

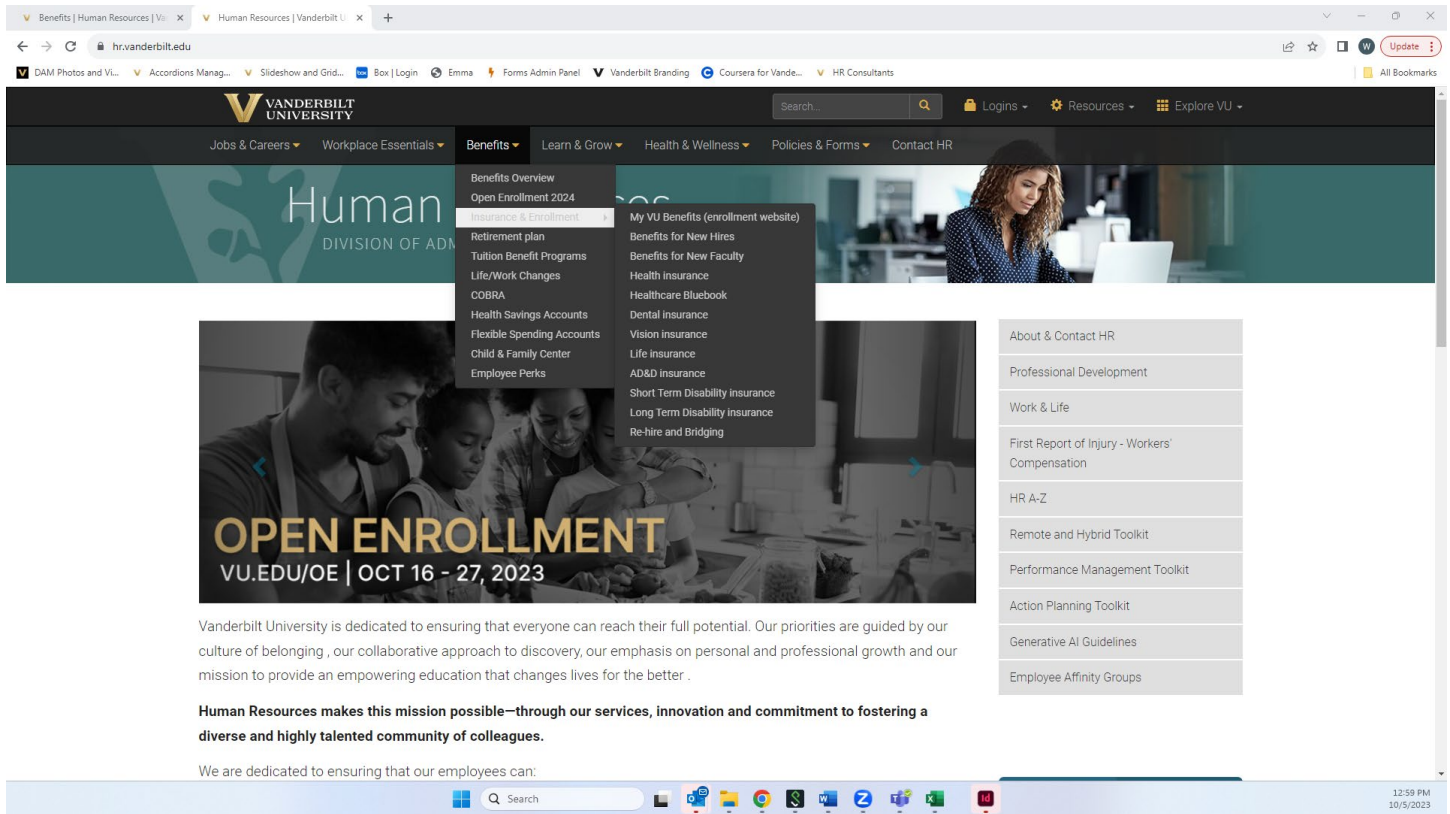
# How to Enroll in Benefits

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

