Benefits New Hire Enrollment
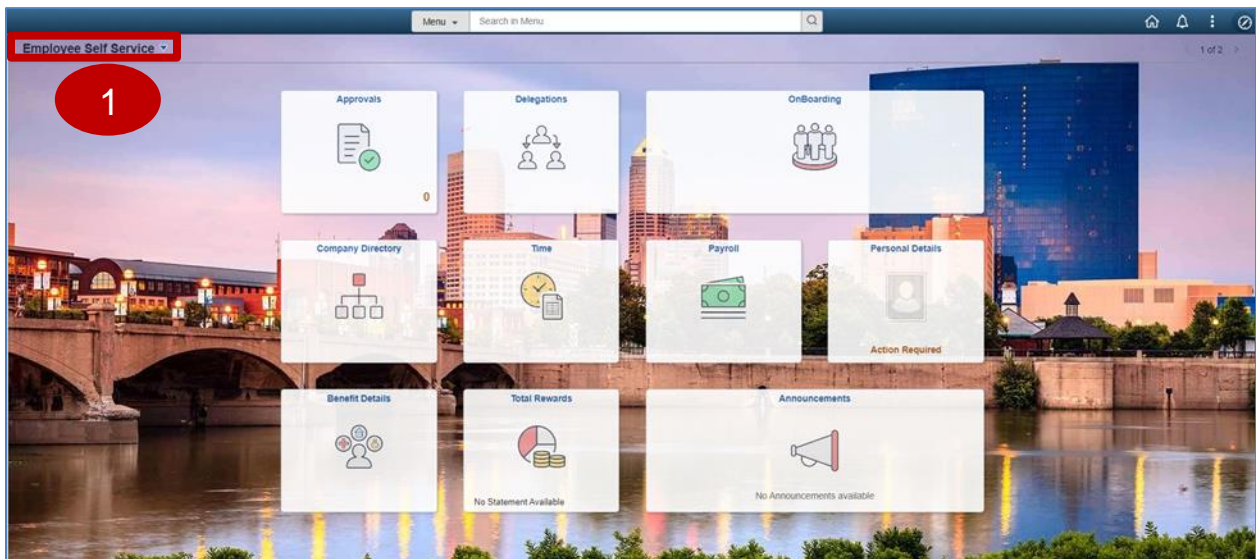
This job aid provides an overview for New Hire Benefit Enrollment and will discuss the following benefit plans:
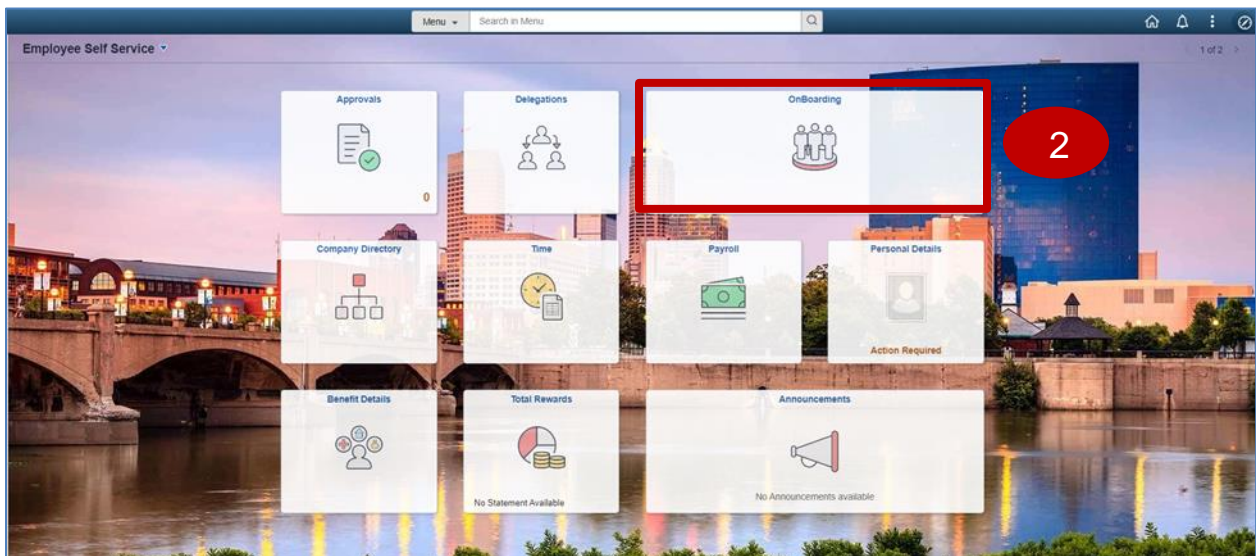
PeopleSoft Human Capital Management (HCM)
Benefits New Hire Enrollment
Job Aid

