Benefit Enrollment 15-16

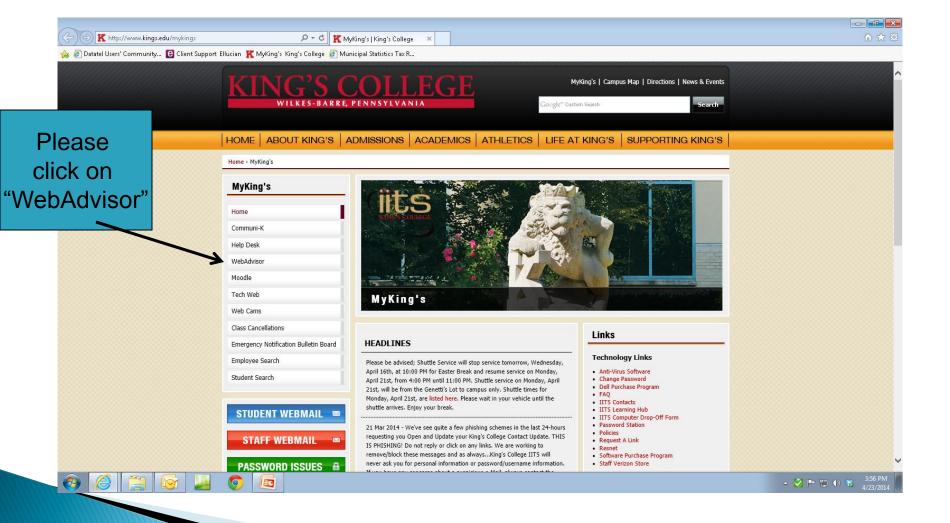
- This is a step-by-step guide to making your 2015-2016 Open Enrollment elections and defining your beneficiaries through Web Advisor.
- ▶ The entire process takes approx 5–10 minutes to complete.
- You will need the DOB, address, and SSN# for each new dependent/beneficiary you are enrolling. Make sure you have this information in front of you <u>BEFORE</u> you begin.

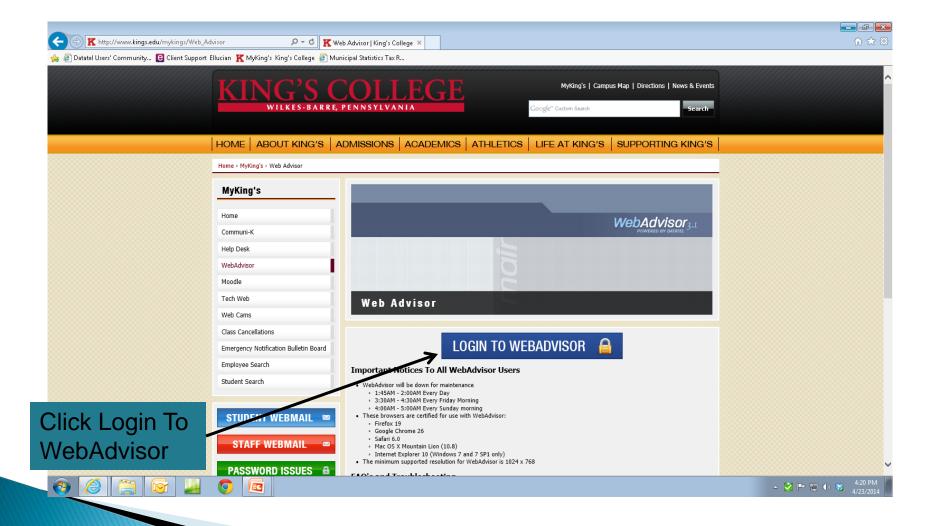
Instructions

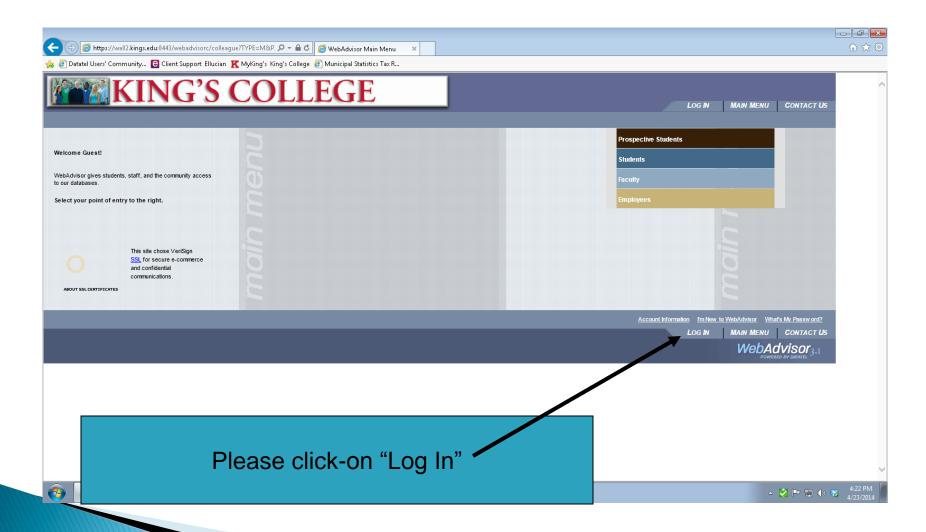
- All elections must be made by May 22, 2015. If the elections are not made you will default enroll in your same level of coverage and all elective benefits will be terminated.
- You need to either elect/update or opt out of every benefit. Do not skip any benefit option.
- If you do not wish to elect 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.