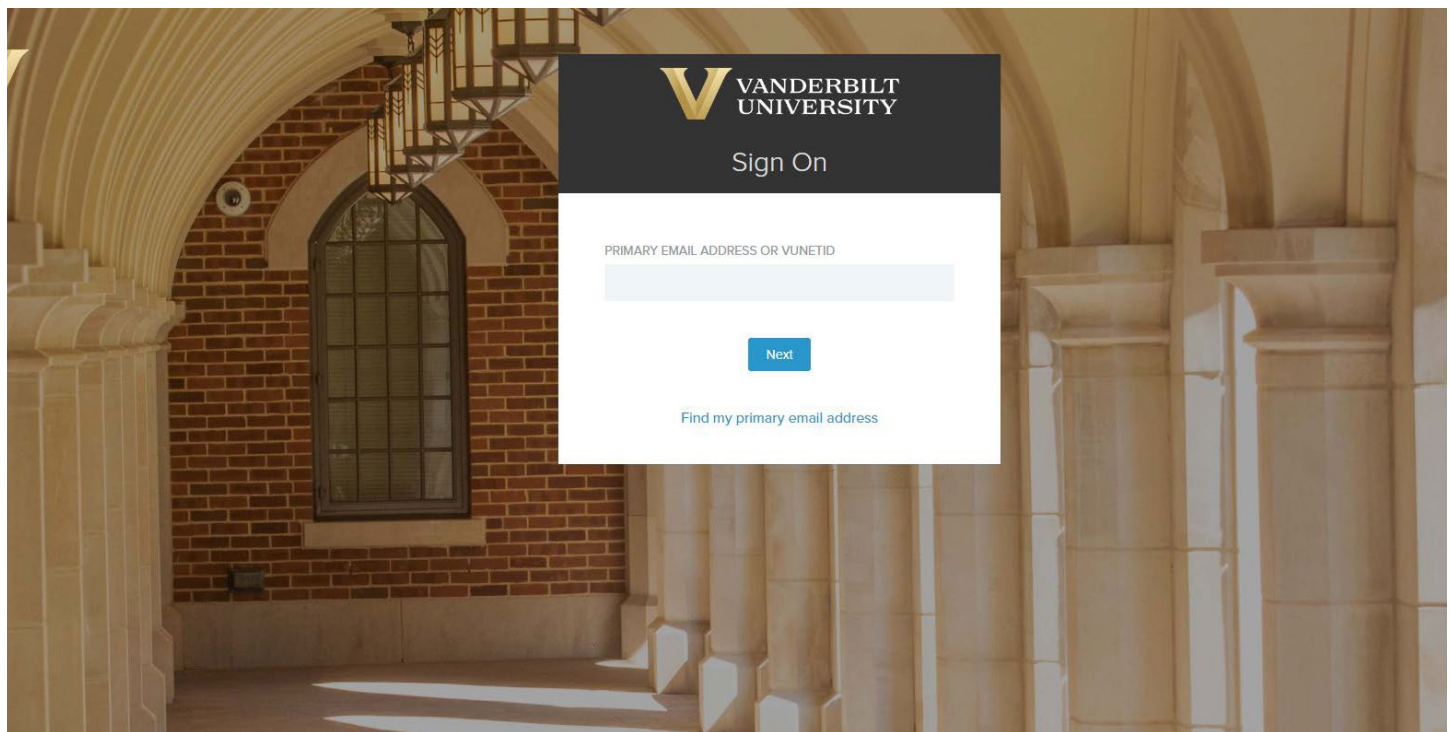


**VANDERBILT  
UNIVERSITY**

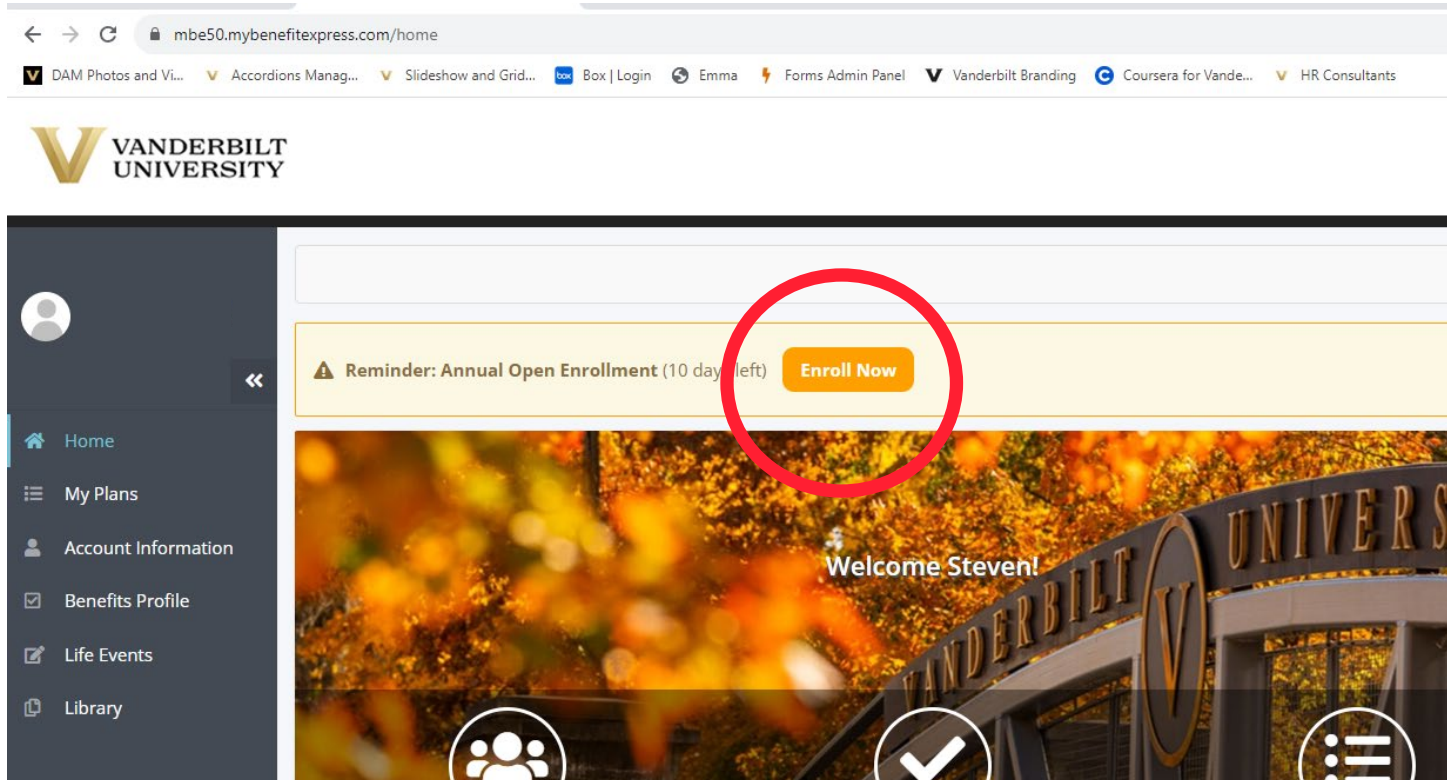
Go to the Vanderbilt University Human Resources home page (hr.vanderbilt.edu). From the Menu, select *Health & Benefits > Insurance & Enrollment > MyVU Benefits (enrollment website)*.



