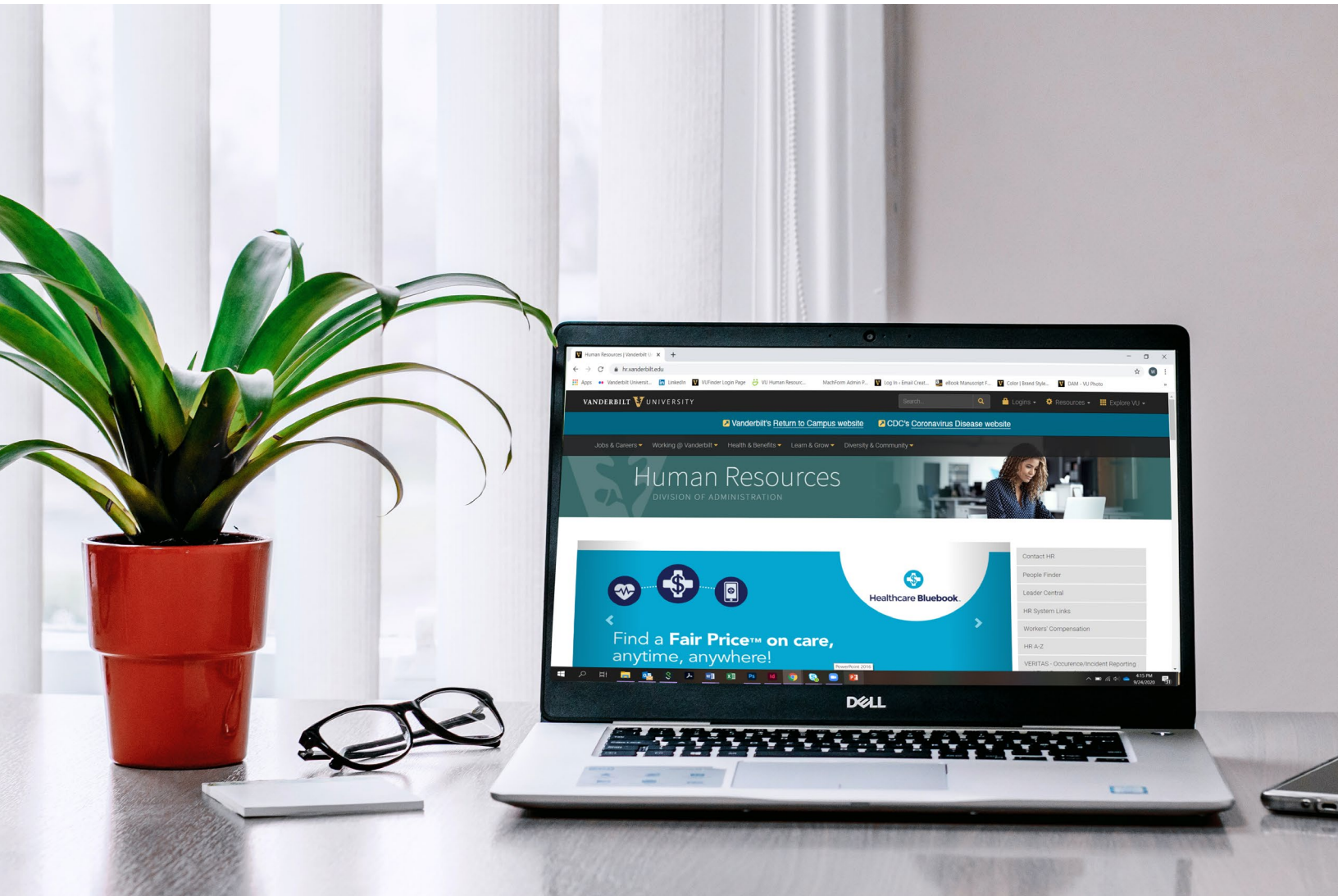
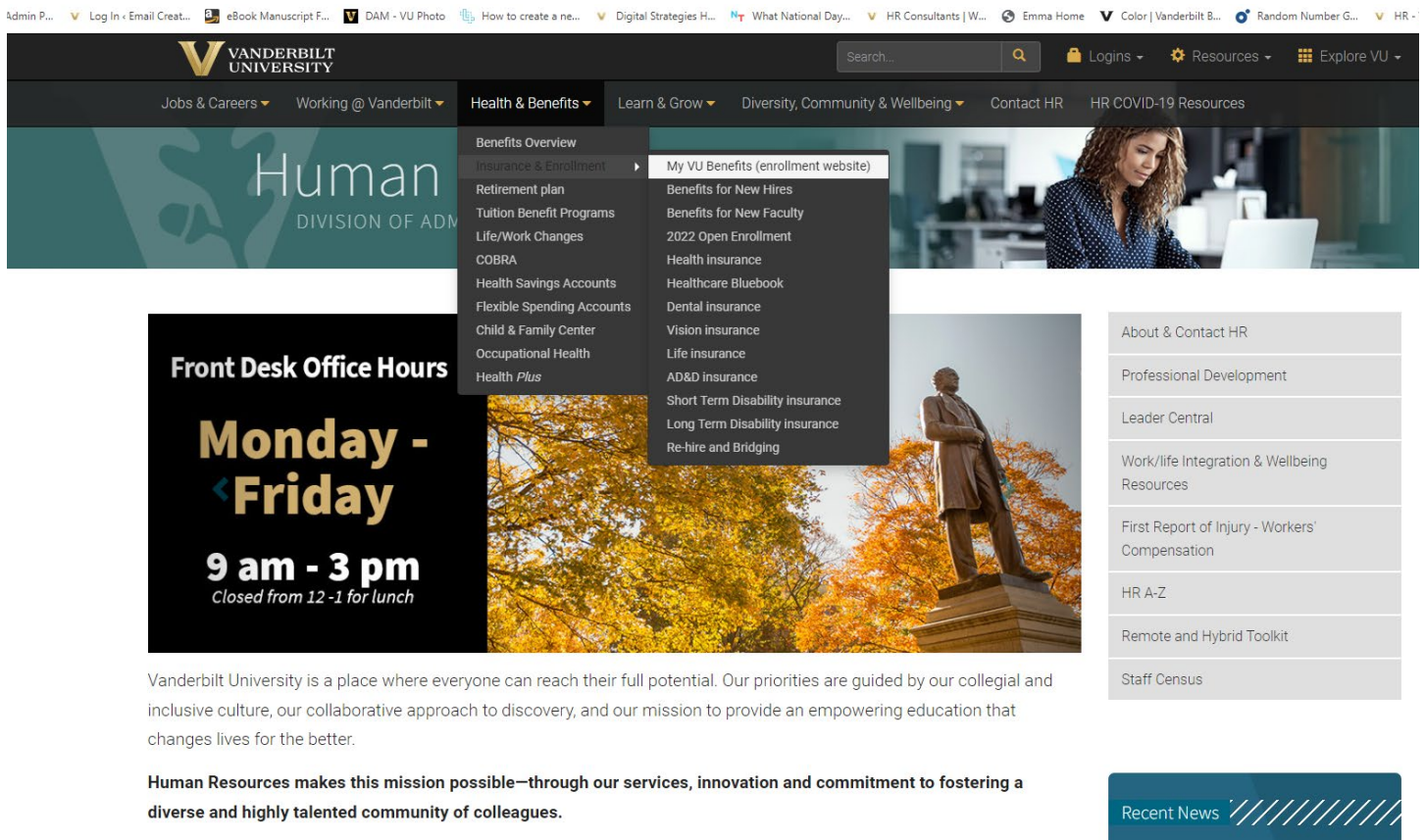


