By clicking the final 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 selected a medical or dental care spending account, an additional paper application is needed. You can obtain the applications on the HR website or the HR office. Please turn forms to HR by May 27, 2019. All medical, dental, vision, medical and dependent care spending accounts will be taken on a year to year basis.

☐ Electronic Signature for Final Enrollment

SUBMIT
This is the confirmation page you will receive to indicate your 15-16 Open Enrollment elections are complete.