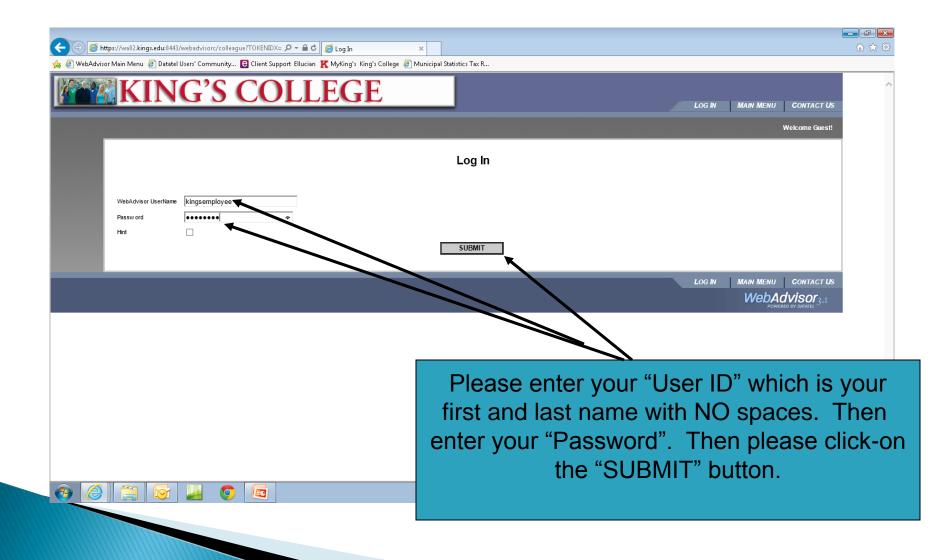
Employee Responsibilities

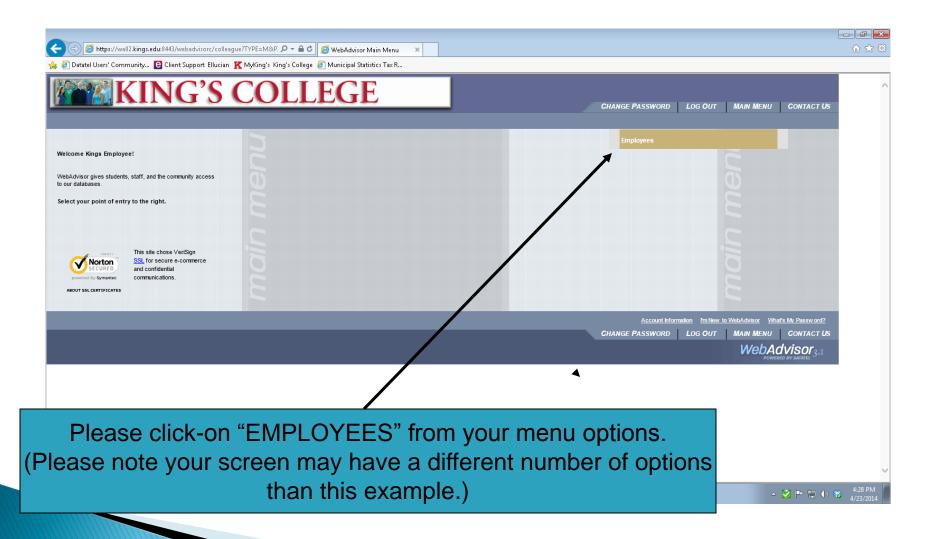
Any changes or new enrollments for a medical spending account, dependent care spending account, and/or additional life insurance will require additional forms. You can find these forms within the WebAdvisor Benefit Enrollment screens by clicking on the blue hyperlinked text or by accessing the Benefit portion of the Human Resources Website. These need to be in the HR office by May 27, 2015.











Benefit Enrollment

KING'S COLLEGE	CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US
	Welcome Kings Employee!
The following links may display confidential information.	
User Account	Communication
Im New to WebAdvisor What's my User ID? What's my passw ord Change Passw ord Address Change	My Documents
Employee Profile	
Position Summary Leave Ban Summary My Stiends W-2 Electronic Consent W-2 Statements T4 Electronic Consent Current Benefits 15-16 Benefit Enrollment	
	CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US
	WebAdvisor ₃₋₁



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.

Click on Benefit Enrollment

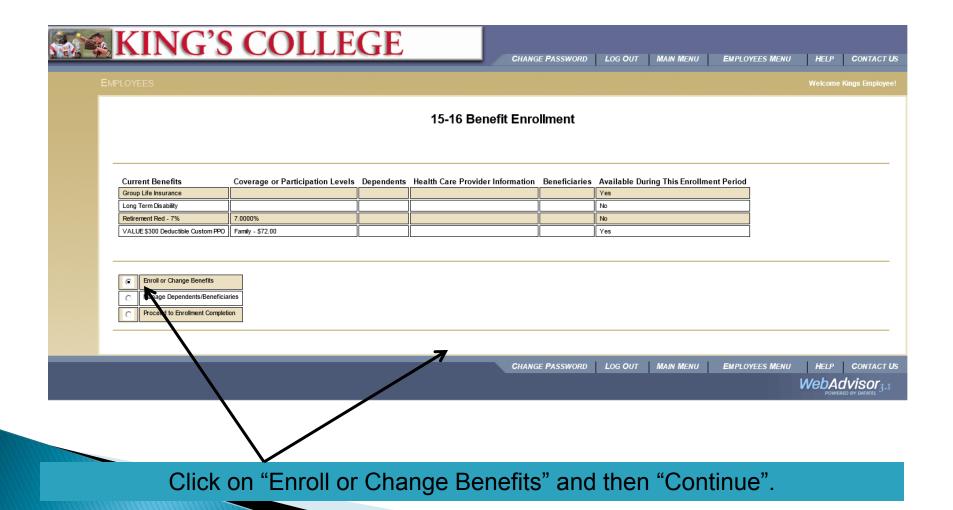
KING'S COLLEGE	CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US
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	CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US
	WebAdvisor _{3.1}

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.

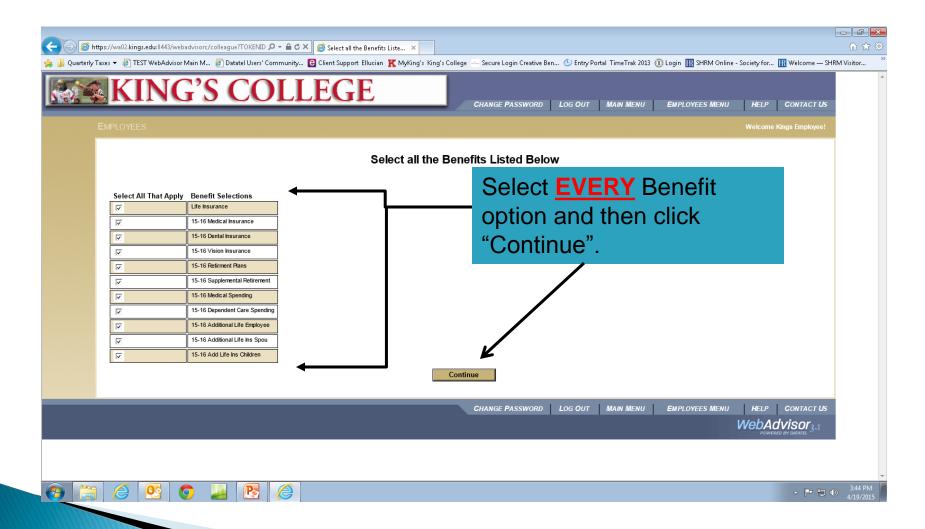
After this date, the system will not allow you to enter this area.