How to Enroll in Benefits

A Step-by-Step Guide through MyVU Benefits Enrollment System

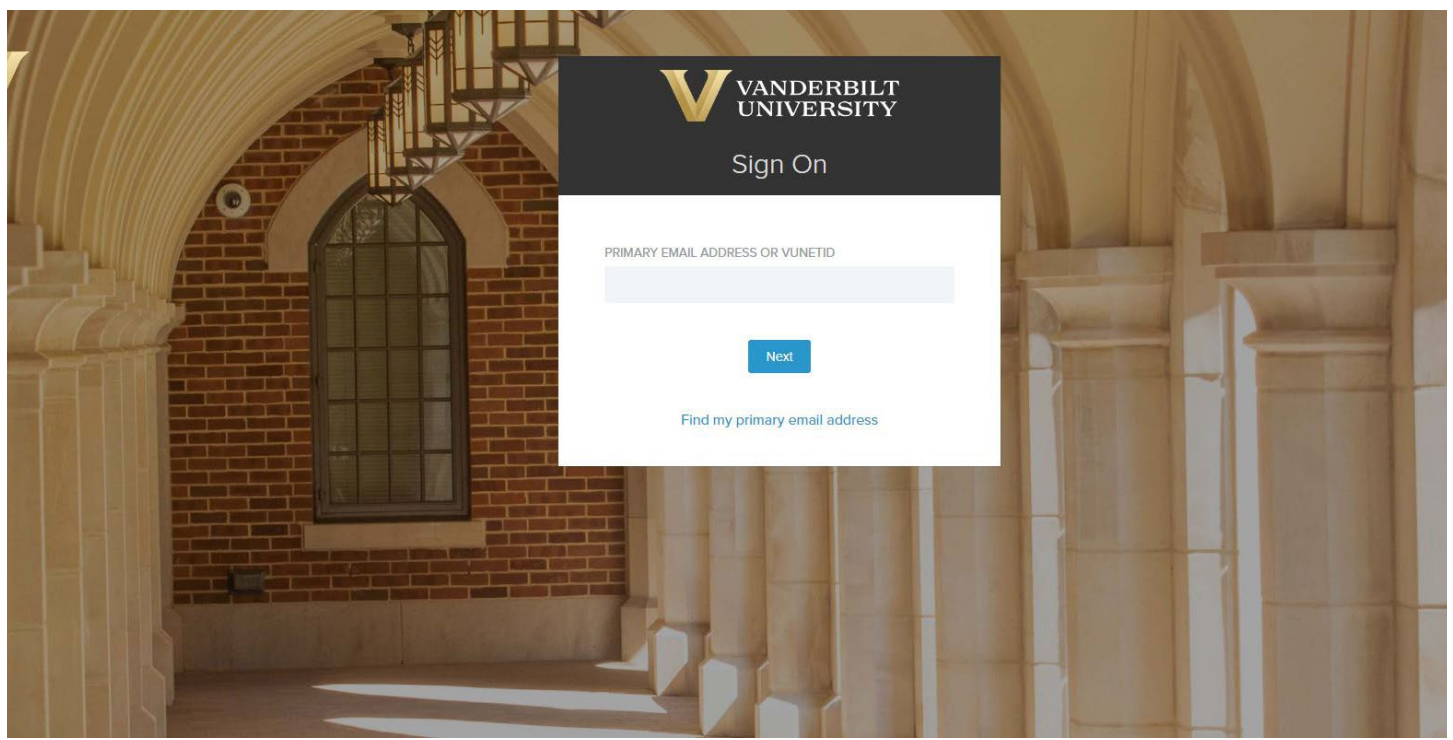


Go to the Vanderbilt University Human Resources home page (hr.vanderbilt.edu). From the Menu, select *Health & Benefits > Insurance & Enrollment > MyVU Benefits (enrollment website)*.



