

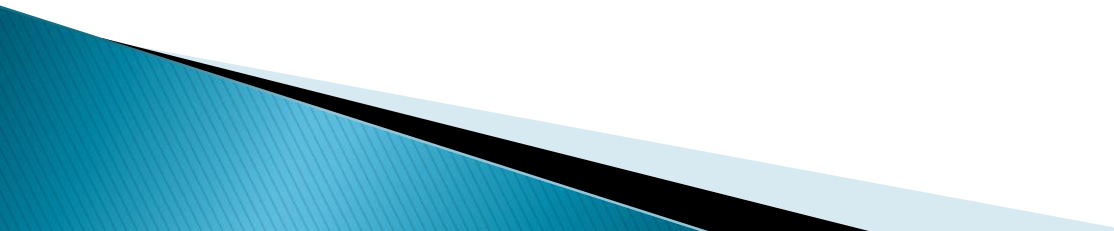
Benefit Enrollment

2017

Benefit Enrollment 17-18

- ▶ This is a step-by-step guide to making your 2017-2018 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 19, 2017**. 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 31, 2017.

Login to WebAdvisor

Please click on "WebAdvisor"

The screenshot shows the King's College MyKing's website. At the top, there is a navigation bar with a "MENU" button on the left, the King's College logo in the center, and a "SEARCH" button on the right. Below the navigation bar is a large banner image of a building and a statue. A blue callout box on the left contains the text "Please click on 'WebAdvisor'" with an arrow pointing to the "WebAdvisor" link in the navigation menu. The main content area features a breadcrumb trail "Home > MyKing's", a "Follow King's IITS on Twitter" button, and a "HEADLINES" section with three news items.

Home > MyKing's

Follow King's IITS on Twitter

MYKING'S

- Help Desk
- WebAdvisor**
- Moodle
- Tech Web

HEADLINES

For the latest King's College IITS News, Announcements, Tips & more...Follow Us On Twitter @KingsIITS

As we expand KC Wireless, you may have discovered deactivated ports in your residence hall. If you need assistance in setting up some smart devices, [we put together a guide](#) that might help. Further questions can be referred to the Help Desk.

Don't forget—your King's College Email/Office365 account comes with free downloads of Office 2013 for up to 5 devices. [Get your complimentary copies today.](#)

New students: Have you set up all your administrative services at King's? [This guide/checklist](#) covers all the things a new student should be familiar with.

Login to WebAdvisor

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

Web Advisor | King's College

Quarterly Taxes ACA Colleague Ellucian MyKing's King's College Creative Benefits, Inc. Pas... Encrypted Email Login Entry Portal TimeTrak 2013 Login CBY Systems, Inc. - Login SHRM Online - Society for... Welcome - SHRM Visitor... CUPA-HR Home - King's College Jo...

MENU

KING'S COLLEGE
TRANSFORMATION. COMMUNITY. HOLY CROSS.

SEARCH

WEB ADVISOR

Home > MyKing's > Web Advisor

MYKING'S

LOGIN TO WEBADVISOR

If you are experiencing an "Internet Explorer cannot display the webpage" message when accessing WebAdvisor, follow these steps below to correct the issue:

Login to WebAdvisor

The image shows a screenshot of the King's College WebAdvisor website. The browser's address bar displays the URL: <https://wa02.kings.edu:3443/webadvisor/colleague?TYPE=M&PID=COPE-WBMA>. The page header features the King's College logo and navigation links for [LOG IN](#), [MAIN MENU](#), and [CONTACT US](#). A vertical "main menu" is visible on the left side of the page. The main content area includes a "Welcome Guest!" message, a brief description of WebAdvisor, and a selection prompt: "Select your point of entry to the right." A sidebar on the right contains a menu with options: [Prospective Students](#), [Students](#), [Faculty](#), and [Employees](#). At the bottom of the page, 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 3.2" logo is also present. 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 corner of the page.

WebAdvisor Main Menu

Quarterly Taxes ACA Colleague Ellucian MyKing's King's College Creative Benefits, Inc. Pas... Encrypted Email Login Entry Portal TimeTrak 2013 Login CBY Systems, Inc. - Login SHRM Online - Society for... Welcome - SHRM Visitor... CUPA-HR Home - King's College Jo...