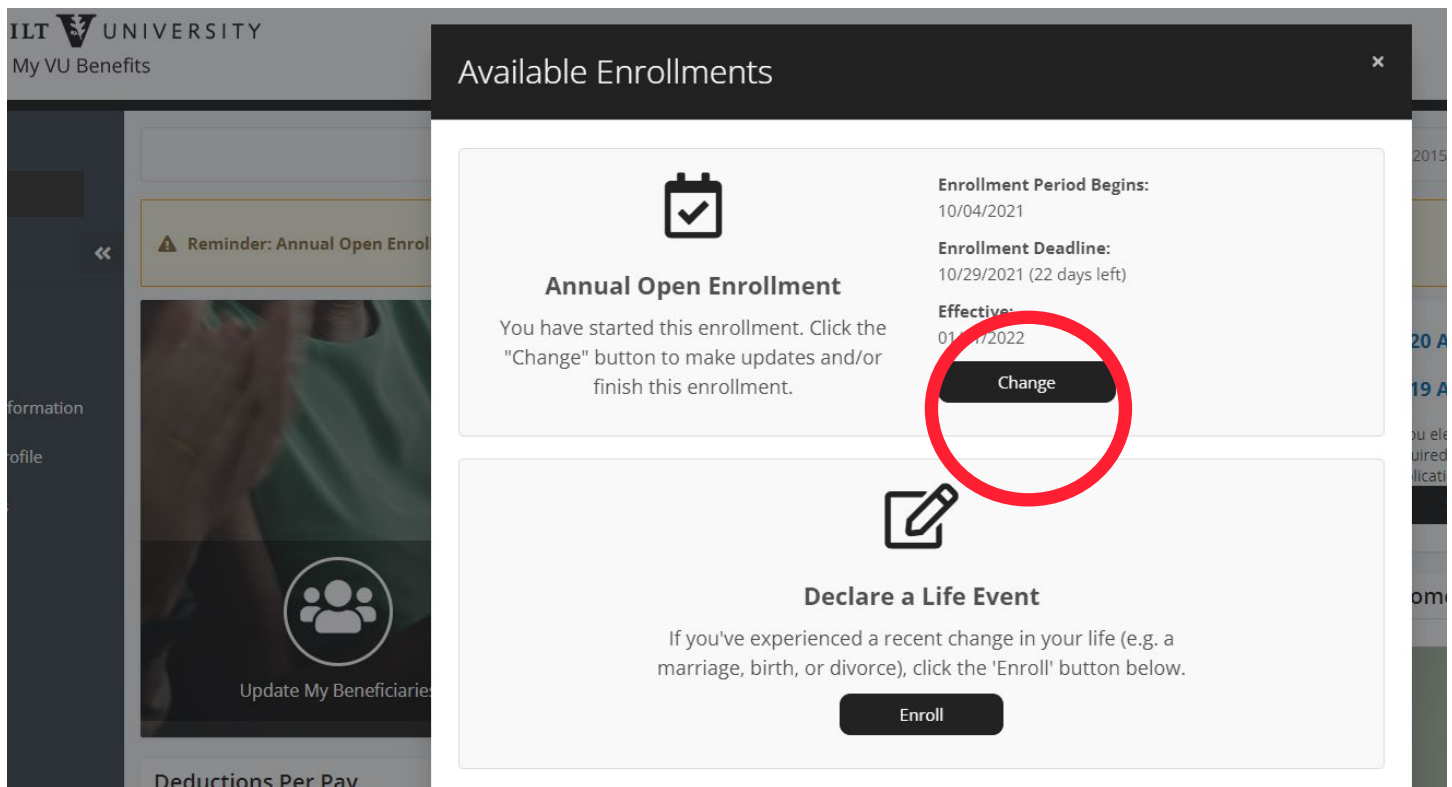
Sign onto the MyVU Benefits site using single sign-on. Have your VU Net ID and password ready.



Select **Enroll Now**.



Select **Enroll** under Annual Open Enrollment.



# Select your preferred method of communication from Benefit Express

Impersonating UserID: 8702211 | Name: Steven TEST Gild | [Return to Admin](#)

Pre-Enrollment Questions

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

### 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**

I require that my employer communicate with me via paper forms and notices.

This authorization will remain in effect until terminated by you by submitting a written request to Human Resources, or by changing your election on this website.

### Annual Open Enrollment

Effective Date: 01/01/2024

YOU PAY:

**\$508.43**  
Monthly

+

**\$0.00**  
HRA PERM

Amount Pending: \$5.39

# Attest to awareness of Health and Well-being Resources

Health and Wellbeing

**Health and Wellbeing Resources Available to You!**

Lyra is Vanderbilts mental health program for faculty, staff and postdocs. Lyra provides care for your emotional and mental health. Whether you're feeling stressed, anxious or depressed, support from Lyra can get you back on your feet.