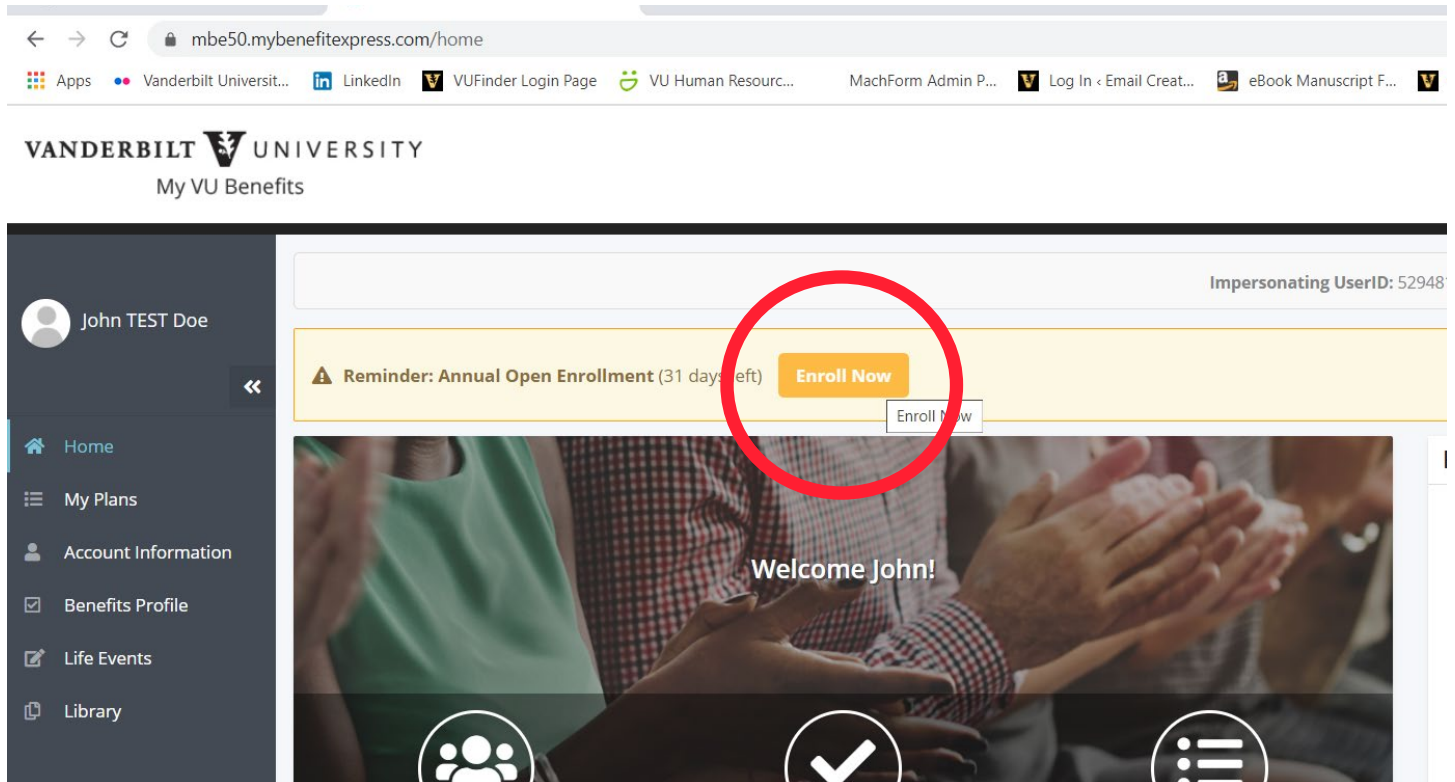
The screenshot shows the top navigation bar of the Vanderbilt University HR website. The 'Health & Benefits' menu is open, and the 'My VU Benefits (enrollment website)' option is highlighted. Below the navigation bar, there is a banner for 'Human Resources Division of Administration' and a 'Front Desk Office Hours' announcement for Monday-Friday, 9 am - 3 pm. A list of HR services is visible on the right, including 'About & Contact HR', 'Professional Development', and 'Leader Central'. A 'Recent News' button is located at the bottom right of the page.

Sign onto the MyVU Benefits site using single sign-on. Have your VU Net ID and password ready.

