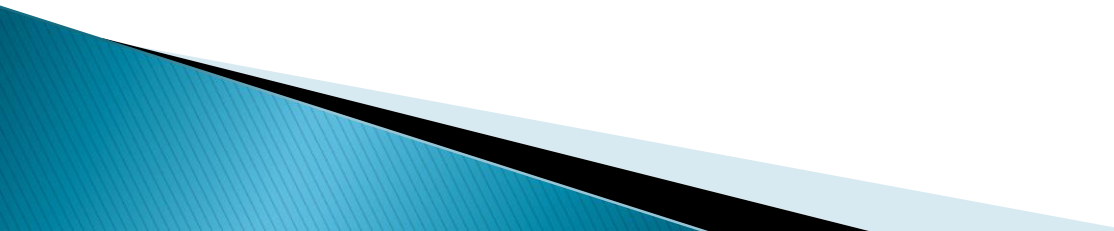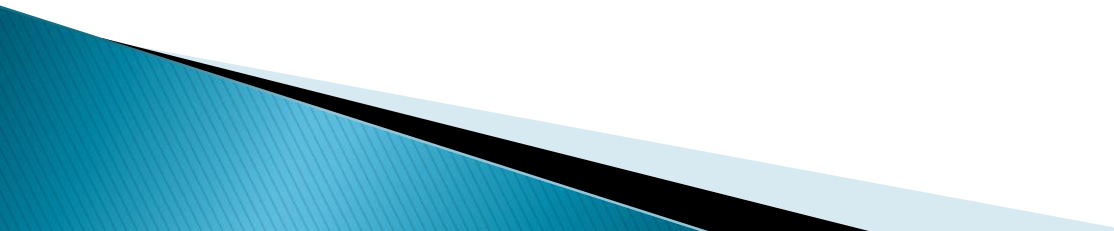# Benefit Enrollment

2018

Benefit Enrollment

- This is a step-by-step guide to making your 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 11, 2018.** If the elections are not made you will default enroll in **your same level of coverage and all elective benefits will be terminated.**
- <u>You need to either elect/update or opt out of every benefit.</u> 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 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 11, 2018.

Login to WebAdvisor

Please click on "WebAdvisor"

Login to WebAdvisor

Click Login To WebAdvisor

Login to WebAdvisor

Please click-on "Log In"

Login to WebAdvisor

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.)

Benefit Enrollment

You have two options on this screen. The first is "Current Benefits", which displays your current benefit elections. The second is "18-19 Benefit Enrollment" which is the area you will enter to make your 18-19 Benefit Enrollment elections.

Enroll or Change Benefits

18-19 Benefit Enrollment

Current Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries	Available During This Enrollment Period
Dental Family	Family - $27.86				Yes
Group Life Insurance	1.5 X Salary to 100,000	Fake Employee			Yes
Long Term Disability					No
Retirement 5%	5.0000%				Yes
VALUE $300 Deductible Custom PPO	Family - $189.00	Fake Employee; Notreal Employee			Yes
Vision Family	Family - $4.38	Fake Employee; Notreal Employee			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

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

Select Group Life Insurance

Designation of 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

CORE Life Insurance

CORE Life Insurance

Fill in form with beneficiary information. Please enter a Social Security number for each dependent. Select the Save Information and go on to the next from and hit the Submit button

CORE Life Insurance

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

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 2018-2019 below . Please note that all elections must be completed by May 11, 2018 and will become effective on July 1, 2018. 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 18-19 Medical Insurance Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
VALUE $300 Deductible Custom PPO	Family - $189.00	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.					

If you have medical insurance coverage through a different plan, you may decline coverage.

☐ Opt out of 18-19 Medical Insurance

If you do not need health insurance click-on "Opt Out".