All benefits-eligible Vanderbilt employees and their dependents, ages 2 and older, are eligible to receive 12 sessions per household member each year, at no cost to employees (regardless of their enrollment in Vanderbilt benefits). Employees and their dependents enrolled in the Aetna health plan have access to continued care. For more information on Lyra, please visit the [Health and Wellness website](#).

Virgin Pulse is Vanderbilts wellness platform for faculty, staff and postdocs. The platform encourages behavioral change through completing a health check and deciding which areas of your wellness you want to improve. Improvement can take place through daily tips, healthy habits and fun challenges with family and friends. You can build community and earn points. Points can then be turned into rewards that can be spent on gift cards or wellness items. There is a mobile app available to access your account and track your activity anywhere, anytime.

Virgin Pulse is available to all benefits-eligible employees regardless of their enrollment in Vanderbilt benefits. For more information on Virgin Pulse, please visit the [Health and Wellness website](#).

I attest that I have reviewed the health and wellbeing resources available at Vanderbilt University.

### Annual Open Enrollment

Effective Date: 01/01/2024

YOU PAY:

**\$508.43**  
Monthly

+

**\$0.00**  
HRA PERM

Amount Pending: \$5.39

# Attest to the Tobacco Free Credit

Impersonating UserID: 8702211 | Name: Steven TEST Gild | [Return to Admin](#)

Pre-Enrollment Questions

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

### 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 2024. 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).

### Annual Open Enrollment

Effective Date: 01/01/2024

YOU PAY:

**\$508.43**  
Monthly

+

**\$0.00**  
HRA PERM

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.

**Health 2024 | 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 Consumer Driven Health Plan (CDHP) and would like to contribute to a Health Savings Account (HSA), 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) (Family)** plan previously.

**Who Do You Want To Enroll? (Number of covered dependents: 4)**

- TESTDEP
- TESTDEP
- TESTDEP
- TESTDEP

Aetna Choice (CDHP)	Aetna Select (PPO)	Elect No Coverage
<b>Covered Dependents: 4</b> TESTDEP TESTDEP TESTDEP	<b>Covered Dependents: 4</b> TESTDEP TESTDEP TESTDEP	<b>Covered Dependents: 0</b>

**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**.

Home / Health 2024

1. GETTING STARTED

2. CHOICES

Health 2024 | 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](https://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](#)

< Previous

**Note: If you selected the Choice CDHP please continue to the next page. If you selected the Select PPO, please skip to page 10.**

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

be50.mybenefitexpress.com/enrollment/18968914/choices/plantype/524288

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Impersonating UserID: 8702211 | N

Health Savings Account 2024

✓ Your Health 2024 election has been saved!

1. GETTING STARTED 2. CHOICES

### 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, and I will not have the ability to place trades, designate beneficiaries, and indicate my communication preferences, until I go to Fidelity's website and provide additional information that is accepted by Fidelity, and will promptly do so. If I already have or open a nonmanaged Fidelity HSA prior to Fidelity receiving this request, notwithstanding my election below, my request to open a Fidelity HSA through this Simple HSA Service shall be disregarded. I authorize my employer to disclose information about me to Fidelity as needed to open my account. I have provided my employer with current and accurate information about me and agree to promptly update Fidelity with changes thereto. Fidelity may communicate with me based on this information, including electronically to my employer email address.
- I can access, retain, have read, understand and agree to be bound by these terms and the [Fidelity HSA Documents](#), the [Electronic Delivery Agreement](#) and the [Terms and Conditions](#).
- I have internet access and a web-browser that is java-script enabled. I can access documents provided in HyperText Markup Language (HTML), Portable Document Format (PDF) or other compatible formats. If I do not have the ability to access or retain these documents, or do not consent to receive them electronically, I will contact Fidelity at 800-544-3716 for a free paper copy. By proceeding I confirm my device is equipped to access these documents.
- My name, legal address, date of birth, and government issued identification number are required by federal law to verify my 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 or become 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 become, or an immediate family/household member is or becomes, a director, corporate officer, or 10% shareholder of a publicly held company or a control person of a public traded company under SEC Rule144. 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 Program, which will generally sweep funds to one or more Program Banks assigned to this account from the HSA Program Bank List provided in the Fidelity HSA Documents above. I understand that such Program Banks may change between the time I request this account and the HSA is actually opened, and if a Program Bank is not available, my funds may be swept to a money market mutual fund as described in the Fidelity HSA Documents.
- 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

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**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**.