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.

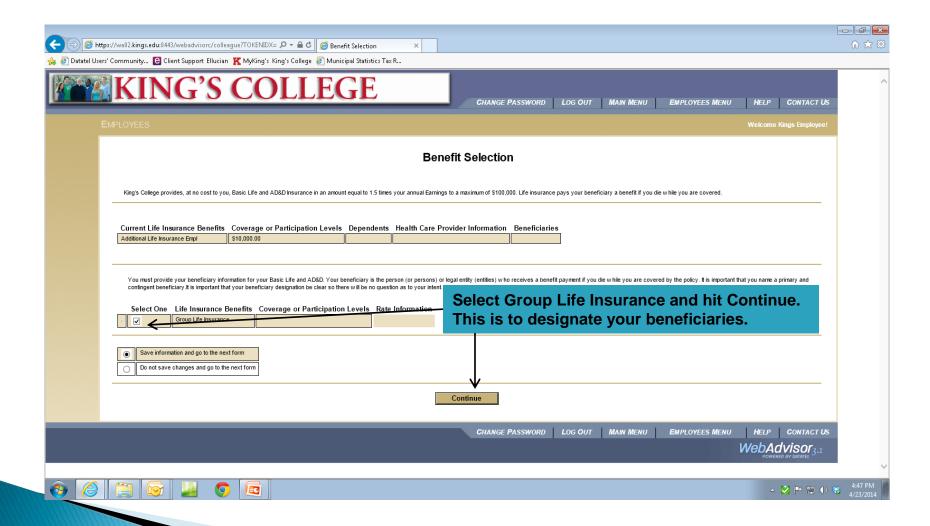
Enroll or Change Benefits



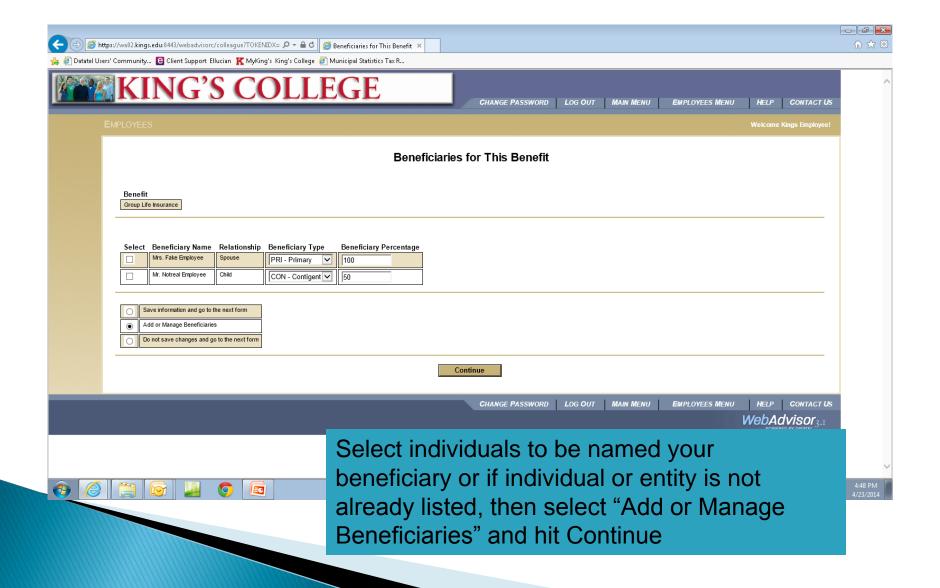
Select every Benefit

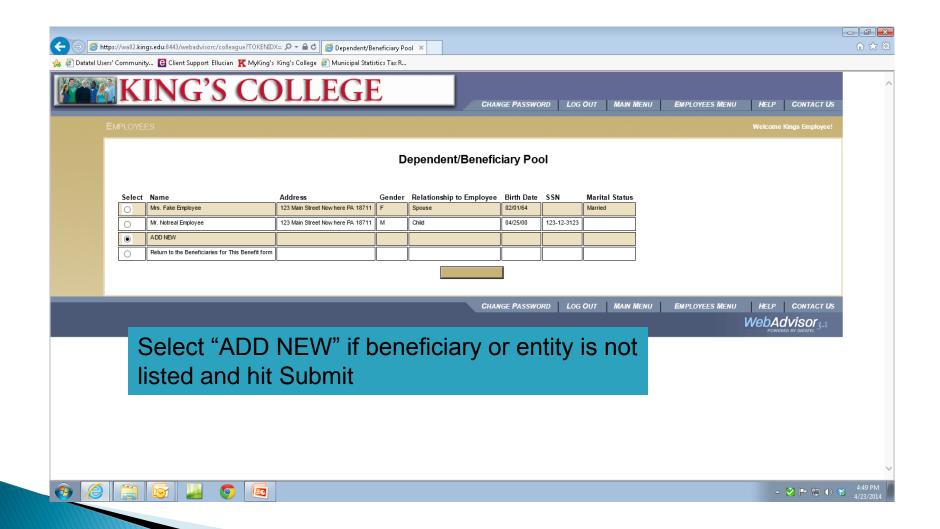


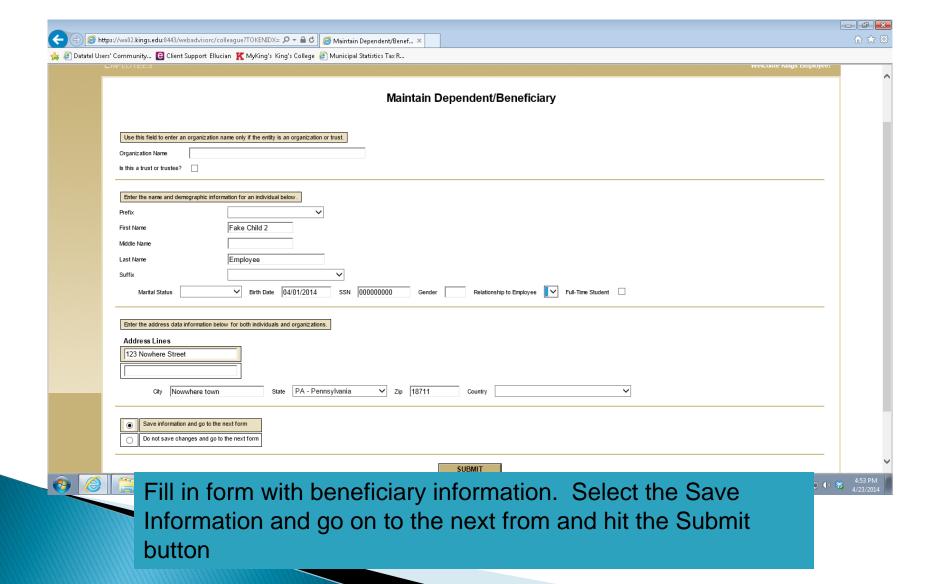
Select Group Life Insurance

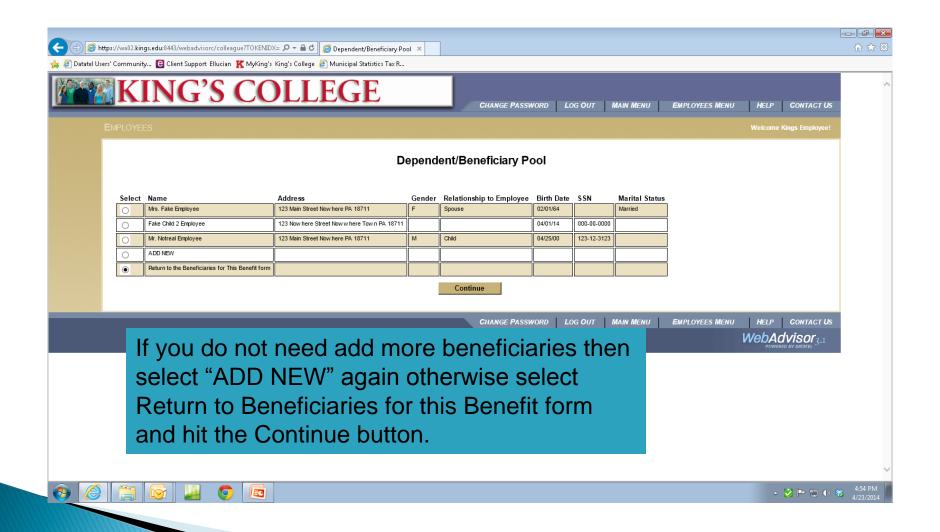


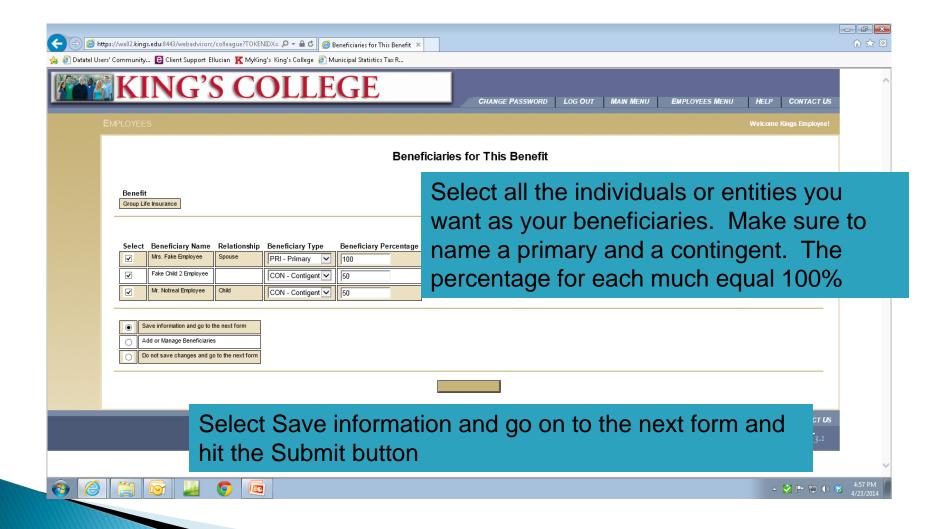
Designation of Beneficiaries



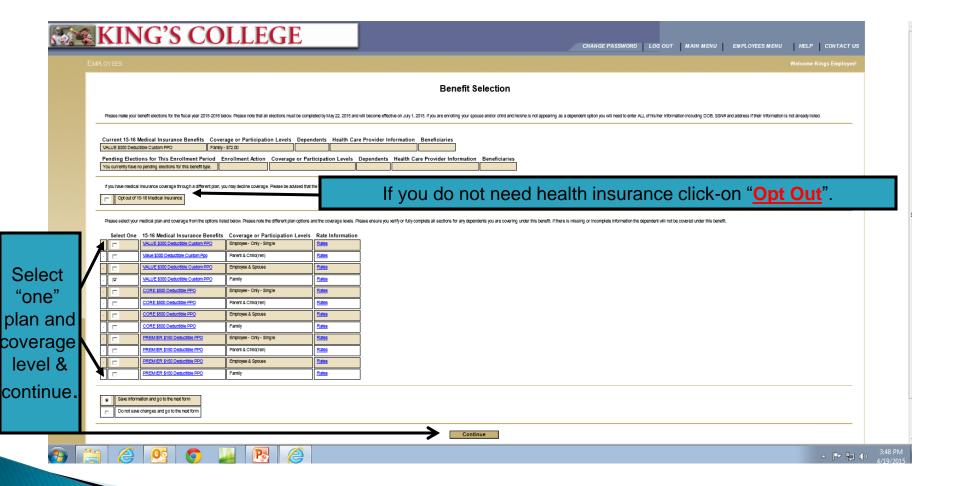






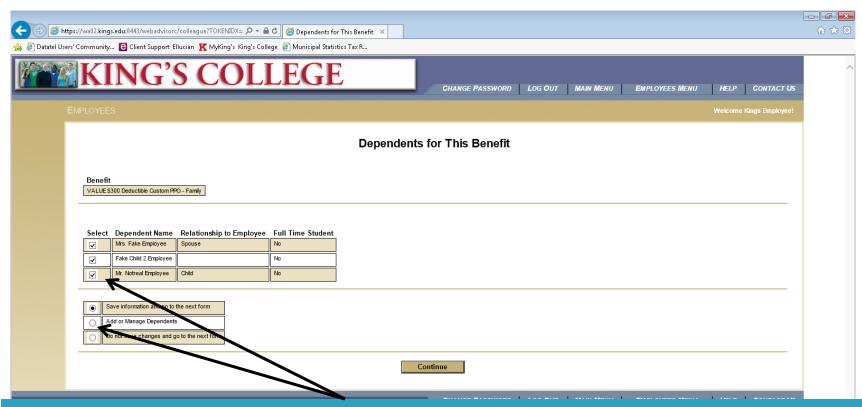


Medical Insurance



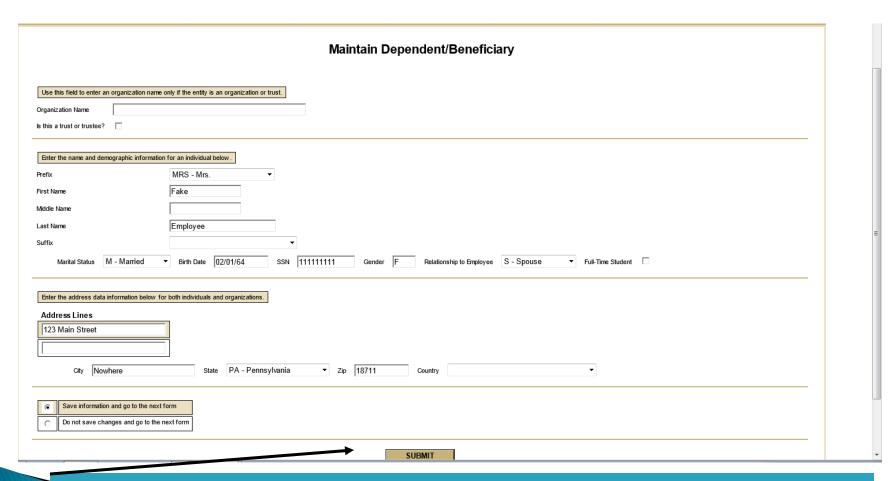
If you click on the blue text "Rates" it will take you to the rate table for each benefit.

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".

Dependent Info



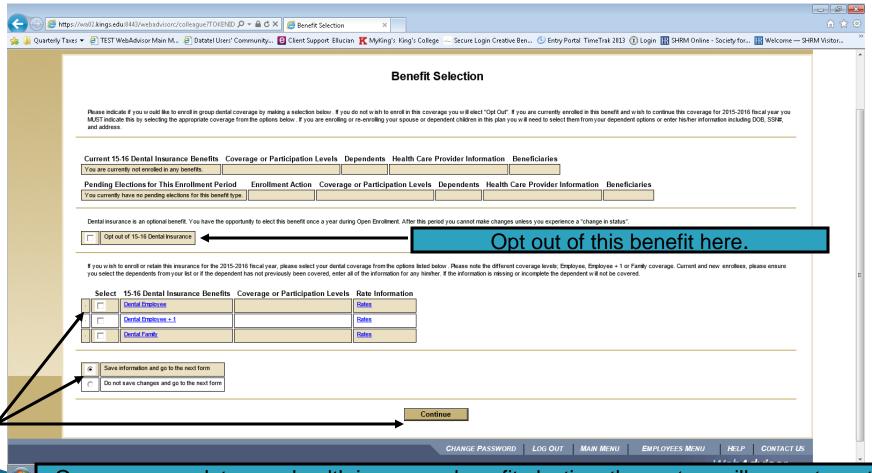
If you need to add a dependent you must enter his/her name, DOB, SSN, address. When all have been entered click on "SUBMIT".

Dependent Info

Maintain Dependent/Beneficiary

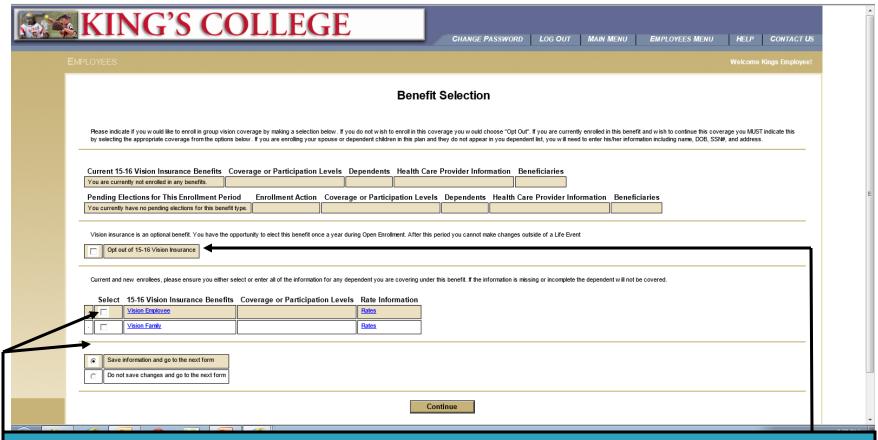
Use this field to enter an organization name	ne only if the entity is an organization or trust.	
Organization Name		