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

Select One	18-19 Medical Insurance Benefits	Coverage or Participation Levels	Rate Information
☐	VALUE $300 Deductible Custom PPO	Employee Only	Rates
☐	VALUE $300 Deductible Custom PP0	Parent & Child(ren)	Rates
☐	VALUE $300 Deductible Custom PPO	Employee & Spouse	Rates
☑	VALUE $300 Deductible Custom PPO	Family	Rates
☐	CORE $500 Deductible PPO	Employee Only	Rates
☐	CORE $500 Deductible PPO	Parent & Child(ren)	Rates
☐	CORE $500 Deductible PPO	Employee & Spouse	Rates
☐	CORE $500 Deductible PPO	Family	Rates
☐	PREMIER $150 Deductible PPO	Employee Only	Rates
☐	PREMIER $150 Deductible PPO	Parent & Child(ren)	Rates
☐	PREMIER $150 Deductible PPO	Employee & Spouse	Rates
☐	PREMIER $150 Deductible PPO	Family	Rates

Select "one" plan and coverage level & continue.

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

[Continue]

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

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	MRS - Mrs. ▼
First Name	Fake
Middle Name	
Last Name	Employee
Suffix	▼

Marital Status [M - Married ▼]   Birth Date [02/01/64]   SSN [111111111]   Gender [F]   Relationship to Employee [S - Spouse ▼]   Full-Time Student ☐

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

Address Lines

[123 Main Street]

[   ]

City [Nowhere]   State [PA - Pennsylvania ▼]   Zip [18711]   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	Happy
Middle Name	Today
Last Name	Everyday
Suffix	[▼]

Marital Status [▼]   Birth Date [1/11/1111]   SSN [222222222]   Gender [f]   Relationship to Employee [C - Child ▼]   Full-Time Student ☐

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

Address Lines

[Pine Cone Lane]

[ ]

City [Wilkes-Barre]   State [PA - Pennsylvania ▼]   Zip [18711]   Country [▼]

◉ Save information and go to the next form

○

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

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

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

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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EMPLOYEES   Welcome Kings Employee!

Benefit Selection

You can only make a additional contribution if you currently are at or elected Retirement 5%. You can contribute an additional amount as 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 18-19 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 18-19 Supplemental Retirement

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

Select	18-19 Supplemental Retirement Benefits	Coverage or Participation Levels
☐	Supplemental Retirement Amount	
☑	Supplemental Retirement Percentage	

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

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.

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.

Roth Retirement

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EMPLOYEES   Welcome Kings Employee!

Benefit Selection

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 amout 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 18-19 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 18-19 Roth Retirement

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

Select	18-19 Roth Retirement Benefits	Coverage or Participation Levels	Rate Information
☐	Roth 403B Percentage		Rates
☐	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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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

Enter Benefit Percentage

Benefit	Maximum Annual Amount	Maximum Percentage Allowed	Percentage
Roth 403B Percentage	$999,999.99	100.0000%	2

- ● 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

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EMPLOYEES   Welcome Kings Employee!

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 $2,650. 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 18-19 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 18-19 Medical Spending

If you wish to enroll in this benefit for the 2018-2019 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 **18-19 Medical Spending Benefits** **Coverage or Participation Levels** **Rate Information**

| ☐ | Medical Spending Account | Medical Flexible Spending | |

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

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

Continue

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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

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

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

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Additional Life Insurance Enrollment Form & Rates

EMPLOYEES   Welcome Kings Employee!

Enter Insurance Coverage Amount

Enter amount in $10,000 increments

Insurance	Minimum Coverage Amount Allowed	Maximum Coverage Amount Allowed	Insurance Coverage Amount
Additional Life Employee	$10,000.00	$300,000.00	50,000 ✕

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

SUBMIT

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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 11, 2018 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

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

Additional Life Insurance Enrollment Form & Rates

EMPLOYEES

Welcome Kings Employee!

