

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

- You have **31 days** from the date of a life event or from the date that you become benefits eligible to enroll/change your benefits.

Information Needed

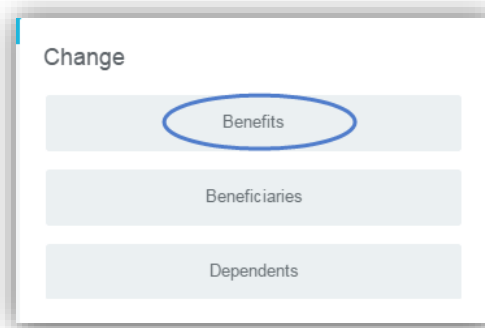
- Supporting documentation (if necessary), includes the following.
 - Birth/Adoption - birth certificate or adoption documents
 - Marriage - marriage certificate
 - Civil Union or Domestic Partnership - civil union or domestic partnership documents.
 - Gain of Other Coverage - letter or documentation from the new insurance company indicating you have gained medical coverage through another plan. An insurance card is **not** acceptable documentation.
 - Loss of Other Coverage - certificate of credible coverage
 - Beneficiary Change, Life Insurance/LTD/PAI Change and Retirement Plan Changes do not need supporting documentation.
- 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.
- Benefit plan(s) in which you would like to enroll. Please visit humanresources.uchicago.edu/benefits for more information.

Change Benefits Steps:

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

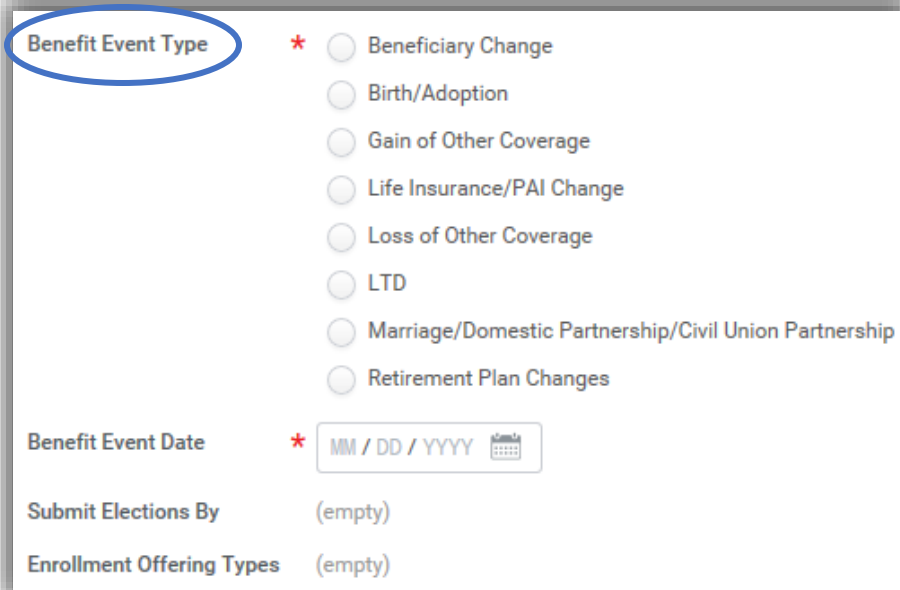


- Under the Change header, select **Benefits**.



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3. On the Change Benefits screen, select **Benefit Event Type** and **Benefit Event Date**.



The screenshot shows a form with the following fields:

- Benefit Event Type** (circled in blue): A dropdown menu with a red asterisk. The options are: Beneficiary Change, Birth/Adoption, Gain of Other Coverage, Life Insurance/PAI Change, Loss of Other Coverage, LTD, Marriage/Domestic Partnership/Civil Union Partnership, and Retirement Plan Changes.
- Benefit Event Date** (with a red asterisk): A date input field with a calendar icon, showing the format MM / DD / YYYY.
- Submit Elections By**: A text field containing the word "(empty)".
- Enrollment Offering Types**: A text field containing the word "(empty)".


If you are entering a Loss of Other Coverage event, the Benefit Event Date is the day after the last day covered under the previous insurance.




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



4. Please **do not** add documentation at this point. Documentation will be uploaded later, in this process.

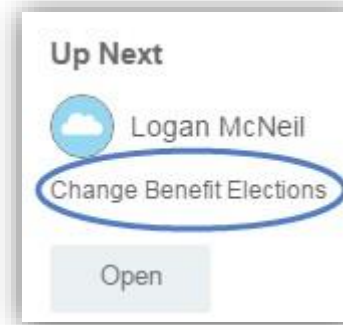
Attachments			
	Attachment	Comment	File
No Data			


- Click on the **Submit Icon**  to submit this task.
- You will see the next task to complete.