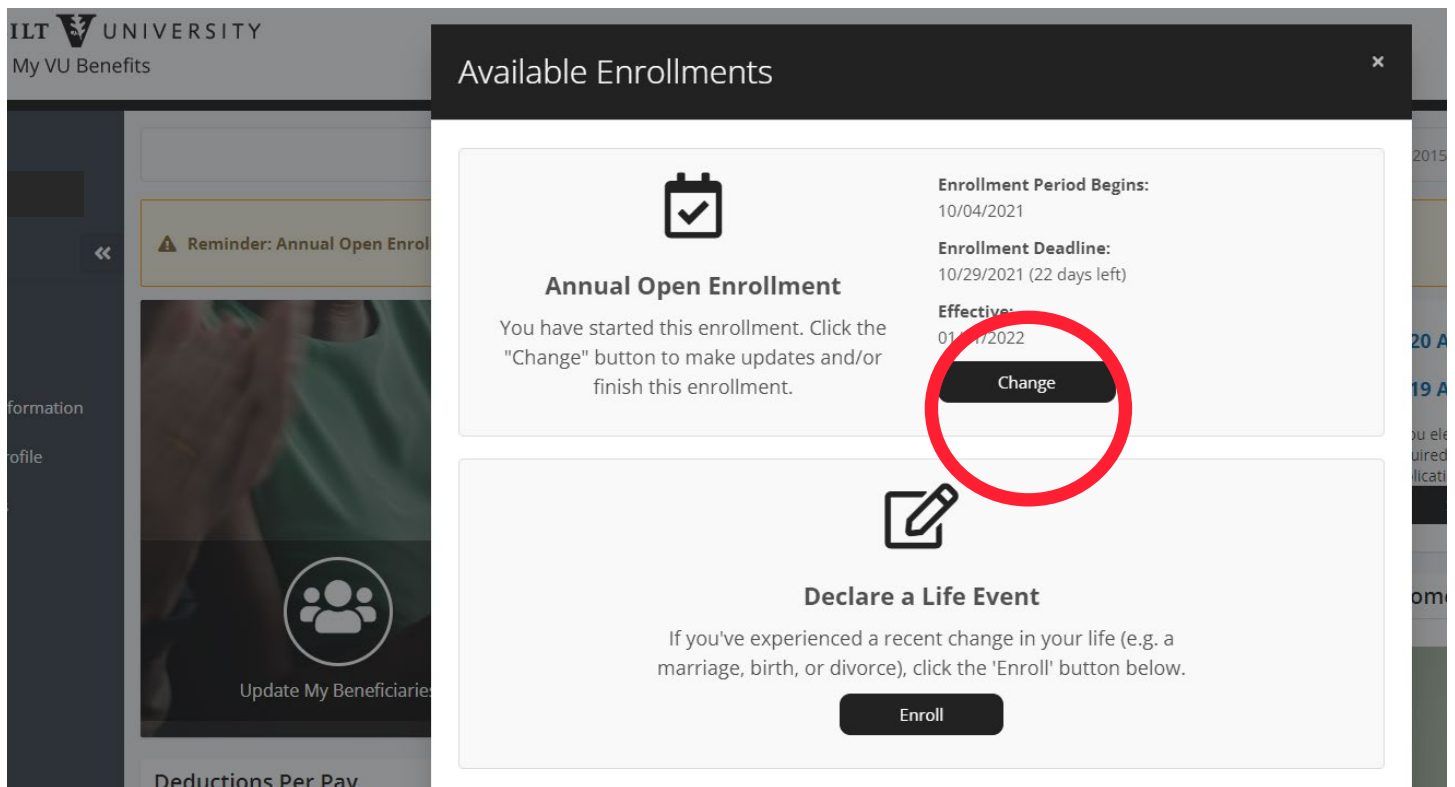


The screenshot shows the 'Sign On' page of the Vanderbilt University MyVU Benefits site. The page features the Vanderbilt University logo and the text 'Sign On'. Below the logo, there is a text input field labeled 'PRIMARY EMAIL ADDRESS OR VUNETID'. A blue 'Next' button is positioned below the input field, and a link 'Find my primary email address' is located at the bottom of the page. The background of the page is a photograph of a brick building with a large arched window.

Select **Enroll Now**.



Select **Enroll** under Annual Open Enrollment.



Select your preferred method of communication from Benefit Express

Home / Pre-Enrollment Questions

1. GETTING STARTED

2. CHOICES

Email Address

ELECTRONIC COMMUNICATION AUTHORIZATION

Transmission of information electronically and/or digitally allows **Vanderbilt** to communicate in a more efficient and timely manner with employees.

By electing to communicate electronically, you are authorizing **Vanderbilt** to provide access to forms and documents, including the **Employer-Provided Health Insurance Offer and Coverage Form** which is required as part of the Patient Protection and Affordable Care Act (PPACA), via email and website access.

You are agreeing that you do not require receipt of these materials in paper format. You are also certifying that email notifications sent to the address provided below are sufficient to meet the government requirements. You have the right to request and obtain a paper copy of documents sent electronically at no charge. Contact Human Resources to request a paper version.

I authorize my employer to communicate electronically with me via the email address below:

Email Address

test@mybenefitexpress.com

(required)

Verify Email Address

Attest to the Tobacco Free Credit

Home / Pre-Enrollment Questions

1. GETTING STARTED

2. CHOICES

Tobacco Free Credit

The purpose of this acknowledgement is to document whether you and/or your covered dependents qualify for the **\$20 tobacco-free health plan premium credit**. To qualify for the credit under the Vanderbilt Health Plan, you and/or your covered dependents must be tobacco-free or willing to end your tobacco use.

I certify that in order to take advantage of the health plan premium credit, I and, if applicable, my covered dependents, are tobacco-free and plan to continue to be that way. I understand that Vanderbilt may require me or my dependents to recertify our tobacco-free status in the future.

- I and, if applicable, all of my covered dependents, are tobacco-free (credit is received).
- I and, if applicable, one or more of my covered dependents, is a tobacco user. However I/we are committed to ending our tobacco use in 2021. Resources to help us end our tobacco use are [available online](#) (credit is received).
- I and/or, if applicable, one or more of my covered dependents, is a tobacco user. We do not intend to end our tobacco use at this time (no credit received).

Save and Continue

Select your health plan (Choice, Select, Waive Coverage) then select **Save and Continue**. If you'd like to waive coverage, make sure to uncheck your dependents.

Home / Health 2022

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Health 2022 | Select Your Plan

Prescription drug coverage is included with your health plan enrollment and is the same for all plan options. If you select the CDHP plan and would like to contribute into an HSA account you must complete the following Terms and Conditions page for your account to be opened. For more information on the plans, please click the plan information button. To waive, select ELECT NO COVERAGE.

[Compare Plans](#)

You had the **Aetna Select (PPO) (Individual + Child(ren))** plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 2)

- TESTDEP Gretchen [Edit](#) [Upload document](#)
- TESTDEP Daniel [Edit](#) [Upload document](#)

[Add New Dependent](#)

| | | |
|--|--|------------------------------|
| Aetna Choice (CDHP) | Aetna Select (PPO) | Elect No Coverage |
| Covered Dependents: 2 TESTDEP Gretchen TESTDEP Daniel | Covered Dependents: 2 TESTDEP Gretchen TESTDEP Daniel | Covered Dependents: 0 |

Don't forget to double check that your dependents are selected for coverage!

Read through our exciting new Price Transparency Tool notice and select **Save & Continue**.

Health 2022 | Additional Information

Have you tried our new Price Transparency Tool?

Healthcare Bluebook is an online price comparison tool for health care services, such as imaging, elective surgeries and more. The tool ranks providers in a given geographical area in terms of quality and affordability. Healthcare Bluebook allows you to shop for procedures, compare facilities and their pricing, and find the best quality for medical services, all while saving money.

Did you know that in-network prices for the same procedure can vary by over 500% depending on the facility you choose?

Healthcare Bluebook makes it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of Fair Price™ (green) facilities.

Healthcare Bluebook also provides detailed information on the quality of common inpatient procedures to help you to easily identify and select a facility that has a high-quality rating.

Additional Resources

Learn more by visiting healthcarebluebook.com/cc/VU (Note: Clicking the link will direct you to a new tab, outside of your enrollment window. Be sure to return to the current tab to complete your enrollment.)

- [Healthcare Bluebook Access Guide](#)
- [Healthcare Bluebook Frequently Asked Questions](#)
- [Healthcare Bluebook Mobile App](#)

Note: If you selected the Choice CDHP please continue to the next page. If you selected the Select PPO, please skip to page 11.

Select the amount of Go for the Gold you achieved.

✓ Your Health 2022 election has been saved!

1. GETTING STARTED 2. CHOICES

Go for the Gold 2022 | Select Your Coverage Level

Thank you for your enrollment in the Vanderbilt Health Plan. If you participate in Vanderbilt's [Go for the Gold](#) program and complete the steps by October 31, you can earn a wellness credit of up to \$240 per year to employees.

You can learn how to check your Go for the Gold status and more about how your wellness credits are applied on the Health Plus Website, <https://www.vumc.org/health-wellness/healthplus/go-for-the-gold>.