Is this a trust or trustee?		
Fater the course and demonstrate information		
Enter the name and demographic informati	on for an individual below.	
Prefix		
First Name	Нарру	
Middle Name	Today	
Last Name	Everyday	
Suffix	lacksquare	
Marital Status	▼ Birth Date 1/11/1111 SSN 222222222 Gender f Relationship to Employee C - Child ▼ Full-Time Student	
Address Lines Pine Cone Lane City Wilkes-Barre	for both individuals and organizations. State PA - Pennsylvania Zip 18711 Country	
Save information and go to the nex	t form	
If you are covering more than 1 dependent you will continue to click-on		
Add an	other dependent" and fill in the information for each. When done	
entering	gall of the dependents you are covering under this benefit, please	
	on "Save information and go to the next form" and "Continue"	
CHCK	on save information and go to the next form, and Continue	

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

	KING'S COLLEGE	CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU HELP CONTACT US			
		Welcome Kings Employee!			
Benefit Selection					
	The College offers a siding 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. Please be advised that if you currently contribute greater than 5%, and wish to continue contributing greater than 5%, please elect Retirement 5% below and put the remainer amount in the Supplemental Retirement % or Supplemental Retirement Amount.					
	Current 15.16 Retirment Plans Benefits Coverage or Participation Levels Dependents Health C Retirement Red - 7% 7.0000%	If you wish to contribute			
Please note that in addition to Benefit Enrollment, you can change your retirement percentage throughout the year by filling out an Agreement for Salary Reduction form located on the Hu Select One 15-16 Retirment Plans Benefits Coverage or Participation Levels Rate Information more than 5%, then select 5% and put the					
		remaining amount into a			
	Retirement Red - 3% Rates	Supplemental			
	Retirement Red - 4% Rates				
	Retirement Red - 5%	Retirement Percentage			
	Save information and go to the next form Do not save changes and go to the next form	on the next screen			
		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.