The remaining steps will vary based on your selections in Step #3.


For example, if the selection was beneficiary change, your current life insurance elections will display, however you will not be able to edit them, only add/remove beneficiaries.



- If applicable, make updates to your Health Care Elections by selecting **Elect** or **Waive** for the various offerings. Also indicate the coverage level (i.e. Employee Only, Employee + Spouse, etc.) by selecting the **prompt icon**  in the **Coverage** column.

If you are covering dependents, use the **Prompt Icon**  under the **Enroll Dependents** column to create and add your dependents to your election.


Health Care Elections 8 items				
	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Medical - Blue Cross Blue Shield of IL HDHP Maroon Savings Choice	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross Blue Shield of IL HMO HMOI	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Blue Cross Blue Shield of IL PPO Maroon	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - University of Chicago Medicine HMO UCHP	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

8. Click  to proceed to the next step.
9. If applicable, make updates to your Health Savings Account (HSA) elections by selecting **Elect** or **Waive** for the various offerings.

Health Savings Election 2 items			
	Benefit Plan	*Elect / Waive	Contribution Range (Annual)
	Health Savings Account - HSA Bank	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<p>Your number of remaining payroll deductions for the year 10</p> <p>Your estimated contributions made this year 0.00</p> <p>How much do you want to contribute for the total year? 0.00</p> <p>How much do you want to contribute per paycheck (Monthly)? 0.00</p>



Health Savings Account (HSA) elections are only available if the Maroon Savings Choice plan has been selected. Employees may not elect both an HSA and a Healthcare Flexible Spending Account (HFSA).

10. Click  to proceed to the next step.

- If applicable, make updates to your Spending Account elections by selecting **Elect** or **Waive** for the various offerings.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions
Healthcare FSA - Conexis	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 10 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00
Dependent Care FSA - Conexis HCE	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 10 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00

11. Click  to proceed to the next step.

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12. If applicable, make updates to your Insurance Elections by selecting **Elect** or **Waive** for the various offerings.

Insurance Elections 8 items

	Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents
	Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1 X Salary	
	Supplemental Life Insurance - Sun Life (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Spouse Life Insurance - Sun Life (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Child Life Insurance - Sun Life (Child(ren))	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Personal Accident Insurance - Sun Life (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue

13. Click **Continue** to proceed to the next step.

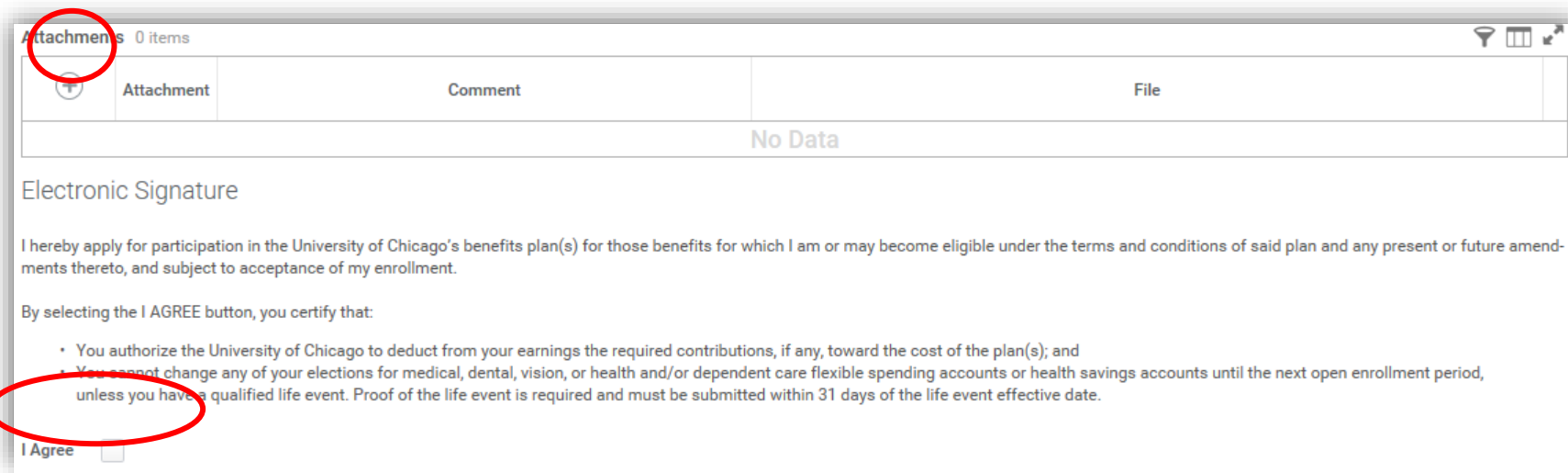
14. Update your **Beneficiary Designations** (if applicable).

