

Web Benefits Enrollment Guide

Access to Online Enrollment

You will be able to access the Web Benefits site directly from the Web Pay Employee Self Service Portal by clicking on the “Applications” tab and then selecting the “Web Benefits” link from the dropdown options. You will not need a separate User ID or password when accessing the site via the Employee Self Service Portal.

This site supports the following browsers. We encourage you to keep your browser updated.



Microsoft® Internet Explorer, version 11.0 and up.

Download [Internet Explorer](#)



Mozilla Firefox, version 35.0 and up.

Download [Mozilla Firefox](#)



Safari, version 9.0 and up.

Download [Safari](#)



Google Chrome, version 39.0.2171.99 m and up.

Download [Chrome](#)

You must have the following enabled:

Cookies: OK

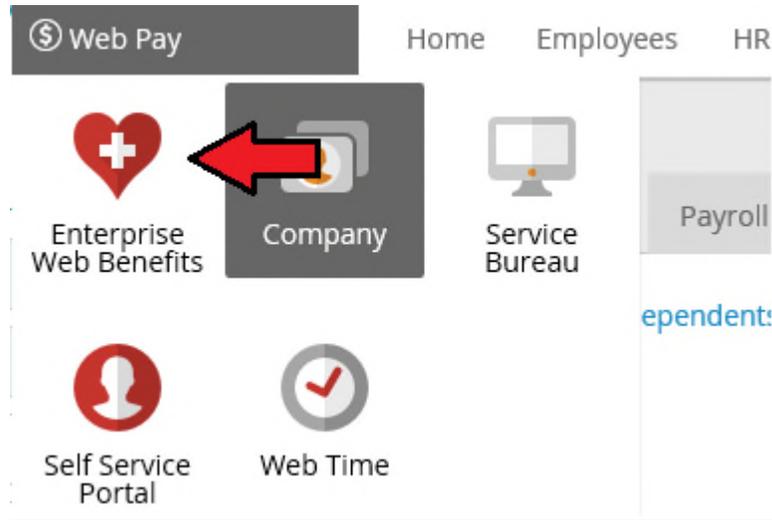
JavaScript: OK

Style Sheets: OK

You will have the ability to log straight into the Web Benefits site via Web Pay, using Single Sign On:

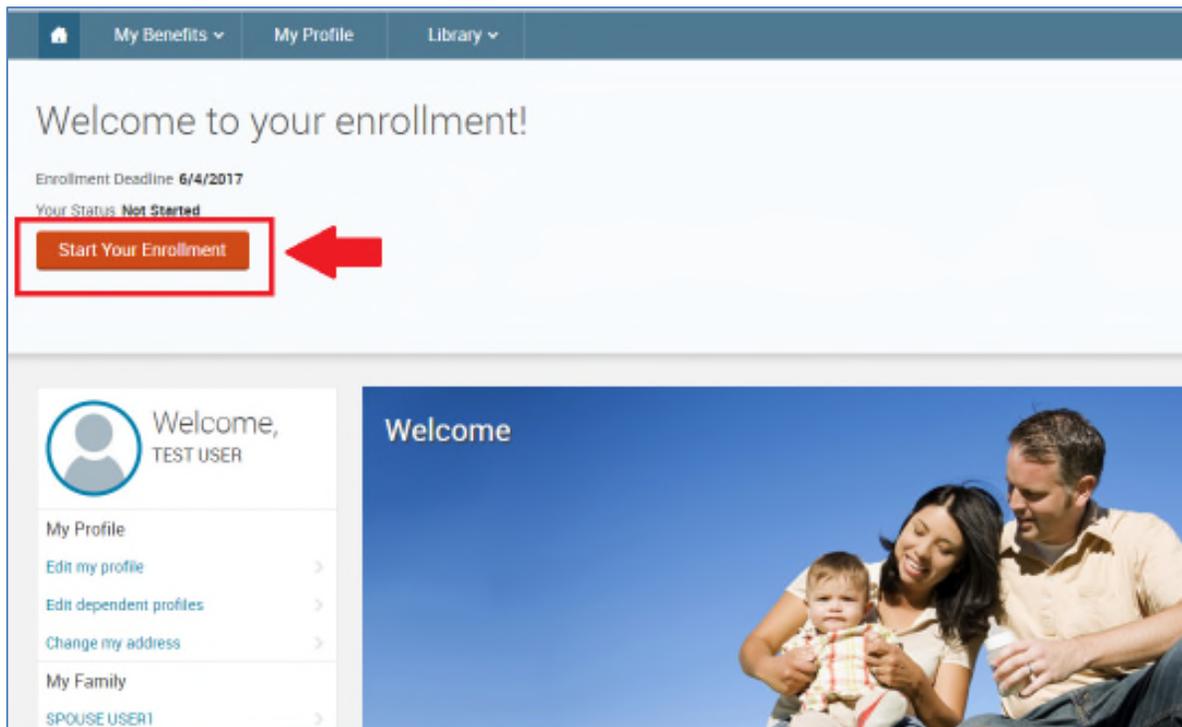
Once you enter your Web Pay profile, you can access Web Benefits at the top of the screen by selecting:

Web Pay > Enterprise Web Benefits



****For successful navigation of the site, do NOT use the "back" button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.**

From the Home Page, click on **START YOUR ENROLLMENT.**



The enrollment process consists of the following 4 steps/tabs. You will be taken through each tab to make changes or confirm your information on file and choose your benefits for the new plan year.

1. Employee (Personal Information)
2. Family (Family Information)
3. Enroll
4. Confirm

Verify your Personal Information

Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.). If you need to make any changes, you will need to do so directly via the Employee Self Service Portal in Web Pay, your changes will be updated in the Web Benefits system within 24 hours. Verify that all information is accurate. When done, check "I agree" at the bottom of the page and click "Continue."

Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete any required fields below, or, if the information has already been entered, please make sure it is accurate. If your address needs to be changed, please update your address in Web Pay or contact your HR department. You'll need to agree to the information and then click Continue .

Demographics

First Name TEST
Middle Initial
Last Name USER
Social Security Number 000-11-0001
Date of Birth 3/8/1973
Gender Female
Tobacco User Yes

1 Your Info
Employee Information
Family Info
Questions
2 Your Benefits
3 Enroll
4 Complete

Continue

Verify your Family Information

Please be sure to add all dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click on [Add Dependents](#). When all of your family information is accurate, check “I agree” and click Continue.”

Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependent. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue.

TEST USER Female Employee 44 years old (3/8/1973) SSN: 000-11-0001 Edit >	SPOUSE USER1 Male Spouse 46 years old (1/1/1971) SSN: 000-99-0001 Edit >	CHILD USER1 Female Child 17 years old (9/9/1999) SSN: 000-55-0001 Edit >	 Add Dependents
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I agree that the above information is accurate.
 I agree

- 1 Your Info
Employee Information
Family Info
Questions
- 2 Your Benefits
- 3 Enroll
- 4 Complete

[Continue](#)

Please Note: Any field that has an asterisk next to it is required.

Dependent Information

* First Name

Middle Initial

* Last Name

* Date of Birth

* Social Security Number

* Gender Male Female

Disabled Yes No

* Relationship

* Fields are required

Making Benefit Elections

Medical, Dental, & Vision

To start your enrollment, on the “Enroll” tab, click on the “Get Started” button.

The benefit plans being offered will appear. To decline coverage, you can click on the ‘I don’t want this benefit (waive)’ or there is also an option to waive upon viewing the Plan Options.

To view the plan options available under each benefit, click on the ‘View Plan Options’ button.

The screenshot displays a web interface for benefit selection. At the top, a message states: "You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment." Below this, four benefit categories are listed:

- Medical:** NO PLAN SELECTED. Includes a "Selection Required" note, a "I don't want this benefit (waive)" button, and a "View Plan Options" button.
- Health Savings Account:** NO PLAN SELECTED. Includes a "Selection Required" note, a "I don't want this benefit (waive)" button, and a "View Plan Options" button.
- Vision:** NO PLAN SELECTED. Includes a "Selection Required" note, a "I don't want this benefit (waive)" button, and a "View Plan Options" button.
- Basic Employee Life:** \$0.00 (Your Cost per pay period). Includes a "Completed" status and a "View Information" button.

On the right side, a progress indicator shows four steps: 1. Your Info, 2. Your Benefits (highlighted), 3. Enroll, and 4. Complete. Below the progress indicator, it displays "Your Cost per pay period \$0.00" and a "Continue" button.

You will be able to cover eligible dependents on file by checking the box next to the dependent’s name. If you wish to add a new dependent at this time, click on the ‘Add Dependents’ button to be taken directly to the family tab to add the dependent.