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](#)

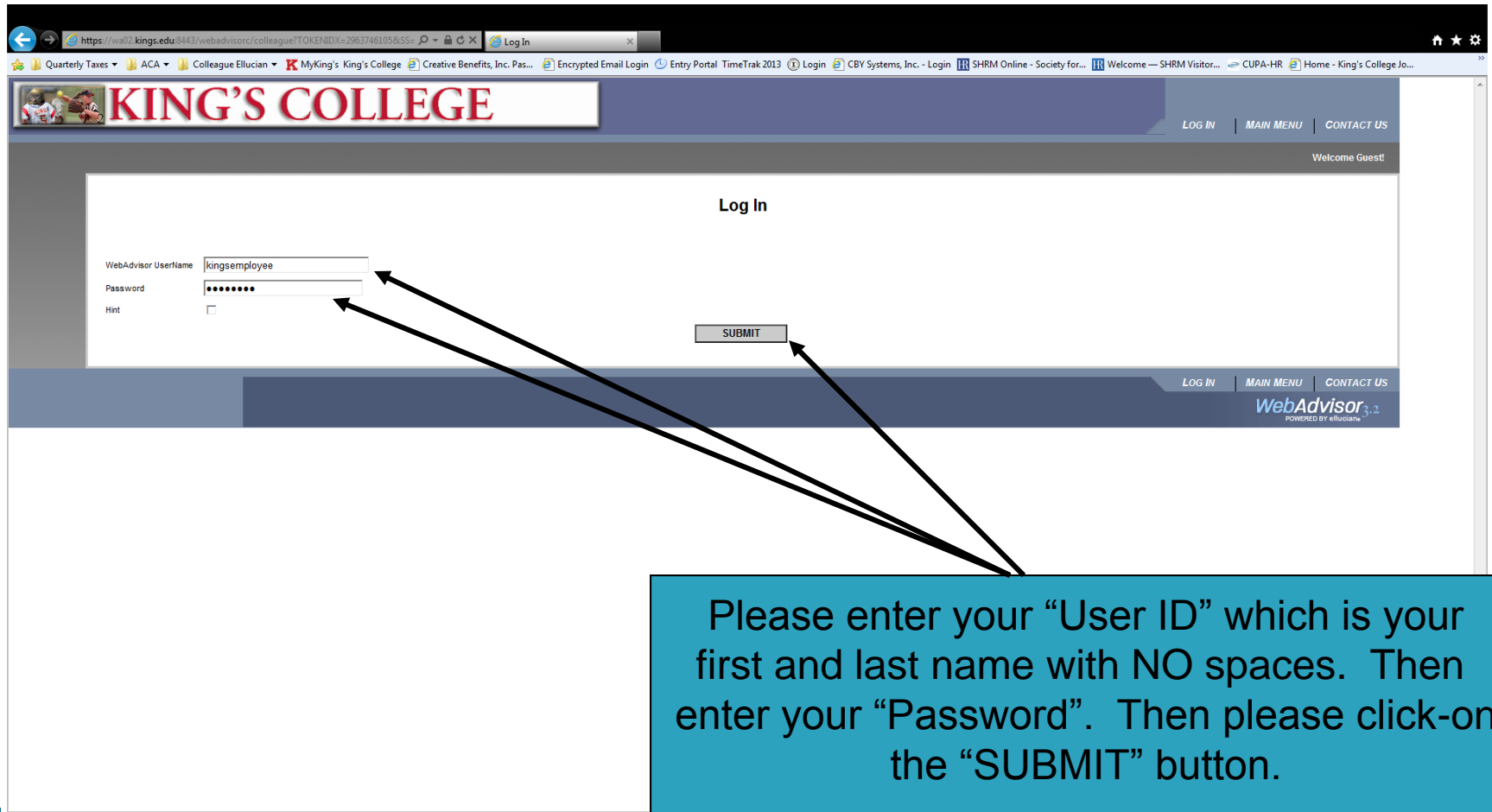
[Account Information](#) [I'm New to WebAdvisor](#) [What's My Password?](#)

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

WebAdvisor 3.2
POWERED BY ellucian

Please click-on "Log In"