You selected the CDHP with Health Savings Account (HSA)

Vanderbilt deposits your Go for the Gold wellness credit into your HSA. This amount counts toward your 2021 HSA limit.

If you have money in your Health Plan Account and decide to elect the CDHP, you must either (1) use all the funds in the Health Plan Account or (2) roll the funds over to your HSA. [View More](#)

You had the Go for the Gold (Participating. You are eligible to participate in Go for the Gold) plan previously.

Go for the Gold

Coverage:

- \$120 - Bronze
- \$180 - Silver
- \$240 - Gold
- Not Participating

You Pay:

Save and Continue

Select **I agree** to Fidelity's Terms and Agreements then select **Save and Continue**.

Impersonating UserID: 5294818 | Name: John TEST Doe |

Home / Health Savings Account

«

✓ Your Health election has been saved!

1. GETTING STARTED ✓ 2. CHOICES 3. CONFIRMATION

Health Savings Account

By selecting "I Agree" below, you agree to the following:

- I am eligible to open a health savings account. I am a U.S. citizen or tax resident with a valid U.S. street address, and I am of legal age to enter into an agreement in my state of residence. I request to open a new Fidelity HSA® with Fidelity Brokerage Services LLC ("Fidelity") for which Fidelity Personal Trust Company, FSB will serve as custodian. I understand that this request will be processed as soon as administratively feasible upon Fidelity's receipt of required information. A Fidelity HSA opened through this Simple HSA Service will accept contributions and allow me to request distributions, but will otherwise be restricted, including the ability to place trades, designate beneficiaries, request a debit card, and indicate my communication preferences, until I go to Fidelity's website and provide additional information that is accepted by Fidelity. I agree to promptly go to Fidelity's NetBenefits website to provide additional information and activate other account features upon receiving Fidelity's confirmation that my account was established. If I already have a Fidelity HSA or open a full service Fidelity HSA right away, notwithstanding my election below, my request to open a Fidelity HSA through this Simple HSA Service shall be identity. Fidelity may not open, or may restrict and/or close my Fidelity HSA if it cannot obtain and verify information to confirm my identity. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if my account is restricted or closed.
- I agree to notify Fidelity if I am employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA) or a municipal securities dealer. Absent such notice from me, I represent and warrant to Fidelity that this does not apply. If I am so affiliated, I understand that Fidelity must obtain consent and report my trading activity and other account data to my employer or other affiliated company. I understand that my account will continue to be restricted until such consent is received by Fidelity.
- I agree to notify Fidelity if I am, or an immediate family/household member is, a director, corporate officer, or 10% shareholder of a publicly held company or a control person of a public traded company under SEC Rule 144. Absent such notice from me, I represent and warrant to Fidelity that this does not apply.
- Contributions to my Fidelity HSA will be deposited into the FDIC-Insured Deposit Sweep position at one or more Program Banks assigned to this account from the HSA Program Bank List provided in the Fidelity HSA Documents above, and such Program Banks may change between the time I request this account and the HSA is actually opened.
- I acknowledge that the Fidelity HSA is governed by a pre-dispute arbitration clause, which appears on the last page of the HSA Brokerage Customer Agreement in the Fidelity HSA Documents accessible above, and which I represent having read and agreed to.

I Agree
 Decline

< Previous Go to Confirmation

Copyright | Disclaimer | Privacy | Terms

Note: If you do not agree to the Terms and Conditions then you will not receive the Vanderbilt contribution to your HSA (if you are eligible to receive the seed money).

Decide if you are making a contribution to your Health Savings Account (HSA). If yes, enter the amount and select how you would like your contribution to be deducted from your paycheck. Next, select **Save and Continue**.

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Health Savings Account | Plan Information

The Health Savings Account (HSA) allows you to contribute pre-tax dollars to pay for health care expenses, such as deductibles, co-pays and co-insurance. Annual contribution limits are set by the IRS. For 2020 they are \$3,550 for individual coverage and \$7,100 for Family coverage. If you are age 55 or over, you can contribute an additional \$1,000 per year.

You can also carry any unused balance forward from year to year to use for future health care expenses. Your health savings account earns interest too, which helps your account balance grow over time.

The HSA offers unique benefits:

- Triple tax savings - contributions, any earnings, and distributions are tax free when used to pay for qualified medical expenses (established by the IRS)
- Any unused money in your HSA carries over each year and is yours to keep, even if you leave Vanderbilt.
- You decide when and how much of your HSA funds to use for your qualified medical expenses now, or save and invest for future needs, including during retirement.

Need help determining your max HSA contribution for 2020? Money from Vanderbilt, Go for the Gold dollars, and possible catch-up contributions all count toward your 2020 HSA limit. **Check out our handy Contribution Limit Worksheet [HERE](#) to determine what your max contribution.**

Please Note: The max contribution below reflects any Vanderbilt contribution you may be eligible for.

Note: Save your receipts for expenses you pay from your health savings account, in case you have to prove to the IRS that they were eligible expenses. If they aren't, you'll be subject to a tax penalty.

Health Savings Account | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$0.00**
- The maximum annual contribution to participate is **\$5,700.00**
- If you do not wish to participate, please enter **\$0.00**

Employer Amounts:

- Employer annual contribution is **\$1,500.00**

ENTER:
Your Annual Amount:
\$ 500.00

or

Deduction (Monthly):
\$ 41.67

Calculate

Health Savings Account | Select Payment Method

How would you like your contributions deducted from your paycheck?

- Spread evenly across all paychecks
- Take out specific amounts on specific paychecks

Annual Open Enrollment
Effective Date: 01/1/2023

YOU PAY:
\$315.7
Monthly

← Previous Go to Confirmation Save and Continue

Note: If you do not wish to contribute to your HSA, simply put \$0.00 in the amount.

If your spouse is covered under the Vanderbilt plan, but can receive coverage under their employer you will be charged a \$100 Spousal Fee. Please select which is appropriate for your situation. Next, select **Save and Continue**.

1. GETTING STARTED | 2. CHOICES

Spousal Surcharge | Select Your Coverage Level

For an employee with a spouse who has access to health coverage through an outside employer but prefers using the Vanderbilt plan, a fee will apply. If your spouse works for Vanderbilt University Medical Center (not Vanderbilt University), the spousal fee will apply.