The screenshot shows the "Who will be covered by this plan?" section of the enrollment process. It features a header with "Back to Benefits" and "Medical". Below the header, there are three dependent selection options, each with a checked box:

- TEST USER:** Employee
- SPOUSE USER1:** Spouse
- CHILD USER1:** Child

An "Add Dependents" button is located to the right of the dependent options. At the bottom left, there is a "Back to Benefits" button, and at the bottom right, there is a "Continue" button. The footer includes links for "Privacy Policy", "Browser Requirements", and "Technology powered by bsswift".

When you have completed selecting and/or adding your dependents, click Continue.

The plans being offered for that particular benefit will appear as well as an option to Waive the benefit.

If there is a 'View Plan Details' link beneath a plan name, you can click on it to view details about that plan.

To enroll in one of the offered plans, click on the Select button of the plan.

Medical

Who will be covered by this plan?

TEST USER (Employee) SPOUSE USER1 (Spouse) CHILD USER1 (Child) [Add Dependents](#)

BCBS HDHP | Blue Cross Blue Shield
[View plan details](#)

Your Cost per pay period: **\$92.31**
Tier: Employee + Family

Select

BCBS HMO | Blue Cross Blue Shield

Your Cost per pay period: **\$207.69**
Tier: Employee + Family

Select

Waive Medical

Waive

[Back to Benefits](#)

Upon completing your benefit election, the system will return you to the main page of benefits being offered and the plan will be marked as 'Completed' and you can then move onto the next active and incomplete enrollment.

Medical \$92.31
Your Cost per pay period

PLAN BCBS HDHP / Blue Cross Blue Shield / [View plan details](#)

COVERAGE Employee + Family

TEST USER	Employee	<input checked="" type="checkbox"/> Cover
SPOUSE USER1	Spouse	<input checked="" type="checkbox"/> Cover
CHILD USER1	Child	<input checked="" type="checkbox"/> Cover

Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

Employer Provided Plan

Basic Life and AD&D are provided at no cost to employees. This plan is already marked completed, indicating that you are already enrolled and no further action is needed.



Basic Employee Life

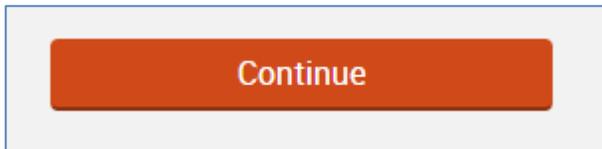
\$0.00 
Your Cost per pay period

PLAN Basic Employee Life / Lincoln

 Completed [View Information](#)

If at any time, you want to review or change your elections, click on the plan you would like to edit.

When you are satisfied with all of your benefit plan elections, click on the 'Continue' button on the right hand side of the page.



The next part of the benefit enrollment process is to update your beneficiary assignments if you elected life coverage. Your dependents on file will automatically be listed as beneficiaries. Enter your assignments to total 100%. When done, click 'Continue.'

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries **(required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
SPOUSE USER1 (Spouse)	<input type="text"/> %
CHILD USER1 (Child)	<input type="text"/> %

Total: 0% (must equal 100%)

 [Add New Beneficiary](#)

 [Add Secondary Beneficiaries](#) (optional)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

If you would like to add a beneficiary that is not a dependent on file, click on the 'Add New Beneficiary' link.

[+ Add New Beneficiary](#)

If you would like to add Secondary Beneficiaries, click on the 'Add Secondary Beneficiaries' link where these additional beneficiaries can be added.

[v Add Secondary Beneficiaries \(optional\)](#)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Almost Finished!

You will now be on the final review and confirm page. Review all of your benefit elections and covered dependents. Once you've completed your review, check the **I agree, and I'm finished with my enrollment** box at the bottom of the page and click the "Complete Enrollment" button on the right hand side of the page.

Once You've Reviewed All Your Selections:

Participation

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

I agree, and I'm finished with my enrollment.

Deadline & Confirmation

You can view and save your confirmation statement of your elections or print it for your records. Click the printer icon on the right hand side of the screen to print a copy of the statement.



Your enrollment is complete!



You may make changes to your elections until: **May 15, 2017**

You have completed your enrollment. Click the picture of a printer to printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the Enrollment Complete button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



VIEW



PRINT

Please Note: Although the online benefits enrollment site is a secure site, and your information is encrypted during transit, it is important that you log off when you have completed your session. Click the Log Off icon in the upper right-hand corner of the enrollment site to log off. For security purposes, the system will automatically logout if you leave your system idle for more than 30 minutes. If this happens, do not try to login back in via the Web Benefit log in page. Attempts to do so will result in locking yourself out. Please reenter Web Benefits via Web Pay and the Enterprise Web Benefits icon.

 Log Out