Login to WebAdvisor



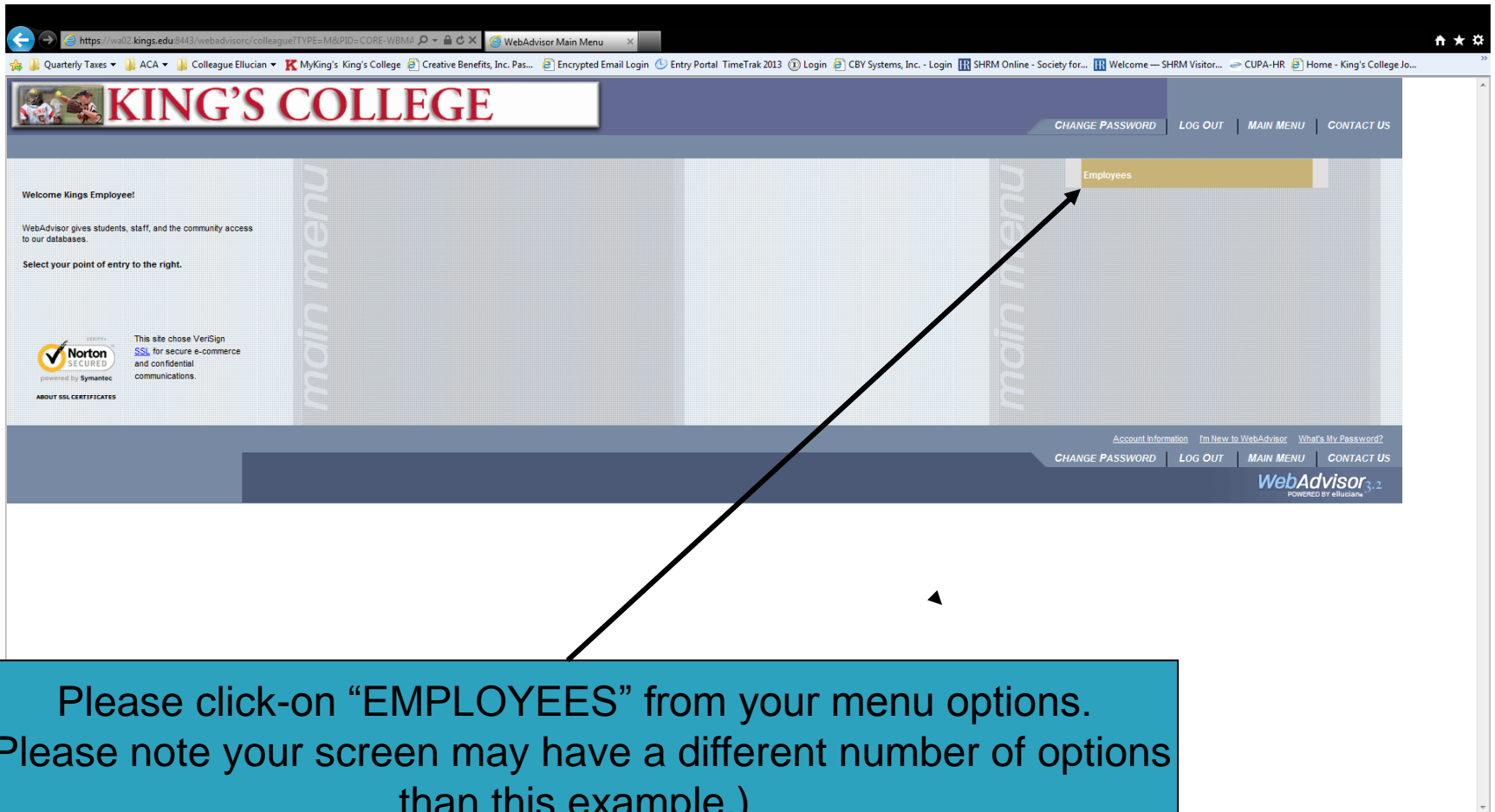
The screenshot shows a web browser window with the URL <https://wa02.kings.edu:3443/webadvisor/colleague?TOKENID=x-2963746105&SS=...>. The page features the King's College logo and navigation links for LOG IN, MAIN MENU, and CONTACT US. The main content area is titled "Log In" and contains a form with the following fields:

- WebAdvisor UserName:
- Password:
- Hint:
- SUBMIT button

Three black arrows originate from a blue text box at the bottom right and point to the Username field, the Password field, and the SUBMIT button. The text box contains the following instructions:

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



The screenshot shows the WebAdvisor main menu for King's College. The browser address bar displays the URL: <https://wa02.kings.edu:3443/webadvisor/colleague?TYPE=M&PID=CORE-WBMA>. The page header includes the King's College logo and navigation links: [CHANGE PASSWORD](#), [LOG OUT](#), [MAIN MENU](#), and [CONTACT US](#). The main content area features a "Welcome Kings Employee!" message and a "main menu" section. A yellow highlight is placed over the "Employees" option in the menu, with a black arrow pointing to it from a text box below. The footer contains links for [Account Information](#), [I'm New to WebAdvisor](#), and [What's My Password?](#), along with another set of navigation links: [CHANGE PASSWORD](#), [LOG OUT](#), [MAIN MENU](#), and [CONTACT US](#). The WebAdvisor logo (version 3.2) is also present in the footer.