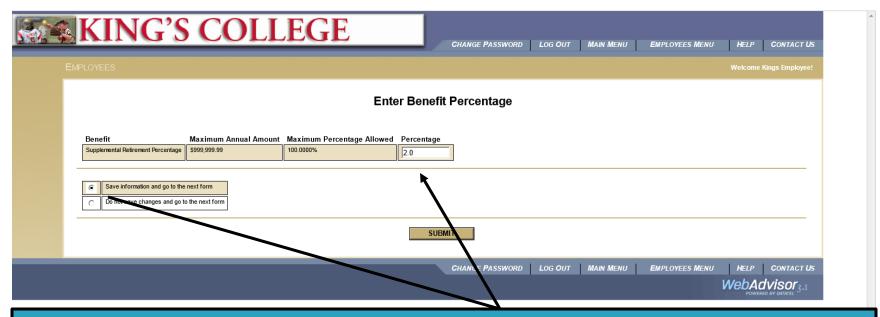
If you wish to maintain the same percentage please choose the corresponding percentage from the options listed. Click Continue.

Supplemental Retirement

KING'S COLLEGE	CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU HELP CONTACT US			
	Welcome Kings Employee!			
Benefit Selection				
You can only make a additional contribution into a Supplemental Retirement Amount or Supplemental Retirement % if you currently are or elected 5%. You can contribute either a flat dollar amount or a percentage, but not both. Please indicate the amount or percentage additional you would like withheld for your Retirement Account. If you do not want to contribute an additional amount to your 5%, 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 15-16 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.				
Opt out of 15-16 Supplemental Retirement If you are not contributing at the 5% max level for retirement,				
Please select the dollar amount or percentage additional to withhold from you pay. T				
Select 15-16 Supplemental Retirement Benefits Coverage or Participation Levels Supplemental Retirement Amount Supplemental Retirement Amount Supplemental Retirement Percentage	ion			
Save information and go to the next form				
Do not save changes and go to the next form Cor	tinue			

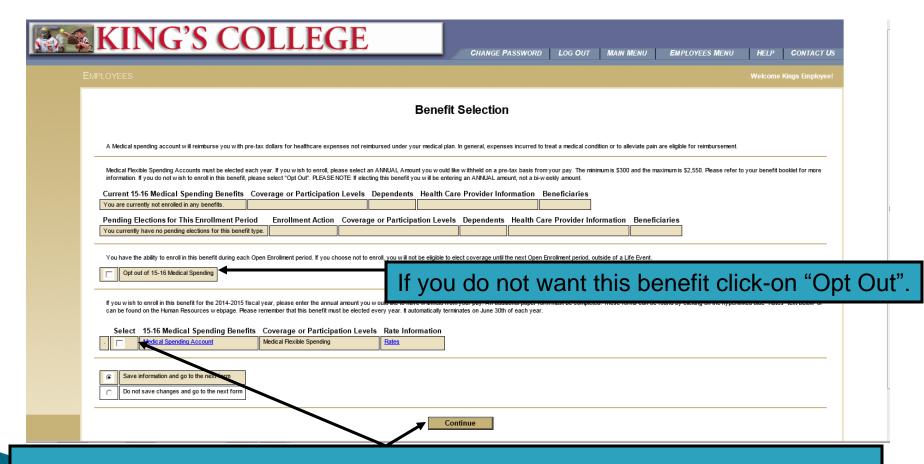
If you are have elected to contribute at the 5% level and wish to contribute more, select Supplemental Retirement Amount or Supplemental Retirement Percentage.

Supplemental Retirement Amount or 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.

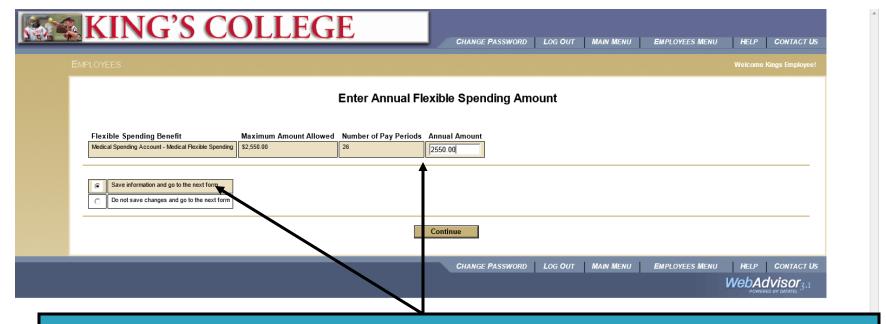
Medical Spending



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

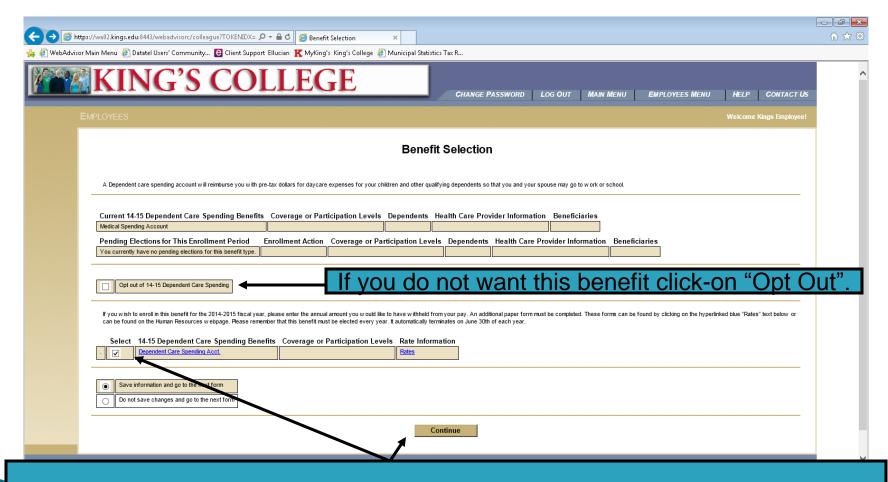
If you do not want this benefit, click-on "Opt Out" and then "Continue".