Enter Insurance Coverage Amount

Enter amount in $10,000 increments

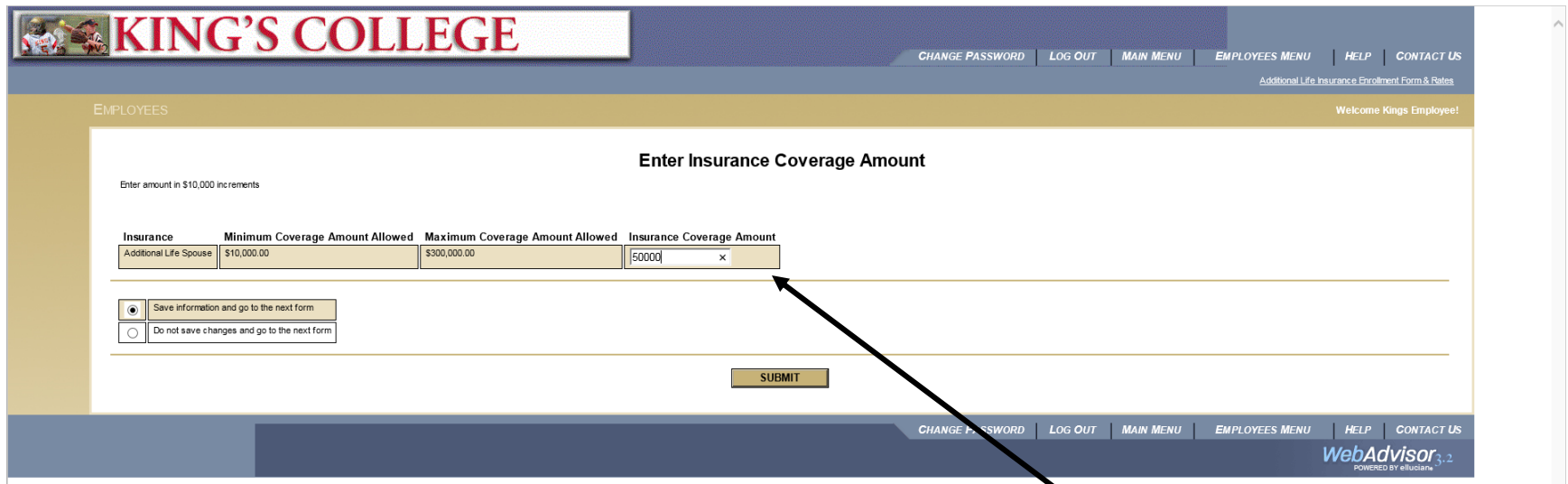| Insurance	Minimum Coverage Amount Allowed	Maximum Coverage Amount Allowed	Insurance Coverage Amount
Additional Life Spouse	$10,000.00	$300,000.00	50000 ×

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

SUBMIT

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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 11, 2018 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. The coverage amount is $10,000 for each child.

Additional Life-Children

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

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

SUBMIT

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 <u>UNTIL YOUR FORM IS SIGNED</u>.

EMPLOYEES   Welcome Kings Employee!

Enrollment Confirmation

Pending Elections for This Benefit Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
18-19 Dependent Care Spending	Opt Out				
Group Life Insurance	Keep/Update	1.5 X Salary to 100,000			Fake Employee 100% (Primary); Notreal Employee 100% (Contigent)
VALUE $300 Deductible Custom PPO	Keep/Update	Family	Fake Employee; Notreal Employee		
Dental Family	Keep/Update	Family	Fake Employee; Notreal Employee		
Vision Family	Keep/Update	Family	Fake Employee; Notreal Employee		
Retirement 5%	Keep/Update				
Supplemental Retirement Percentage	Enroll	2.0000%			
Roth 403B Percentage	Enroll	2.0000%			
Medical Spending Account	Enroll	Medical Flexible Spending - Annual: $2,650.00; Pay Period: $101.93			
Additional Life Employee	Enroll	$50,000.00			
Additional Life Spouse	Enroll	$50,000.00			
Additional Life Child(ren)	Enroll				

- ○ 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, 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 11, 2018. All medical, dental, vision, medical/dependent care spending accounts will be taken on a pre-tax basis.

☐ Electronic Signature for Final Enrollment

SUBMIT

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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

This is the confirmation page you will receive to indicate your 18-19 Open Enrollment elections are complete.