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://ws02.kings.edu:8443/webadvisor/colleague?TOKENIDY=9256112536&styp... WebAdvisor for Employees

FLSA Quarterly Taxes ACA Colleague Ellucian MyKing's King's College Human Resources Depart... Creative Benefits, Inc. Pas... Encrypted Email Login Entry Portal TimeTrak 2013 Login CBY Systems, Inc. - Login SHRM Online - Society for... Welcome - SHRM Visitor... CUPA-HR

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?](#)
 - [Change Password](#)
 - [Address Change](#)
- Employee Profile**
 - [Position Summary](#)
 - [Leave Plan Summary](#)
 - [My Stipends](#)
 - [Total Compensation](#)
 - [Pay Advances](#)
 - [View Pay Advances \(For Administrators\)](#)
 - [W-2 Electronic Consent](#)
 - [W-2 \(For Administrators\)](#)
 - [W-2 Statements](#)
 - [T4 Electronic Consent](#)
 - [Current Benefits](#)
 - [17-18 Benefit Enrollment](#)
- Time Entry and Approval**
 - [Time entry](#)
 - [Time history](#)
 - [Time approval \(for supervisors\)](#)
 - [Employee history \(for supervisors\)](#)
- Communication**
 - [My Documents](#)
- Financial Information**
 - [Budget selection](#)
 - [Budget summary](#)
- Budgeting**
 - [Budget selection](#)
 - [Budget summary](#)
- Purchase Orders**
- Work Orders**

CHANGE PASSWORD LOG OUT MAIN MENU EMPLOYEES MENU CONTACT US

WebAdvisor 3.2
POWERED BY elluciana

You have two options on this screen. The first is “Current Benefits”, which displays your current benefit elections. The second is “17-18 Benefit Enrollment” which is the area you will enter to make your 17-18 Benefit Enrollment elections.

Click on Benefit Enrollment

The following links may display confidential information.

User Account

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

Employee Profile

- [Position Summary](#)
- [Leave Plan Summary](#)
- [My Records](#)
- [W-2 Electronic Consent](#)
- [W-2 Statements](#)
- [T4 Electronic Consent](#)
- [Current Benefits](#)
- [17-18 Benefit Enrollment](#)

Communication

- [My Documents](#)

To make your 17-18 Open Enrollment elections, please click-on “17-18 Benefit Enrollment”. You will be allowed to enter this area and make elections through May 19, 2017. 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

16-17 Benefit Enrollment

Current Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries	Available During This Enrollment Period
Dental Family	\$26.63				Yes
Group Life Insurance					Yes
Long Term Disability					No
Retirement Red - 5%	5.0000%				Yes
VALUE \$300 Deductible Custom PPO	Family - \$94.00				Yes
Vision Family	\$4.38				Yes

[Enroll or Change Benefits](#)
[Change Dependents/Beneficiaries](#)
[Proceed to Enrollment Completion](#)

[Continue](#)

Click on “Enroll or Change Benefits” and then “Continue”.

Select every Benefit

KING'S COLLEGE

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

EMPLOYEES Welcome Beth Ann Kolodgie!

Benefits to Enroll or Change

Select All That Apply	Benefit Selections
<input checked="" type="checkbox"/>	Life Insurance
<input checked="" type="checkbox"/>	17-18 Medical Insurance
<input checked="" type="checkbox"/>	17-18 Dental Insurance
<input checked="" type="checkbox"/>	17-18 Vision Insurance
<input checked="" type="checkbox"/>	17-18 Retirement Plans
<input checked="" type="checkbox"/>	17-18 Supplemental Retirement
<input checked="" type="checkbox"/>	17-18 Roth Retirement
<input checked="" type="checkbox"/>	17-18 Medical Spending
<input checked="" type="checkbox"/>	17-18 Dependent Care Spending
<input checked="" type="checkbox"/>	17-18 Additional Life Employee
<input checked="" type="checkbox"/>	17-18 Additional Life Ins Spou
<input checked="" type="checkbox"/>	17-18 Add Life Ins Children

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

Continue

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

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Select Group Life Insurance

Benefit Selection

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.

Current Life Insurance Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Group Life Insurance				

You must provide your beneficiary information for your Basic Life and AD&D. Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. It is important that you name a primary and contingent beneficiary. It is important that your beneficiary designation be clear so there will be no question as to your intent.

Select One	Life Insurance Benefits	Coverage or Participation Levels	Rate Information
<input checked="" type="checkbox"/>	Group Life Insurance		

Select Group Life Insurance and hit Continue. This is to designate your beneficiaries.