Medical Spending



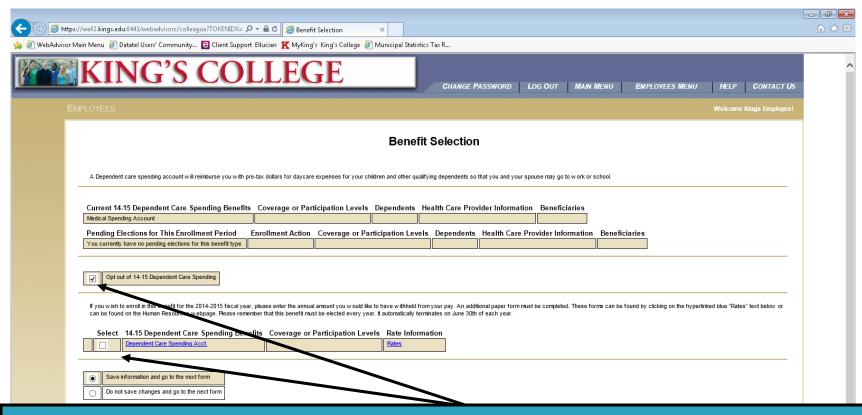
If you chose to enroll in the Medical Spending Account, you will have this screen in front of you. Please select an ANNUAL dollar amount you wish to have withheld from your pay on a tax-deferred basis for eligible medical expenses and click-on "Continue". If you chose "Opt Out" for this benefit, this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

Dependent Care Spending



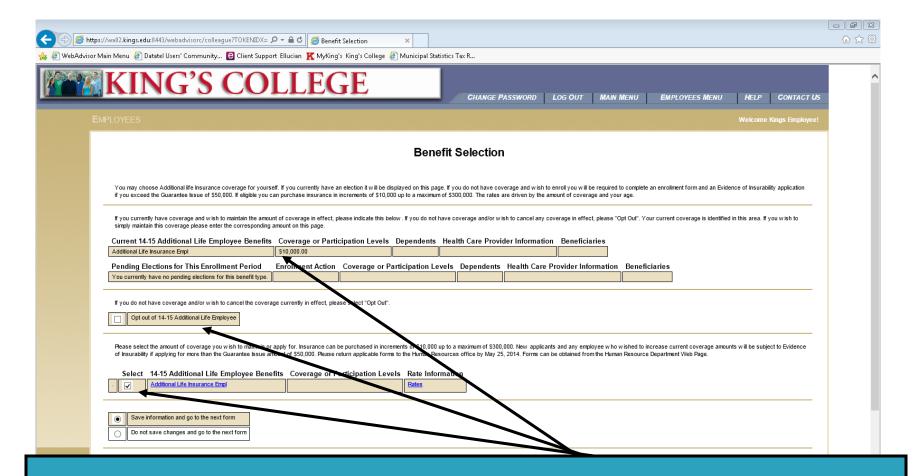
Dependent Care Spending accounts must be elected each year. If you would like to enroll in this benefit, click-on "Dependent Care Spending Account" and "Continue". If you do not want this benefit, click-on "Opt Out" and then "Continue".

Dependent Care Spending



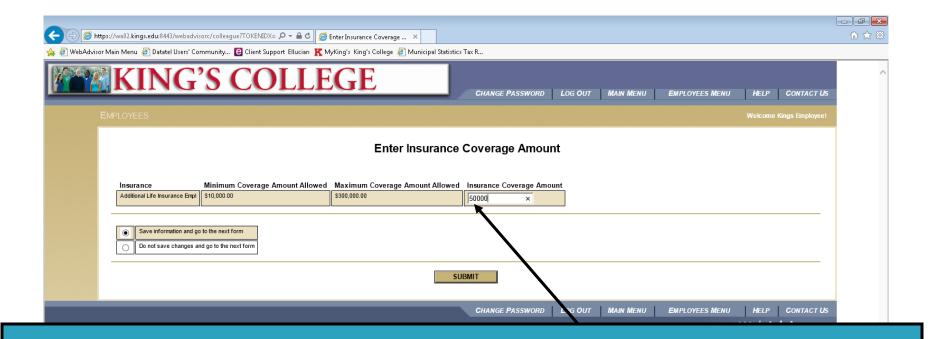
If you chose to enroll in the Dependent Care Spending Account, you will have this screen in front of you. Please select an ANNUAL dollar amount you wish to have withheld from your pay on a tax-deferred basis for eligible dependent care expenses and click-on "Continue". If you chose "Opt Out" for this 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



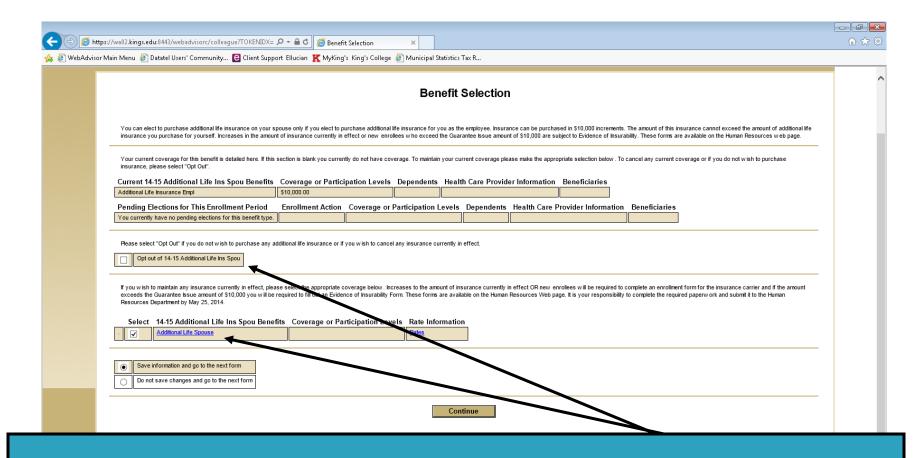
If you elected to maintain, change or enroll in this benefit you will receive this screen. Please enter the amount of life insurance you wish to apply for or the amount currently in effect to maintain coverage. Please note any changes or new enrollees must also complete a hard copy enrollment form and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

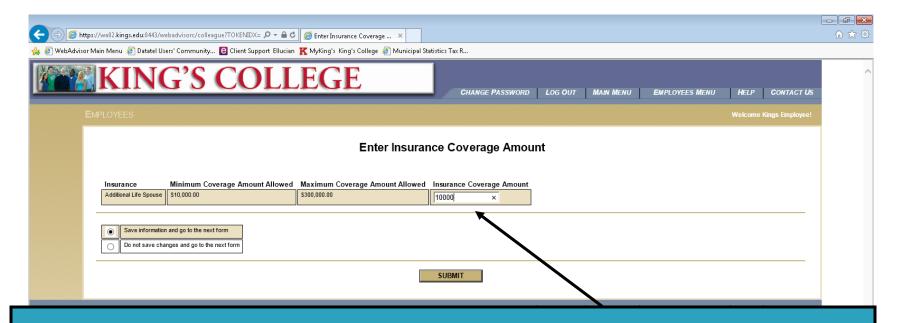
Completion and submission of required forms by May 27, 2015 are the sole responsibility of the employee.

