

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

- You have **31 days** from the date of that you become benefits eligible to enroll in benefits.
- If not enroll within these 31 days, you will have to wait until Open Enrollment or until you experience a qualified life event to make changes to your benefit elections.
- You may not elect coverage as an employee and also receive coverage as a dependent (if both you and your spouse/partner are University employees).

Information Needed

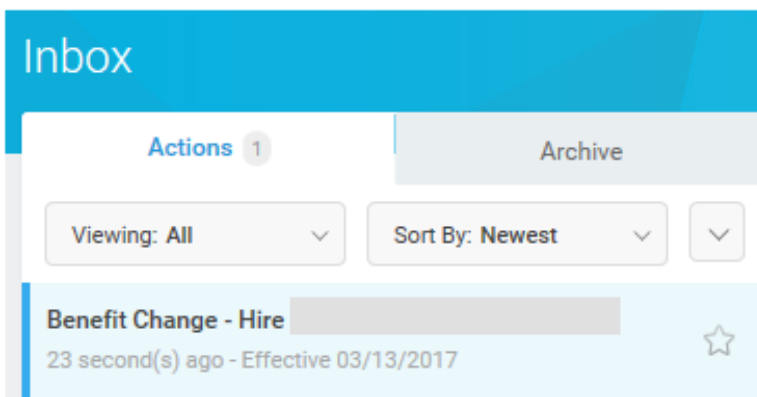
- Supporting documentation (if necessary), includes the following.
 - Birth/Adoption - birth certificate or adoption documents
 - Marriage - marriage certificate
 - Civil Union or Domestic Partnership - civil union or domestic partnership documents.
- Please note that if you are adding beneficiaries or dependents you must provide social security numbers, dates of birth and addresses for those individuals.
- Please visit humanresources.uchicago.edu/benefits for more information about benefit plan(s) in which you would like to enroll.

Steps to Enroll in Benefits:


1. From the Home page, click on the inbox icon in the top right corner of the screen.



2. Select the **Benefit Change – Hire** task.




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3. If applicable, make updates to your Health Care Elections by selecting the radio button next to “**Elect**” for the Health Care plans you would like to enroll in. 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		
	Dental - MetLife DCP Copay	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
		<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

4. Click  to proceed to the next step.

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5. If you would like to enroll in a Health Savings Account (HSA) click the “**Elect**” button.

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).


6. Click  to proceed to the next step.

7. If you would like to enroll in a Spending Account click the “**Elect**” button 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

8. Click  to proceed to the next step.

9. Select the radio button next to “**Elect**” for the Insurance plans you would like to enroll in. Also indicate the coverage level (i.e. 1x Salary, 2x Salary, etc.) by selecting the **prompt icon**  in the **Coverage** column.

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

10. Click  to proceed to the next step.

11. If you would like to contribute to the Supplemental Retirement Plan, enter a percentage amount in the **Employee Contribution – Percent** or enter a dollar amount in the **Employee Contribution - Amount (Monthly)** field as shown below.

Bi-weekly paid employees: The amount you designate for SRP will be deducted each and every pay period. Please ignore the monthly indicator.

Benefit Coverage Type Supplemental Retirement Plan

Employee Contribution - Percent

Employee Contribution - Amount (Monthly)

12. Enter your **SRP** contribution allocation in the **Employee Contribution Allocation** field(s).

Benefit Plan	Employee Contribution Allocation	Calculated Contribution	
Supplemental Retirement Plan - TIAA	<input type="text" value="50"/>	Percent	0
		Amount (Monthly)	\$100.00
Supplemental Retirement Plan - Vanguard	<input type="text" value="50"/>	Percent	0
		Amount (Monthly)	\$100.00
	100		



The total Employee Contribution Allocation must equal 100%.

13. If you would like to designate a Beneficiary for the Insurance plans previously elected, click the plus sign to enter the required information.

Beneficiary Designations 1 item

	Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
				*Beneficiary	*Primary Percentage / Contingent Percentage
	Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)	Sun Life	<input type="checkbox"/>	+	

14. Review the additional benefits provided by The University at no cost to you. You will not be able to make changes on this screen.


Additional Benefits Elections 2 items

	Benefit Plan	*Elect / Waive
	Staff & Faculty Assistance Program - Perspectives Ltd.	<input checked="" type="radio"/> Elect <input type="radio"/> Waive
	Business Travel Accident Insurance - Chubb	<input checked="" type="radio"/> Elect <input type="radio"/> Waive

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


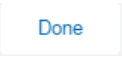
I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment.

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.

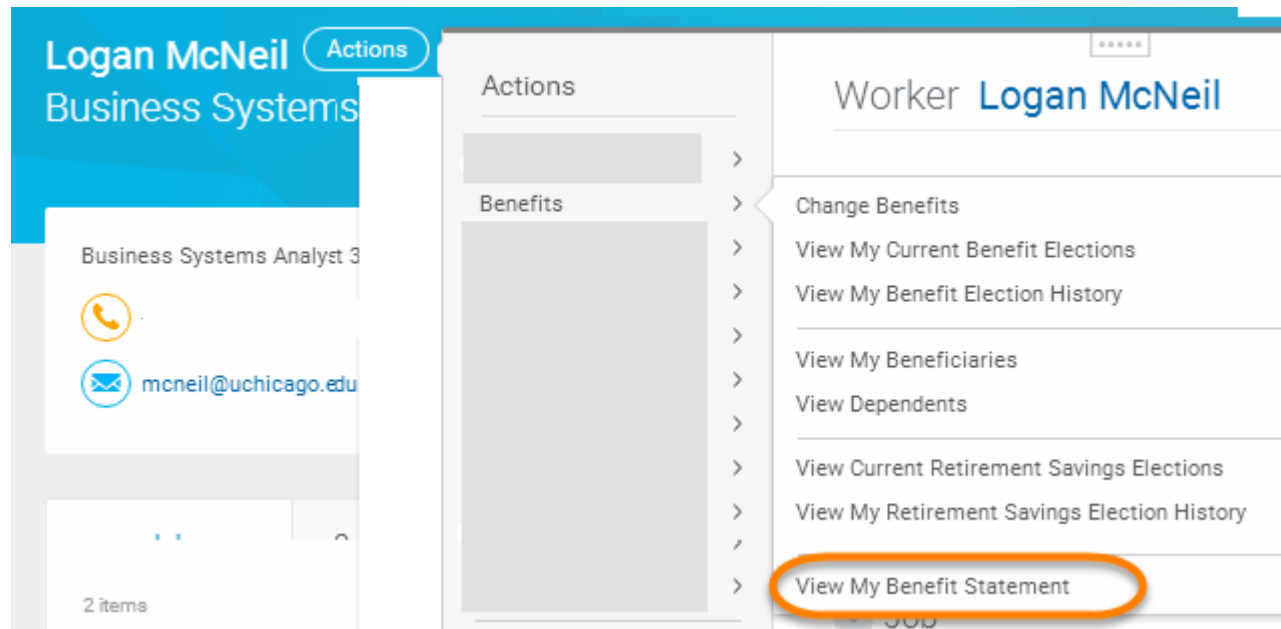


The process will route to a Benefits Partner for approval. Once approved, you will be able to view your updated benefits elections the day they become effective.

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**.



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