Beneficiary Designations

	Benefit Plan	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
No Data				

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15. Click the **Continue Icon**  to proceed to the next step
16. Review your **Elected Coverages, Waived Coverages, Attach Dependent Documentation** (if applicable) and click the **I Agree** check box to confirm your selections.



Attachments 0 items

Attachment	Comment	File
No Data		

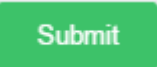

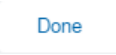
Electronic Signature

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.

By selecting the I AGREE button, you certify that:

- You authorize the University of Chicago to deduct from your earnings the required contributions, if any, toward the cost of the plan(s); and
- You cannot change any of your elections for medical, dental, vision, or health and/or dependent care flexible spending accounts or health savings accounts until the next open enrollment period, unless you have a qualified life event. Proof of the life event is required and must be submitted within 31 days of the life event effective date.

I Agree

17. Click on the **Submit Icon**  to submit this task.
18. 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.



The process will route to a Benefits Partner for approval. Once approved, you will be able to view your updated benefits elections the day they become effective.

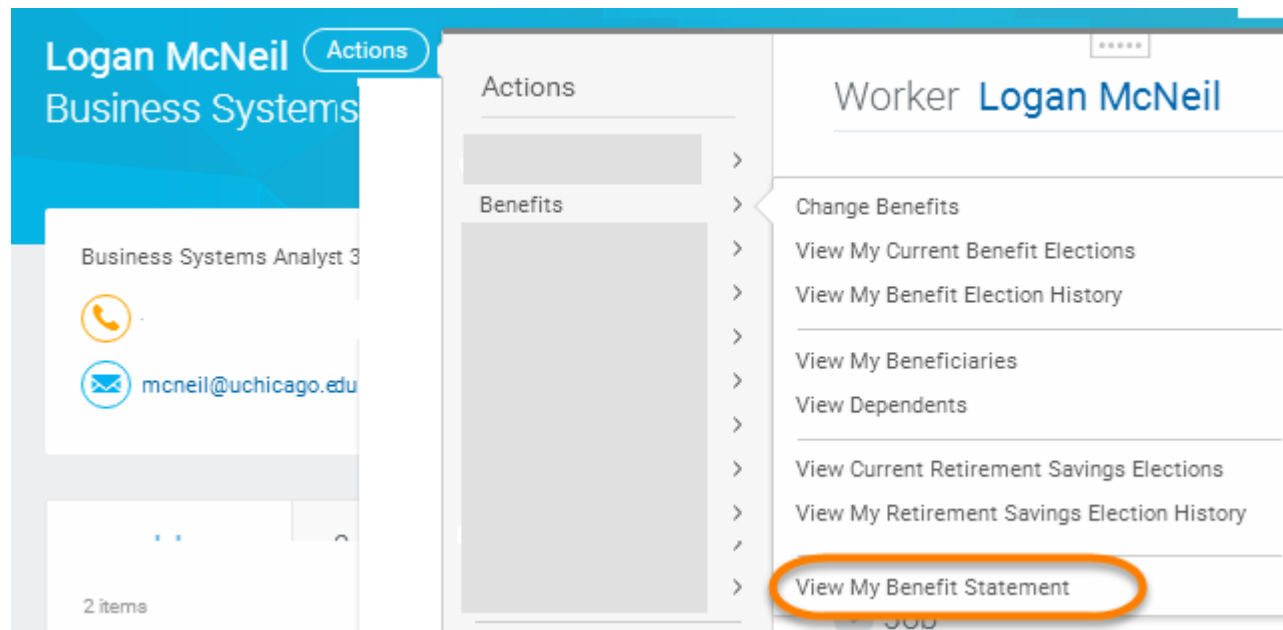
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Viewing/ Printing Benefits Statement

After a benefit change has been successfully completed you are able to print a benefit statement at any time by following the steps outlined below.

1. From the **Home Page**, click on your name and **select the View Profile hyperlink**.

2. From the **Related Actions Icon**  navigate to **Benefits** to select **View My Benefit Statement**.



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3. Select the desired Benefit Event and the statement will open to print.

