

Quick Reference Guide: *Change Beneficiaries***Keep in mind**

- You have 7 days to complete your beneficiary change.
- After 7 days, you will need to re-initiate the event.

Information Needed

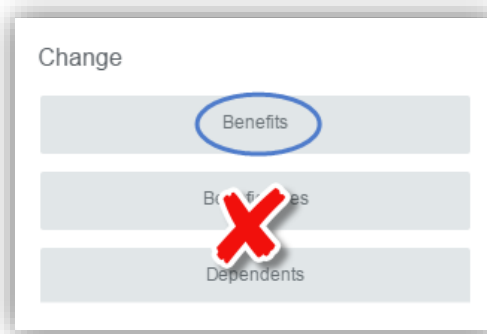
- Please note that if you are modifying your beneficiaries or dependents you must provide social security numbers, dates of birth and addresses for those individuals.
- For more Benefit Plan information, please visit humanresources.uchicago.edu/benefits.

Change Benefits Steps:

1. From the Home page, click the **Benefits** worklet.

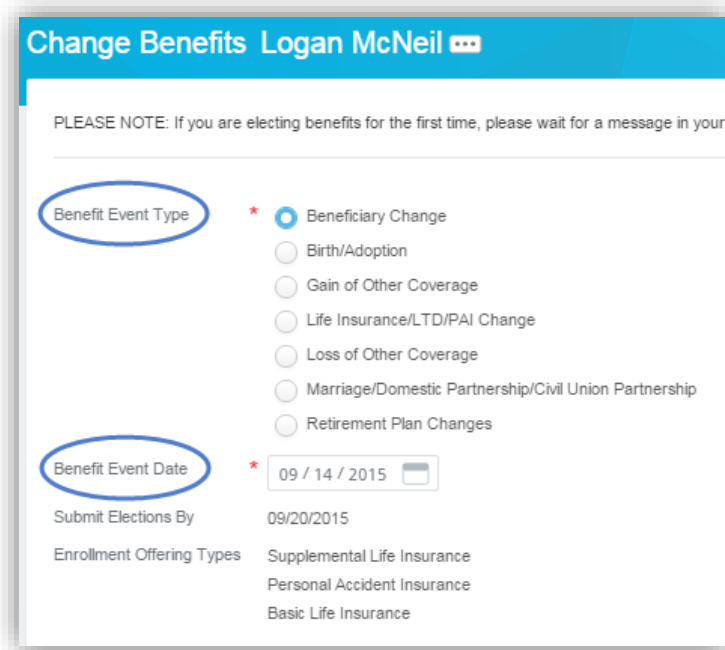


2. Under the Change header, select **Benefits**. Do **NOT** select Beneficiaries or Dependents.



Quick Reference Guide: *Change Beneficiaries*

3. On the Change Benefits screen, select **Beneficiary Change** as the **Benefit Event Type** and enter **Today's Date or a future date** as the **Benefit Event Date**.



Change Benefits Logan McNeil

PLEASE NOTE: If you are electing benefits for the first time, please wait for a message in your

Benefit Event Type * Beneficiary Change
 Birth/Adoption
 Gain of Other Coverage
 Life Insurance/LTD/PAI Change
 Loss of Other Coverage
 Marriage/Domestic Partnership/Civil Union Partnership
 Retirement Plan Changes

Benefit Event Date * 09 / 14 / 2015

Submit Elections By 09/20/2015

Enrollment Offering Types Supplemental Life Insurance
Personal Accident Insurance
Basic Life Insurance

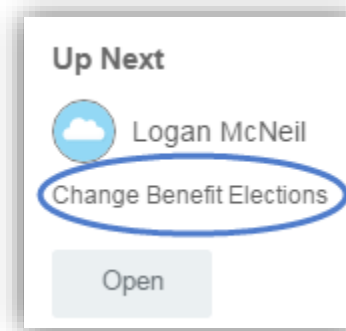





Values in the **Submit Elections By** and **Enrollment Offering Types** will populate based on your selections above.

4. Click on the **Submit Icon**  to submit this task.

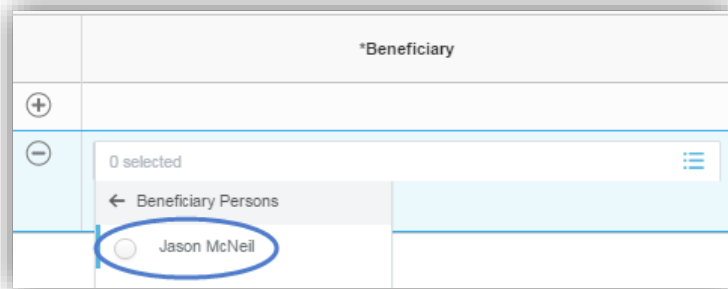
Quick Reference Guide: *Change Beneficiaries*