WebAdvisor 3.2
POWERED BY ellucian

Designation of Beneficiaries

The screenshot shows a web browser window displaying the 'Beneficiaries for This Benefit' page on the King's College WebAdvisor system. The browser address bar shows 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 'Beneficiaries for This Benefit' and shows the 'Benefit' type as 'Group Life Insurance'. Below this, there is a table with columns for 'Select', 'Beneficiary Name', 'Relationship', 'Beneficiary Type', and 'Beneficiary Percentage'. The table contains two rows: one for 'Mrs. Fake Employee' (Spouse, PRI - Primary, 100%) and one for 'Mr. Notreal Employee' (Child, CON - Contigent, 50%). At the bottom of the table, there are three radio button options: 'Save information and go to the next form', 'Add or Manage Beneficiaries' (which is selected), and 'Do not save changes and go to the next form'. A 'Continue' button is located below the table. The footer of the page includes the 'WebAdvisor 3.1' logo and the date '4/23/2014'.

KING'S COLLEGE

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

EMPLOYEES Welcome Kings Employee!

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

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

WebAdvisor 3.1
POWERED BY ORACLE

4:48 PM
4/23/2014

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

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						

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

WebAdvisor 3.1
POWERED BY DATATEL

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 form 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 where 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

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

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

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 2016-2017 below. Please note that all elections must be completed by May 25, 2016 and will become effective on July 1, 2016. If you are enrolling your spouse and/or child and his/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 16-17 Medical Insurance Benefits **Coverage or Participation Levels** **Dependents** **Health Care Provider Information** **Beneficiaries**

VALUE \$300 Deductible Custom PPO	Family - \$94.00			
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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.

Opt out of 16-17 Medical Insurance

Please select your medical plan and coverage from the options listed below. Please note the different plan options and the coverage levels. Please ensure you verify or fully complete all sections for any dependents you are covering under this benefit. If there is missing or incomplete information the dependent cannot be covered under this benefit.

Select One	16-17 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"/>	PREMIER \$150 Deductible PPO	Employee - Only - Single	Rates
<input type="checkbox"/>	PREMIER \$150 Deductible PPO	Parent & Child(ren)	Rates
<input type="checkbox"/>	PREMIER \$150 Deductible PPO	Employee & Spouse	Rates
<input type="checkbox"/>	PREMIER \$150 Deductible PPO	Family	Rates

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

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.

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".

Dependent Info

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

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 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

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

KING'S COLLEGE

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

EMPLOYEES Welcome Kings Employee!

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 2016-2017 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.

Current 16-17 Dental Insurance Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Dental Family	\$26.63			

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.

Opt out of 16-17 Dental Insurance

If you wish to enroll or retain this insurance for the 2016-2017 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	16-17 Dental Insurance Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Dental Employee		Rates
<input type="checkbox"/>	Dental Employee + 1		Rates
<input checked="" type="checkbox"/>	Dental 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

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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.

Current 16-17 Vision Insurance Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Vision Family	\$4.38			

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 16-17 Vision Insurance

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	16-17 Vision Insurance Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Vision Employee		Rates
<input checked="" type="checkbox"/>	Vision Family		Rates

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.

Current 16-17 Retirement Plans Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Retirement Red - 5%	5.0000%			

Please note that in addition to Benefit Enrollment, you can change your retirement percentage throughout the year by filing out an Agreement for Salary Reduction form located on the Human Resources website.

Select One	16-17 Retirement Plans Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Retirement Red - 1%		Rates
<input type="checkbox"/>	Retirement Red - 2%		Rates
<input type="checkbox"/>	Retirement Red - 3%		Rates
<input type="checkbox"/>	Retirement Red - 4%		Rates
<input checked="" type="checkbox"/>	Retirement Red - 5%		Rates

If you wish to contribute more than 5%, then select 5% and put the remaining amount into a Supplemental Retirement Percentage on the next screen or a Roth in a following screen

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



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[CHANGE PASSWORD](#)

[LOG OUT](#)

[MAIN MENU](#)

[EMPLOYEES MENU](#)

[HELP](#)

[CONTACT US](#)

EMPLOYEES

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,
Then choose Opt out

Please select the dollar amount or percentage additional to withhold from you pay.