✓ Your Health 2024 election has been saved!

1. GETTING STARTED      2. CHOICES

### Health Savings Account Eligibility

Because you enrolled in a high deductible health plan, you can save for your expenses before-tax in a Health Savings Account.

First, let's make sure you're eligible for a **Health Savings Account**. Indicate if any of these apply to you.

- I'm covered by Medicare or TRICARE.
- I'm covered by another non-high deductible health plan (that is, a plan with a deductible less than \$1,600 for individuals and \$3,200 for families, based on 2024 limits).
- I receive reimbursements for medical expenses from someone else's general purpose Flexible Spending Account.
- I will be claimed as a dependent on someone else's tax return.
- None of the above.

Home / Health Savings Account 2024

✓ Your Health 2024 election has been saved!

1. GETTING STARTED      2. CHOICES      3. CONFIRMATION

### Health Savings Account 2024

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 2024 they are \$4,150 for individual coverage and \$8,300 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 2024? Money from Vanderbilt, and possible catch-up contributions all count toward your 2024 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.

#### Annual Open Enrollment

Effective Date: 01/01

YOU PAY:

**\$675.4**  
Monthly

+

**\$0.00**  
HRA PERM

### Adjust your annual contribution

**\$0/year**

\$0 minimum      \$7,800 maximum

Your Annual Amount:       OR      Contribution (Monthly):

#### Min & Max Contributions

If you do not wish to participate, enter \$0.00

Min Annual Contribution	Max Annual Contribution
<b>\$0.00</b>	<b>\$7,800.00</b>
Employer Annual Contribution	Employer Per Pay Contribution
<b>\$1,500.00</b>	<b>\$125.00</b>

Short Term      Long Term

#### Your amount for the 2024 Plan Year

**\$9,300**  
Maximum annual contributions

\$0      \$1,500      Employer contributions

Amount Pending: \$5.39

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

How would you like your contributions deducted from your paycheck?

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



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**.

The screenshot shows the 'My Benefit Express' website interface. The main content area is titled 'Spousal Surcharge 2024 | Select Your Coverage Level'. It contains a paragraph of text explaining the spousal fee, a disclaimer, and a confirmation statement. Below this, there are two blue boxes: one with a confirmation statement and another stating 'You had the Spousal Surcharge (My spouse has health coverage available through his/her employer.) plan previously.' The 'Spousal Surcharge' section is highlighted with a green border and contains three radio button options under the heading 'Coverage:'. The third option, 'My spouse has health coverage available through his/her employer.', is selected. To the right of this section, the text 'You Pay: \$100.00' is displayed, with a black button labeled 'Selected' below it. A large red arrow points from the right towards this button. On the right side of the page, there is a 'Annual Open Enrollment' summary box showing 'YOU PAY: \$675.43 Monthly' and '\$0.00 HRA PERM', with a total of 'Amount Pending: \$5.39'. The browser's address bar shows the URL 'lmybenefitexpress.com/enrollment/18968914/choices/plantype/16777216' and the page is titled '3. CONFIRMATION'.

**Note: Since you selected the Choice CDHP, please continue to page 13.**

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**.

lmybenefitexpress.com/enrollment/18958914/choices/plantype/16777216

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

### Spousal Surcharge 2024 | 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.

Questions? Contact Human Resources.

You had the Spousal Surcharge (My spouse has health coverage available through his/her employer.) plan previously.

#### 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:  
**\$100.00**

Selected

#### Annual Open Enrollment

Effective Date: 01/01/2024

YOU PAY:

**\$675.43**  
Monthly

+

**\$0.00**  
HRA PERM

Amount Pending: \$5.39

12:17 PM 10/5/2022

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**.

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3

✓ Your Spousal Surcharge 2024 election has been saved!