I understand that it is my responsibility to notify Vanderbilt as soon as possible in the event that my spouse's eligibility for health benefits changes; I understand that I may be required to provide proof of eligibility changes.

Vanderbilt reserves the right to audit eligibility and may require copies of any legal documents issued to establish a person as your spouse or child.

By continuing I acknowledge and I understand that I will pay a fee of \$100 per month for my spouse's medical coverage and this fee will be in addition to my health care payroll premium. [View More](#)

Spousal Surcharge

Coverage:

- My spouse is not employed or does not have coverage available through his/her employer.
- My spouse is employed by Vanderbilt.
- My spouse has health coverage available through his/her employer.

You Pay:
\$0.00

Selected

Note: Since you selected the Choice CDHP, please continue to page 14.

Read through our Go for the Gold notice and select **Save & Continue**.

Go for the Gold 2022

✓ Your Health 2022 election has been saved!

1. GETTING STARTED | 2. CHOICES

Go for the Gold 2022 | View Your Coverage

Thank you for your enrollment in the Vanderbilt Health Plan. If you participate in Vanderbilt's Go for the Gold program and complete the steps by October 31, you can earn a wellness credit of up to \$240 per year to employees.

You can learn how to check your Go for the Gold status and more about how your wellness credits are applied on the Health Plus Website, <https://www.vumc.org/health-wellness/healthplus/go-for-the-gold>.

You selected the Health Plan Account (PPO)

Vanderbilt deposits your Go for the Gold wellness credit into a Health Plan Account managed by Aetna.

The Health Plan Account helps you pay your deductible (the amount you pay before the health plan starts paying) and co-insurance (the percent you pay for medical expenses after meeting your deductible)

The wellness credit amount can be applied to other covered members on your health plan, including dependents covered on your health plan. If the credit is not used, the money will roll over each year, up to a maximum of \$1,000.

If your spouse is covered under the Vanderbilt plan, but can receive coverage under their employer you will be charged a \$100 Spousal Fee. Please select which is appropriate for your situation. Next, select **Save and Continue**.

1. GETTING STARTED | 2. CHOICES

Spousal Surcharge | Select Your Coverage Level

For an employee with a spouse who has access to health coverage through an outside employer but prefers using the Vanderbilt plan, a fee will apply. If your spouse works for Vanderbilt University Medical Center (not Vanderbilt University), the spousal fee will apply.

I understand that it is my responsibility to notify Vanderbilt as soon as possible in the event that my spouse's eligibility for health benefits changes; I understand that I may be required to provide proof of eligibility changes.

Vanderbilt reserves the right to audit eligibility and may require copies of any legal documents issued to establish a person as your spouse or child.

By continuing I acknowledge and I understand that I will pay a fee of \$100 per month for my spouse's medical coverage and this fee will be in addition to my health care payroll premium. [View More](#)

Spousal Surcharge

Coverage:

- My spouse is not employed or does not have coverage available through his/her employer.
- My spouse is employed by Vanderbilt.
- My spouse has health coverage available through his/her employer.

You Pay:
\$0.00

Selected

If you selected the Select PPO, decide if you would like to enroll in a Health Care Flexible Spending Account (FSA). Put in the amount you wish to contribute annually. Next, select **Save and Continue**.

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Health Care Flexible Spending Account 2023 | Plan Information

[View Plan Info](#)


The Health Care Flexible Spending Account allows you to set aside pre-tax money to pay for out-of-pocket health care expenses for you and your eligible dependents.

- Review the [Eligible Health Care Expenses](#) list for items that are eligible for reimbursement.
- The [Tax Savings worksheet](#) can show you how much you can save on your taxes by using the Flexible Spending Account. **Please see your tax advisor if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).**

Remember that your election is for the entire year and can be changed only if you experience a **life event** such as:

- Marriage or divorce
- Gain or loss of a dependent
- Gain or loss of your spouse or dependent's employment

If you have already contributed during this plan year, you can submit claims for reimbursement for funds already deducted; prior deductions will not be refunded through payroll. If you do not wish to participate for the remainder of the plan year please enter the amount indicated below.



Health Care Flexible Spending Account 2023 | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$104.00**
- The maximum annual contribution to participate is **\$2,700.00**
- If you do not wish to participate, please enter **\$0.00**

ENTER:

Your Annual Amount:

or

Deduction (Monthly):

[Calculate](#)

Annual Open Enrollment

Effective Date: 01/1

YOU PAY:

\$532.1

Monthly

Amount Pending: \$4

[Previous](#) [Go to Confirmation](#) [Save and Continue](#)

Note: If you do not wish to enroll in a Health Care FSA, simply leave the amount as \$0.00.

Decide if you would like a Dependent Care Flexible Spending Account. If yes, enter your annual amount you would like deducted from your pay. Then, select **Save and Continue**.

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Dependent Care Flexible Spending Account | Plan Information

[View Plan Info](#)

The Dependent Care Flexible Spending Account allows you to set aside pretax money to pay dependent care expenses for your children **under age 13** or adult dependents that are unable to care for themselves because of a mental or physical disability. To use this account, you, and your spouse if you are married, must be at work or school at the time your dependents require care. Examples include:

- Day care, local day camp, or in-home child care for your dependent child under age 13.
- Adult daycare or in-home dependent care for a spouse who is physically or mentally incapable to care for themselves.
- Elder care or in-home dependent care for an elderly parent who lives with you more than half the year.

To help you decide what is best for you:

- Review the [Eligible Dependent Care Expenses](#) list for items that are eligible for reimbursement.
- Explore the impact on your taxes. Any funds you contribute to the Dependent Care Flexible Spending Account reduce the amount you can claim as a Child Tax Credit on your income tax return. The value of the Child Tax Credit is based on your income bracket. [IRS Publication 503](#) offers guidance on calculating the credit to determine which will be more advantageous for you personally. The [Tax Savings Worksheet](#) can show you how much you can save on your taxes by using the Flexible Spending Account.

Please see your tax advisor if you have specific questions regarding tax liabilities with respect to the spending account plan(s).