Select 15-16 Supplemental Retirement Benefits Coverage or Participation Levels Rate Information

<input type="checkbox"/>	Supplemental Retirement Amount	
<input checked="" type="checkbox"/>	Supplemental Retirement Percentage	

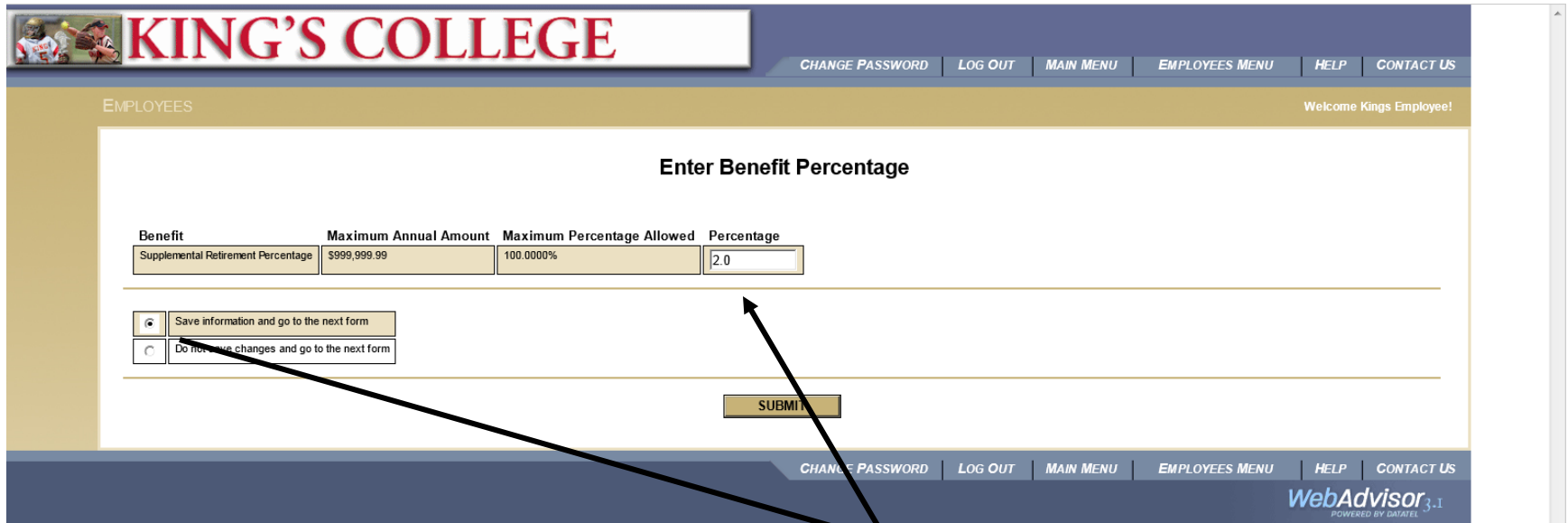
Save information and go to the next form

Do not save changes and go to the next form

Continue

If you 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



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EMPLOYEES Welcome Kings Employee!

Enter Benefit Percentage

Benefit	Maximum Annual Amount	Maximum Percentage Allowed	Percentage
Supplemental Retirement Percentage	\$999,999.99	100.0000%	2.0

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WebAdvisor^{3.1}
POWERED BY ORACLE

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.

Roth Retirement

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EMPLOYEES Welcome Beth Ann Kolodgie!

17-18 Benefit Enrollment

You have the option to make an additional contribution into Roth retirement account. The Roth contributions are AFTER TAX. 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 retirement account. If you do not want to contribute an additional amount, please select "opt out"

Current 17-18 Roth 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 17-18 Roth Retirement

Please select the dollar amount or percentage to withhold from your pay. This is

Select	17-18 Roth Retirement Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Roth 403B Percentage		Rates
<input type="checkbox"/>	Roth 403B Amount		Rates

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

Continue

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POWERED BY elluciane

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, but AFTER TAX, select Roth 403B Percentage or Roth 403B Amount

Roth Retirement Percentage or Amount

The screenshot shows a web browser window with the King's College logo and navigation links. The page title is "EMPLOYEES" and the user is identified as "Welcome Beth Ann Kolodgie!". The main heading is "Enter Benefit Percentage". Below this is a table with four columns: "Benefit", "Maximum Annual Amount", "Maximum Percentage Allowed", and "Percentage". The first row is for "Roth 403B Percentage" with values of "\$999,999.99" and "100.0000%". The "Percentage" column has an input field containing "5". Below the table are two radio buttons: "Save information and go to the next form" (selected) and "Do not save changes and go to the next form". A "SUBMIT" button is at the bottom.