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

### Health Care Flexible Spending Account 2024

View Plan Info

**Annual Open Enrollment**

Effective Date: 01/01/2024

YOU PAY:

**\$1,113.44**  
Monthly

+

**\$0.00**  
HRA PERM

Amount Pending: \$5.39

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. For a full list please see **IRS Publication 502**.
- 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.

#### Adjust your annual contribution

**\$0/year**

\$0 3 \$3,050 maximum

Your Annual Amount:  OR Contribution (Monthly):

#### Min & Max Contributions

If you do not wish to participate, enter **\$0.00**

Min Annual Contribution	Max Annual Contribution
<b>\$104.00</b>	<b>\$3,050.00</b>

#### Your amount for the 2024 Plan Year Make your Health Care Flexible Spending Account choice here. contribution

**\$3,050**  
Maximum annual contributions

**\$0**

← Previous | Go to Confirmation | Save

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**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

[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

#### Adjust your annual contribution

**\$0/year**

0 \$5,000 maximum

Your Annual Amount:  OR Contribution (Monthly):

---

#### Min & Max Contributions

If you do not wish to participate, enter **\$0.00**

Min Annual Contribution	Max Annual Contribution
<b>\$104.00</b>	<b>\$5,000.00</b>

#### Your amount for the 2024 Plan Year

**\$5,000**  
Maximum annual contributions

**\$0**

**Annual Open Enrollment**  
Effective Date: 01/01/2024

YOU PAY:

**\$775.41**  
Monthly

+

**\$0.00**  
HRA PERM

Amount Pending: \$5.39

[← Previous](#) [Go to Confirmation](#)

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

Who Do You Want To Enroll? (Number of covered dependents: 3)

- TESTDEP ⋮
- TESTDEP ⋮
- TESTDEP ⋮
- TESTDEP ⋮

[Add New Dependent](#)

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

Delta Dental Basic

---

**Covered Dependents: 3**

TESTDEP |  
TESTDEP |  
TESTDEP |

**Coverage:**  
Family

You Pay:  
**\$52.63**

[Plan Info](#)

**Select**

Delta Dental Premier

---

**Covered Dependents: 3**

TESTDEP |  
TESTDEP |  
TESTDEP |

**Coverage:**  
Family

You Pay:  
**\$120.52**

[Plan Info](#)

**Selected**

Elect No Coverage

---

**Covered Dependents: 0**

**Coverage:**  
Waive

You Pay:  
**\$0.00**

**Select**



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

**Who Do You Want To Enroll? (Number of covered dependents: 3)**

- TESTDEP
- TESTDEP
- TESTDEP
- TESTDEP

[Add New Dependent](#)

**Delta Vision**

**Covered Dependents: 3**

TESTDEP  
TESTDEP  
TESTDEP

**Coverage:**  
Family

You Pay:  
**\$21.75**

[Plan Info](#)

**Selected**

**Elect No Coverage**

**Covered Dependents: 0**

**Coverage:**  
Waive

You Pay:  
**\$0.00**

**Select**

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

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**.

150.mybenefitexpress.com/enrollment/18968914/choices/plantype/4096

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1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

### 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.

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 | \$813.28
- Waive

You Pay:  
**\$27.33**

Plan Info Selected



Annual Open Enrollment

Effective Date

YO

**\$77**

M

**\$0**

HR

Amount Per

← Previous Go to Confirmation

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

The screenshot shows a web browser window with the URL `be50.mybenefitexpress.com/enrollment/18968914/choices/plantype/512`. The page is titled "Full Long-Term Disability | Select Your Coverage Level". It contains several paragraphs of text explaining the coverage options and enrollment process. A blue box indicates that the user has had this plan previously. The main selection area is highlighted with a green border and contains the following information:

- Full Long-Term Disability**
- Coverage:**
  - Full Long-Term Disability | \$5,286.08
  - Waive
- You Pay:**  
**\$16.92**
- Buttons: "Plan Info" and "Selected" (highlighted with a red arrow).

At the bottom left, there is a "Previous" button.



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**.

✓ Your Full Long-Term Disability election has been saved!