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.

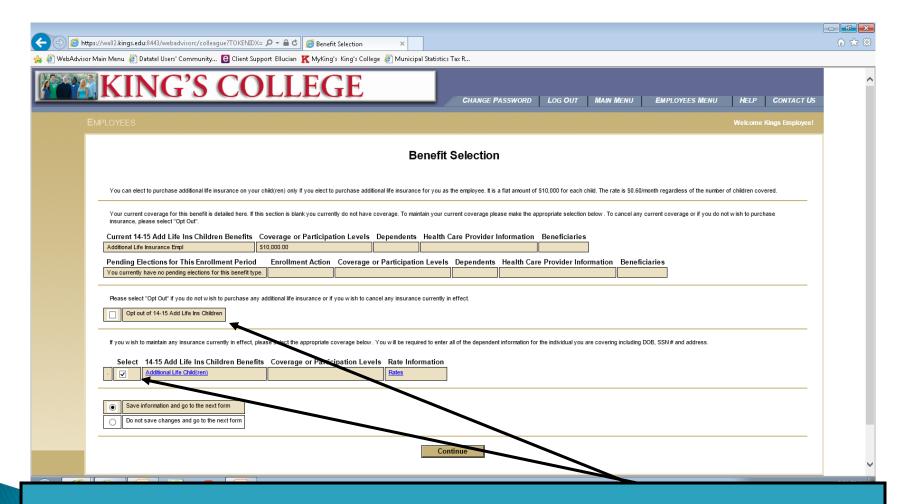
Additional Life-Spouse



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.

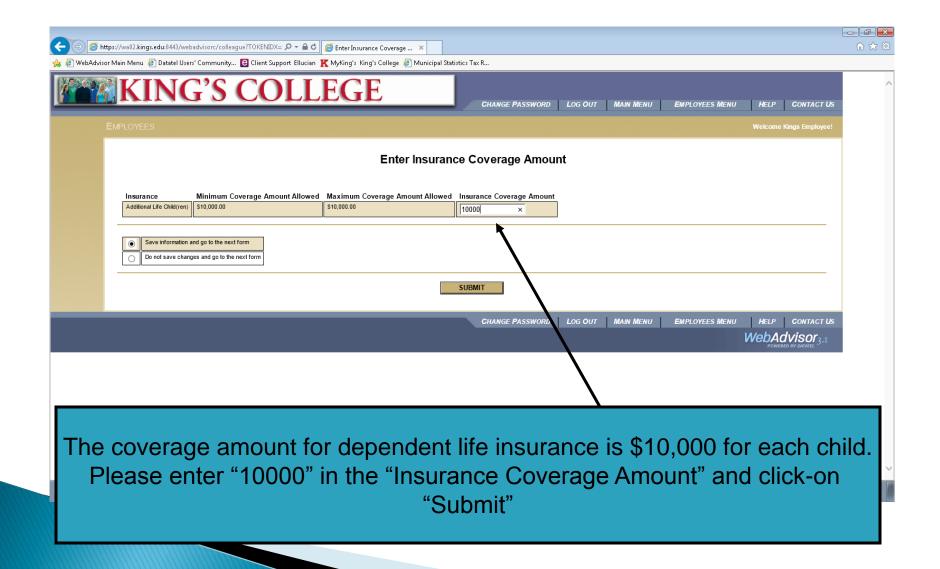
Please note any changes or new enrollees must also complete a hard copy change form and an "Evidence of Insurability" form if the amount exceeds the Guarantee amount which can be found on the Human Resources web page. All applications are subject to approval by the insurance carrier. Completion and submission of required forms by May 27, 2015 are the sole responsibility of the employee. You will not be reminded to complete this process.

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.

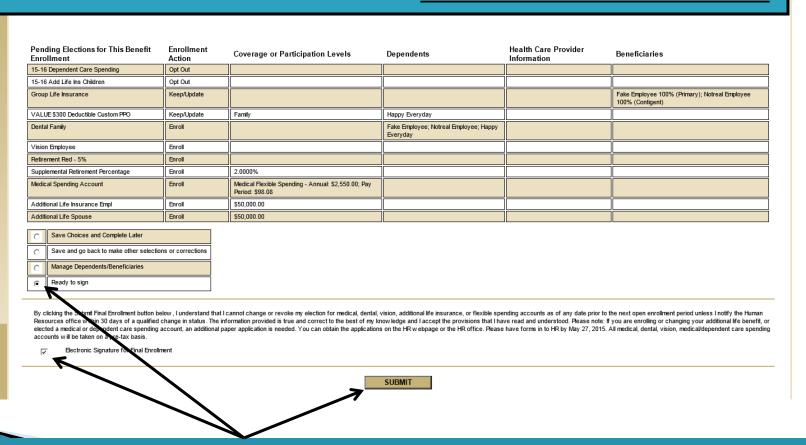
Additional Life-Children



Enrollment Confirmation

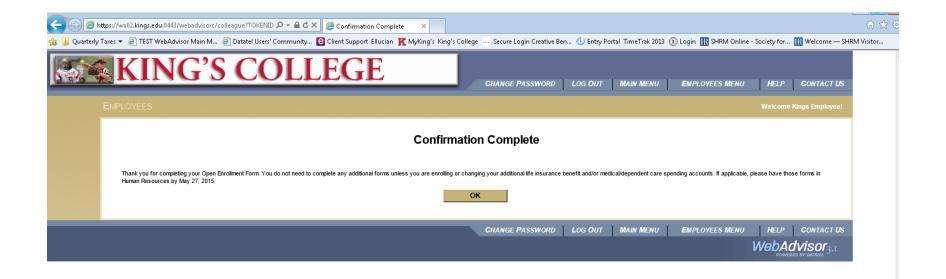
IMPORTANT

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



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