Benefit	Maximum Annual Amount	Maximum Percentage Allowed	Percentage
Roth 403B Percentage	\$999,999.99	100.0000%	5

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

SUBMIT

In this example, the employee choose to have an percentage after tax 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

Benefit Selection

You can only make an additional contribution into a Supplemental Retirement Amount or Supplemental Retirement % if you currently are at 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.

Current 16-17 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 16-17 Supplemental Retirement

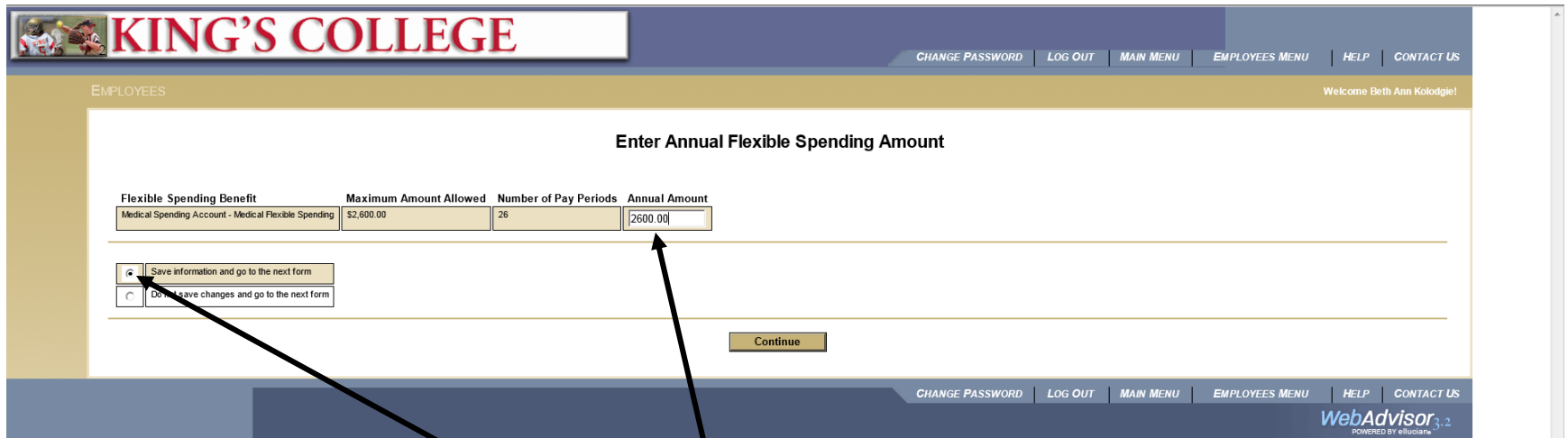
Please select the dollar amount or percentage additional to withhold from your pay. This is a bi-weekly amount or percentage.

Select	16-17 Supplemental Retirement Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Supplemental Retirement Amount		
<input checked="" type="checkbox"/>	Supplemental Retirement Percentage		

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



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EMPLOYEES Welcome Beth Ann Kolodgie!

Enter Annual Flexible Spending Amount

Flexible Spending Benefit	Maximum Amount Allowed	Number of Pay Periods	Annual Amount
Medical Spending Account - Medical Flexible Spending	\$2,600.00	26	2600.00

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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 Medical spending account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your medical plan. In general, expenses incurred to treat a medical condition or to alleviate pain are eligible for reimbursement.

Medical Flexible Spending Accounts must be elected each year. If you wish to enroll, please select an ANNUAL Amount you would like withheld on a pre-tax basis from your pay. The minimum is \$300 and the maximum is \$2,550. Please refer to your benefit booklet for more information. If you do not wish to enroll in this benefit, please select "Opt Out". PLEASE NOTE: If electing this benefit you will be entering an ANNUAL amount, not a bi-weekly amount.

Current 16-17 Medical Spending 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.

You have the ability to enroll in this benefit during each Open Enrollment period. If you choose not to enroll, you will not be eligible to elect coverage until the next Open Enrollment period, outside of a Life Event.

Opt out of 16-17 Medical Spending

If you wish to enroll in this benefit for the 2016-2017 fiscal year, please enter the annual amount you would like remember that this benefit must be elected every year. It automatically terminates on June 30th of each year.

Select 16-17 Medical Spending Benefits Coverage or Participation Levels Rate Information
 Medical Spending Account Medical Flexible Spending Rates

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 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 16-17 Additional Life Employee Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Group Life Insurance				

Pending Elections for This Enrollment Period	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Additional Life Insurance Empl	Enroll	\$50,000.00			

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

Opt out of 16-17 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. Please return applicable forms to the Human Resources office by May 31, 2018. Forms can be obtained from the Human Resource Department Web Page.