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

### 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 | \$87,434.00

You Pay: **\$0.00**

Plan Info | **Selected**

Annual Open Enrollment

Effective Date

YOU PAY: **\$775** Monthly

+ **\$0.00** HRA PERM

Amount Pending

Previous | Go to Confirmation

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

✓ Your Basic Life election has been saved!

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

### Supplemental Life | Select Your Coverage Level

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

You had the **Supplemental Life (\$500,000)** plan previously.

Supplemental Life

Select A Coverage Amount: \$0 - \$699,466

Guaranteed Issue Amount: \$500,000

\$524,000

Coverage: 6 x Salary

You Pay: \$114.89

Effective Date: 01/01/2024

Evidence of Insurability: **Required**

Plan Info | **Selected**

Annual Open Enrollment

Effective Date: 01/01/2024

YOU PAY: **\$775.43** Monthly

+ **\$0.00** HRA PERM

Amount Pending: \$5.39

Previous | Go to Confirmation | **Save and Continue**

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

The screenshot shows the 'Spouse Life Insurance | Select Your Coverage Level' page. It includes a header with navigation links, a main title, and a description of the insurance plan. A blue box indicates the user had the \$20,000 plan previously. Below, a section titled 'Who Do You Want To Enroll?' shows one dependent, 'TESTDEP', with an 'Add New Dependent' button. The main area is a 'Spouse Life Insurance' selection screen. It features a 'Covered Dependents: 1' section with 'TESTDEP' listed. A slider for 'Select A Coverage Amount: \$0 - \$250,000' is set to '\$20,000'. To the right, the 'Guaranteed Issue Amount: \$30,000' is shown. Below the slider, summary information is displayed: 'Coverage: \$20,000', 'You Pay: \$5.52', 'Effective Date: 01/01/2024', and 'Evidence of Insurability: Not Required'. At the bottom, there are two buttons: 'Plan Info' and 'Selected'. A large red arrow points to the 'Selected' button.

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**.

The screenshot shows a web browser window with the URL `0.mybenefitexpress.com/enrollment/18968914/choices/plantype/2048`. The page title is "Who Do You Want To Enroll? (Number of covered dependents: 2)". There are three "TESTDEP" entries, each with a checked checkbox. Below them is an "Add New Dependent" button.

The "Child Life Insurance" section is highlighted with a green border. It shows "Covered Dependents: 2" and "TESTDEP" listed twice. The "Select A Coverage Amount: \$0 - \$15,000" section features a slider with a green bar and a handle positioned at the right end, labeled "\$15,000". The "Guaranteed Issue Amount: \$15,000" is also displayed. Below the slider, the following information is shown:

Coverage:	You Pay:	Effective Date:
\$15,000	\$2.39	01/01/2024

At the bottom of the section are two buttons: "Plan Info" and "Selected". The "Selected" button is highlighted in black, and a large red arrow points to it from the right. A "Previous" button is located at the bottom left of the page.

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

The screenshot displays the 'Voluntary Accidental Death and Dismemberment' selection interface. At the top, there are three dependent selection rows, each with a checkbox and a dropdown menu. The first row is unchecked and labeled 'Not Eligible, De'. The second and third rows are checked. Below these is an 'Add New Dependent' button. The main section is titled 'Voluntary Accidental Death and Dismemberment' and contains the following information:

- Covered Dependents: 3**  
TESTDEP  
TESTDEP  
TESTDEP
- Select A Coverage Amount: \$0 - \$500,000**
- Guaranteed Issue Amount: \$500,000** (with a help icon)
- A horizontal slider bar with a green track, ranging from \$0 to \$500,000. A white circle indicates the selected amount is \$500,000.
- Coverage:** \$500,000 Family
- You Pay:** \$11.50
- Effective Date:** 01/01/2024
- Two buttons at the bottom: 'Plan Info' (white) and 'Selected' (black). A large red arrow points to the 'Selected' button.

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 %"/>
<b>Total</b>		<b>100%</b>	<b>100%</b>

Apply to All



Review your elections and any actions you need to take.

1. CHOICES 2. 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**