Remember that your election is for the entire year and can be changed only if you experience a **life event** such as:

- Marriage or divorce
- Gain or loss of a dependent
- Gain or loss of your spouse or dependent's employment

Annual Open Enrollment

Effective Date: 01/1

YOU PAY:

\$357.4

Monthly

Dependent Care Flexible Spending Account | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$104.00**
- The maximum annual contribution to participate is **\$5,000.00**
- If you do not wish to participate, please enter **\$0.00**

ENTER:

Your Annual Amount:

or

Deduction (Monthly):

[Calculate](#)

[← Previous](#) [Go to Confirmation](#) [Save and Continue](#)



Select or waive your Dental coverage then select **Save and Continue**. If you'd like to waive coverage, make sure to uncheck your dependents.

Compare Plans

You had the **Delta Dental Premier (Individual + Child(ren))** plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 1)

TESTDEP Gretchen [Edit](#) [Upload document](#)

TESTDEP Daniel [Edit](#) [Upload document](#)

[Add New Dependent](#)

| Delta Dental Basic | Delta Dental Premier | Elect No Coverage |
|--|--|------------------------------|
| Covered Dependents: 1 TESTDEP Daniel | Covered Dependents: 1 TESTDEP Daniel | Covered Dependents: 0 |
| Coverage: Individual + Child(ren) | Coverage: Individual + Child(ren) | Coverage: Waive |
| You Pay: \$38.94 | You Pay: \$78.72 | You Pay: \$0.00 |
| Plan Info | Plan Info | |
| Select | Selected | Select |

Don't forget to double check that your dependents are selected for coverage!

Select or waive your Vision coverage, then select **Save and Continue**. If you'd like to waive coverage, make sure to uncheck your dependents.

Vision | Select Your Plan

Select a plan from the choices below. For more information on the plans, please click the plan info button. To waive, select ELECT NO COVERAGE.

You had the **Delta Vision (Individual + Child(ren))** plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 1)

TESTDEP Gretchen [Edit](#) [Upload document](#)

TESTDEP Daniel [Edit](#) [Upload document](#)

[Add New Dependent](#)

Don't forget to double check that your dependents are selected for coverage!

Delta Vision

Covered Dependents: 1

TESTDEP Daniel

Coverage:

Individual + Child(ren)

You Pay:
\$13.61

[Plan Info](#)

Selected

Elect No Coverage

Covered Dependents: 0

Coverage:

Waive

You Pay:
\$0.00

Select

Read through information on our Short-Term Disability (STD). Select if you'd like to enroll in the STD buy-up. Next, select **Save and Continue**.

Short-Term Disability Buy-Up Coverage | Select Your Coverage Level

Short-term disability (STD) provides no-cost base coverage, paid for by Vanderbilt, and optional buy-up coverage, paid for by you. The base portion (paid for by Vanderbilt) pays 66.7% of your weekly wages on the first \$24,000 of annual base salary with a two-week waiting period (14 calendar days). Costs for the buy-up depend on your annual salary.

You may opt out of the buy-up coverage below or at any time. If you wish to re-enroll in the buy-up coverage at another time, you will be required to complete Evidence of Insurability (EOI) for MetLife.

You are not eligible to participate in the Short-Term Disability Buy-Up Plan if your annual base salary is less than \$24,000.

[View More](#) ▾

You had the **Short-Term Disability Buy-Up Coverage (Short-Term Disability Buy-Up)** plan previously.

Short-Term Disability Buy-Up Coverage

Coverage:

- Short-Term Disability Buy-Up | \$1,252.36
- Waive

You Pay:

\$42.08

[Plan Info](#)

Selected



Select if you'd like to enroll in LTD. Next, select **Save and Continue**.

Full Long-Term Disability | Select Your Coverage Level

To receive full long term disability coverage, you can enroll in "full" coverage for the remainder of your salary. In the event you become disabled and are unable to work for six months or longer, with both base and full coverage your benefit would pay 60% of your full take-home pay, up to a maximum benefit amount of \$33,000 a month. The cost of buy-up depends on your annual salary.

Enrollment in full long-term disability insurance occurs automatically on the first of the month after the one year anniversary for faculty and staff. Enrollment in full long term disability occurs immediately for house staff.

You may choose to waive full long-term disability insurance at any time. If you waive the full coverage amount (above the \$24,000 Vanderbilt pays) and wish to re-enroll at a later date, you will be required to complete Evidence of Insurability (EOI) for MetLife.

You are not eligible to participate in the Full Long-Term Disability Plan if your annual base salary is less than \$24,000.

You had the Full Long-Term Disability (Full Long-Term Disability) plan previously.

Full Long-Term Disability

Coverage:

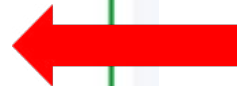
- Full Long-Term Disability | \$14,446.36
- Waive

You Pay:

\$46.23

Plan Info

Selected



Vanderbilt provides a Basic Life insurance policy in an amount equal to your annual base benefits rate* (up to a maximum of \$500,000). Select **Save and Continue**.

Basic Life | Select Your Coverage Level

As an employee of Vanderbilt, you are currently covered by our basic life insurance plan in an amount equal to your annual salary at no cost to you, up to a maximum of \$500,000.

Please note: Employer paid costs (premiums) required to purchase amounts above \$50,000 must be reported as W-2 wages to the employee per the IRS. The cost is based upon your age and will appear on your paystub as Group Term Life earnings. You will be taxed on this amount.

You had the **Basic Life (1 x Annual Salary)** plan previously.


Basic Life

Coverage:

\$50,000 | \$50,000.00

1 x Annual Salary | \$197,357.00

You Pay:
N/A



Select Supplemental Life coverage using the drop down arrow to select the amount. Select **Save and Continue**

Supplemental Life | Select Your Coverage Level

You may purchase additional individual coverage up to eight times your base annual earning up to a maximum of \$1,000,000.

You had the **Supplemental Life (2 x Salary)** plan previously.

Supplemental Life

Select A Coverage Amount: \$0 - \$1,000,000

Guaranteed Issue Amount: \$394,714


\$0 | \$197,357 | \$1,000,000

Coverage: 1 x Salary

You Pay: \$65.92

Effective Date: 01/01/2022

Evidence of Insurability: Not Required



Elect Spousal Coverage using the drop down arrow to select the amount. Select **Save and Continue**.