Select 16-17 Additional Life Employee Benefits	Coverage or Participation Levels	Rate Information
<input checked="" type="checkbox"/> Additional Life Insurance Empl		Rates

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. 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 31, 2017 are the sole responsibility of the employee.

Additional Life- Spouse

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EMPLOYEES Welcome Kings Employee!

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 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 16-17 Additional Life Ins Spou Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Group Life Insurance				

Pending Elections for This Enrollment Period	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Additional Life Spouse	Enroll	\$50,000.00			

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 16-17 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 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 31, 2016.

Select	16-17 Additional Life Ins Spou Benefits	Coverage or Participation Levels	Rate Information
<input checked="" type="radio"/>	Additional Life Spouse		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

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 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 31, 2017 are the sole responsibility of the employee. You will not be reminded to complete this process.

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. The coverage amount is \$10,000 for each child.

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

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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"

Enrollment Confirmation

IMPORTANT

YOUR ELECTIONS ARE NOT COMPLETE UNTIL YOUR FORM IS SIGNED.

EMPLOYEES Welcome Kings Employee!

Enrollment Confirmation

Pending Elections for This Benefit Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
16-17 Dependent Care Spending	Opt Out				
Group Life Insurance	Keep/Update				Fake Employee 100% (Primary); Notreal Employee 100% (Contigent)
VALUE \$300 Deductible Custom PPO	Keep/Update	Family	Fake Employee; Notreal Employee		
Dental Family	Keep/Update		Fake Employee; Notreal Employee		
Vision Family	Keep/Update		Fake Employee; Notreal Employee		
Retirement Red - 5%	Keep/Update				
Supplemental Retirement Percentage	Enroll	2.0000%			
Medical Spending Account	Enroll	Medical Flexible Spending - Annual: \$2,550.00; Pay Period: \$98.08			
Additional Life Insurance Empl	Enroll	\$50,000.00			
Additional Life Spouse	Enroll	\$50,000.00			
Additional Life Child(ren)	Enroll				

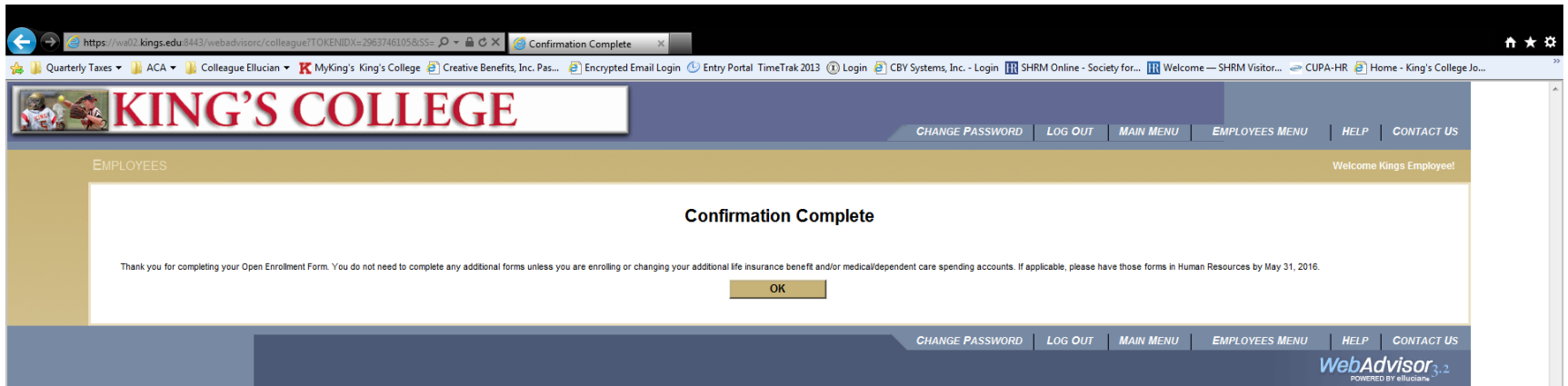
Electronic Signature for Final Enrollment

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, 2016. All medical, dental, vision, medical/dependent care spending accounts will be taken on a pre-tax basis.

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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 URL <https://wa02.kings.edu:8443/webadvisor/colleague?TOKENIDX=2963746105&SS=>. The page header features 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 includes a welcome message: "Welcome Kings Employee!". The central message reads "Confirmation Complete" and states: "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 31, 2016." Below this message is an "OK" button. The footer of the page includes the WebAdvisor 3.2 logo, powered by ellucian.

This is the confirmation page you will receive to indicate your 17-18 Open Enrollment elections are complete.