5. You will see the next task to complete. Click **Open**.



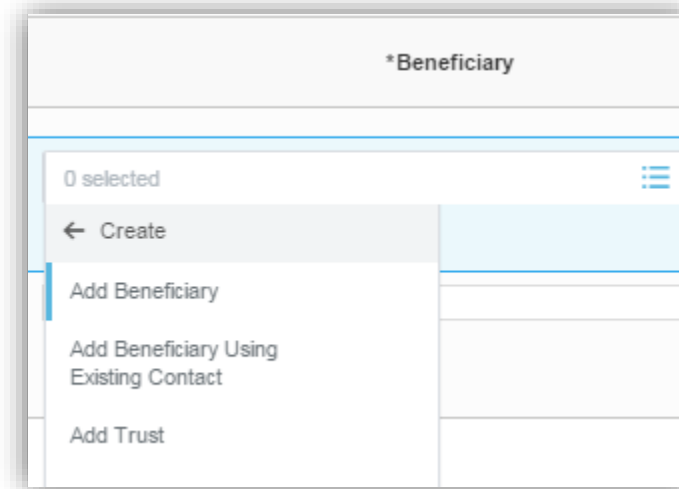
6. Your current life insurance elections will display, however you will not be able to edit them. Click the **Continue Icon**  **Continue**
7. For the Benefit Plan you would like to add a beneficiary, click the **Add Icon**  in the Beneficiary column to add a beneficiary. In the new row, click on the **Prompt Icon**  and select **Beneficiary Persons** or **Trusts** to see a list of Beneficiaries available. If the person is listed, click the button next to their name to select them as a beneficiary. Enter the Primary or Contingent Percentage for the beneficiary.


If adding more than one beneficiary to a benefit plan, click the **Add Icon**  to repeat this process.






Quick Reference Guide: *Change Beneficiaries*

8. If the person you want to add as a beneficiary is not listed in the Beneficiary Persons or Trusts categories, you can create a new beneficiary. To do so, click on the **Prompt Icon** ☰, click on **Create** and select **Add Beneficiary**, **Add Beneficiary Using Existing Contact** or **Add Trust**.





**For Add Beneficiary**

- In the **Relationship** row, click on the **Prompt Icon** ☰ to select the **Relationship** type.
- **Use as Beneficiary** will automatically be selected (no action needed).
- **Date of Birth, Gender, Full-time Student** and **Disabled** are not required fields but should be inputted if applicable.
- On the **Legal Name** tab, input the **First Name** and **Last Name** of the beneficiary. The **Country** will default to **United States of America** and should *not* be changed.
- On the **Contact Information** tab, under the **Address** section click the **Add Icon**  and enter the address information of the beneficiary, including Type. If the beneficiary has the same address you do, you can click the **Prompt Icon** ☰ in the **Use Existing Address** field and select your address instead.

Quick Reference Guide: *Change Beneficiaries***For Add Beneficiary Using Existing Contact**

- Click on the **Prompt Icon**  for **Existing Contacts** to select from the list of available people. Click on the person's name to select them then click the **OK Icon** .
- Verify the **Relationship** listed is accurate and make updates as necessary.
- Leave **Use as Beneficiary** checked.
- **Date of Birth, Gender, Full-time Student** and **Disabled** are not required fields but should be inputted if applicable.
- Review the **Legal Name** and **Contact Information** listed for the beneficiary and make updates as necessary.
- After reviewing your selections, click the **OK Icon** .

For Add Trust

- Enter the **Trust Name**. **Trust ID** and **Trust Date** are not required fields but should be inputted if applicable.
 - Under the Trustee Contact Information, enter the First Name and Last Name of the Trustee. If there is more than one Trustee, click on the **Add Icon**  to input additional names.
 - Click on the **Add Icon**  under **Address** to enter the address information of the beneficiary, including Type. If the beneficiary has the same address you do, you can click the **Prompt Icon**  in the **Use Existing Address** field and select your address instead.
9. Once the beneficiary information is entered for the applicable benefit plan(s), click on the **Continue Icon** .

Quick Reference Guide: *Change Beneficiaries*

10. Review your **Beneficiary Change(s)** by clicking the arrow next to **Beneficiary Designations**.

Elected Coverages 2 Items							
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employer Contribu
Basic Life Insurance - Prudential To a Maximum of \$50,000 (Employee)	06/22/2015	06/22/2015	1 X Salary	\$50,000.00		Jason McNeil McNeil Family Trust	
							Total:

> Waived Coverages

Beneficiary Designations

Benefit Plan	Requires Beneficiary	Beneficiaries	
		*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life Insurance - Prudential To a Maximum of \$50,000 (Employee)	<input type="checkbox"/>	Jason McNeil	Primary Percentage 100 Contingent Percentage
		McNeil Family Trust	Primary Percentage Contingent Percentage 100

Attachments 0 Items			
+	Attachment	Comment	File
No Data			

Electronic Signature


I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment. I hereby authorize my employer to deduct from my earnings the required contributions, if any, to

I understand that I cannot change any of my elections for medical, dental, vision, health and/or dependent care flexible spending accounts until the next open enrollment period, unless I have a qualifying life event. Changes I make must be consistent with the type of life event.

I Agree

11. Click the **I Agree** checkbox to confirm your selections.

12. Click on the **Submit Icon**  to submit this task.

13. Scroll to the bottom of the screen and click the **Print Icon**  to print a paper copy of your benefits for your personal records or click **Done Icon**  to exit.