Spouse Life Insurance | Select Your Coverage Level

Your spouse, if he/she meet eligibility criteria, is eligible for Supplemental Spouse Life dependent coverage of up to 50% of your Supplemental Employee life coverage with a maximum of \$250,000. No health questions are required for up to \$20,000 of coverage. Answer just five health questions for higher coverage amounts.

Remember: this plan provides coverage for your **spouse** and may require he/she to complete a Statement of Health.

You had the **Spouse Life Insurance (Elect No Coverage)** plan previously.

Who Do You Want To Enroll?

TESTDEP Koerpel, Gretchen [Edit](#) [Upload document](#)

[Add New Dependent](#)

Spouse Life Insurance

Covered Dependents: 0


Select A Coverage Amount: \$0 - \$90,000 Guaranteed Issue Amount: \$20,000

\$0 \$90,000

Coverage: Elect No Coverage **You Pay:** \$0.00 **Effective Date:** 01/01/2022 **Evidence of Insurability:** Not Required

[Plan Info](#)

Selected



If you elect new spousal coverage or change the amount from last year, you will need to submit an Evidence of Insurability (EOI) form. Follow the steps provided. Next, select **Save and Continue**.

Decide if you'd like to elect Dependent Child Life Insurance. Select the amount using the drop down arrow. Next, select **Save and Continue**.

Child Life Insurance | Select Your Coverage Level

Select a Child Life Insurance plan from the choices below. For more information on the plans, please click the plan information button. To waive, select ELECT NO COVERAGE.

You had the **Child Life Insurance (Elect No Coverage)** plan previously.

Who Do You Want To Enroll?

TESTDEP Daniel [Edit](#) [Upload document](#)


Child Life Insurance

Covered Dependents: 0

Select A Coverage Amount: \$0 - \$15,000 Guaranteed Issue Amount: \$15,000 ⓘ

\$15,000

Coverage: Elect No Coverage **You Pay:** \$0.00 **Effective Date:** 01/01/2022



Decide if you'd like to elect Accidental Death & Dismemberment Insurance. Select the amount using the drop down arrow. Next, select **Save and Continue**.

Voluntary Accidental Death and Dismemberment | Select Your Coverage Level

Select a plan from the choices below. For more information on the plans, please click the plan info button. To waive, select ELECT NO COVERAGE.

You had the **Voluntary Accidental Death and Dismemberment (\$500,000 Family)** plan previously.

Who Do You Want To Enroll? (Number of covered dependents: 1)

TESTDEP Gretchen [Edit](#) [Upload document](#)

TESTDEP Daniel [Edit](#) [Upload document](#)

[Add New Dependent](#)

Voluntary Accidental Death and Dismemberment


Covered Dependents: 1
TESTDEP Koerpel, Gretchen

Select A Coverage Amount: \$0 - \$500,000

Guaranteed Issue Amount: \$500,000

\$0 \$500,000

Coverage: \$500,000 Family You Pay: \$11.50 Effective Date: 01/01/2022

[Plan Info](#) 

Confirm your beneficiaries and the amounts they will receive. Next, select **Save and Continue**.

My Beneficiaries | Need to Know

[More Info](#)

You must designate one or more primary beneficiaries for each of the plans shown below. You may name a secondary (contingent) set of beneficiaries to receive benefits if the primary beneficiaries are no longer living. If no beneficiary is named, or if no named beneficiary survives you, benefits will be paid according to the Plan document.

The beneficiaries you designate for Basic Life also apply to your Supplemental Employee Life elections.

NOTE: The total for all primary beneficiaries must equal 100%. Secondary (contingent) beneficiaries are optional. If entered, the total for all secondary (contingent) beneficiaries must equal 100%.



My Beneficiaries | View / Edit Beneficiary Information

Add Beneficiary

Plan: Basic Life

| Beneficiary Name | Relationship | Primary Percent | Secondary Percent |
|------------------|--------------|------------------------------------|-----------------------------------|
| TESTDEP Gretchen | Spouse | <input type="text" value="100 %"/> | <input type="text" value="50 %"/> |
| TESTDEP Daniel | Child | <input type="text" value="0 %"/> | <input type="text" value="50 %"/> |
| Total | | 100% | 100% |

Apply to All



Review your elections and any actions you need to take.

1. CHOICES2. CONFIRMATION

Enrollment Information for David TEST 🖨️ ✉️

Enrollment Type: Annual Open Enrollment | **Effective Date:** 01/01/2022 | **Generated:** 10/07/2021 at 2:46:00 p.m.

Below is a summary of your benefit elections with your per pay deductions and a list of any covered dependents. **Please print and review your benefit elections to confirm accuracy and see any next steps, such as providing required evidence of insurability and/or adding your emergency contact information.**

If you are satisfied, use the button above to print this form.

To make other changes, click on the Edit button for the plan type you want to change. You will be returned to that spot in the enrollment process to make your change. Your benefit election is saved when you are provided with information for the next benefit election. At that time, you may click on the Confirmation link in the Enrollment Progress bar above to return to this statement.

Please review the 'Pending Actions' section for any further action required of you (for example, if you need to submit Evidence of Insurability for pending Life or Disability coverage).

Covered Dependent(s) (2)

| Name | Relation | Plan Coverage |
|------------------|----------|---|
| TESTDEP Gretchen | Spouse | Health 2022, Voluntary Accidental Death and Dismemberment |
| TESTDEP Daniel | Child | Health 2022, Dental, Vision |

Your Choices

Getting Started Questions Edit Info

Scroll to the bottom and select **Finish Enrollment**.

Additional Information

I understand that:

- I am making an election concerning the above described benefits. I authorize applicable payroll deductions for the plan choices indicated. This election is subject to any changes required to comply with federal or state tax laws.
- I cannot revoke or change this election during the plan year unless there is a qualifying "life event." This change must be consistent with the IRS rules relating to a change in family status. If such a change occurs, I may then revoke my earlier election.
- I verify and affirm that the dependents enrolled for Health, Dental and/or Vision coverage are eligible under the terms of the applicable plan. I understand misrepresenting dependent eligibility is subject to disciplinary action, up to and including termination.

Finish Enrollment

Email or print a copy for your records