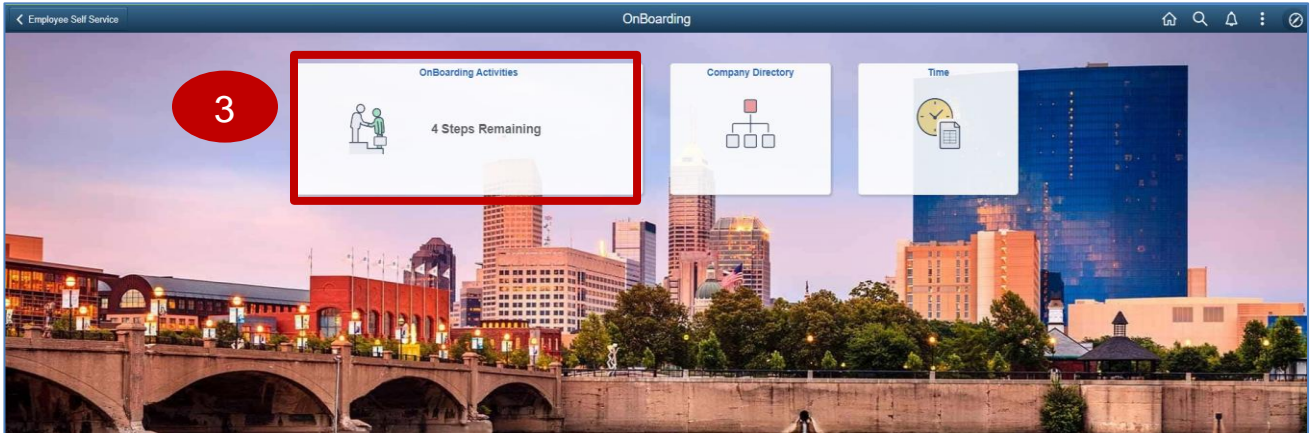1. Log into PeopleSoft and **Navigate** to **Employee Self Service** from the homepage.
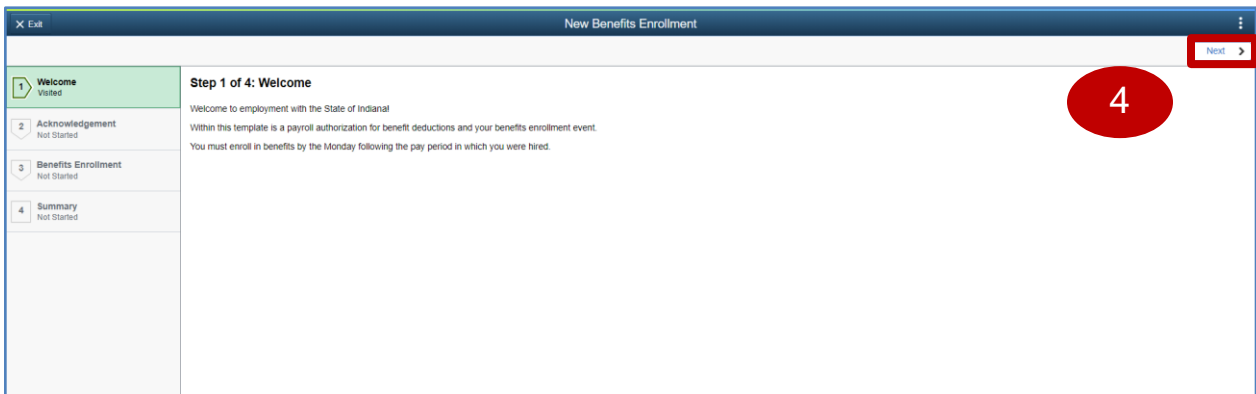

2. **Select** the **Onboarding** tile.

3. **Select** the **Onboarding Activities** tile.

4. The **New Benefits Enrollment** page displays. Read the **Welcome** message and **select** the **Next** button.

5. The **Acknowledgement** page displays. Read Acknowledgement and Health Savings Account Eligibility. **Check** the "**I have read and agree to the terms**" box then **select Save**.

6. Then **select** the **Next** button.

7. The **New Benefits Enrollment** page displays. From here you can start to see the benefits you may wish to enroll in. Each employee's benefit selection may be different from employee to employee.

   Note: Below are examples of plans that may not apply to you and the plan descriptions shown may be different from your plan descriptions.

8. **Select** the applicable **Benefit Plan** tile you wish to enroll in from the **New Benefit Enrollment** page.

   *Note: You should **select** the benefit tiles you are wishing to change in order of left to right, top to bottom. Until you submit your elections, your status will be **Pending Review**.*

(NTUA) Non-Tobacco Use Agreement

1. **Select** the **Non Tobacco Use Agreement** tile.
2. **Select** the **Plan Name** you wish to enroll in under the **Enroll in Your Plan** section from the **Non-Tobacco Use Agreement** page. Then, **select Done**.

Note: If you decline the Non-Tobacco Use Agreement, your next opportunity to accept the agreement will be during Open Enrollment for the effective date of January 1st. If you accept the Non-Tobacco Use Agreement for the current plan year and later wish to revoke your acceptance of the Non-Tobacco Use Agreement, please complete the Life Event for revoking your Non-Tobacco Use Agreement.

End of procedure

Medical

1. **Select** the **Medical plan** tile.
2. The **Medical plan** tile displays**.**
3. If you wish to enroll dependents and their name is displayed under the **Enroll Your Dependents** section, you may add them by **selecting** the box next to their name.
4. To enroll dependents who are not already listed, **select** the **Add/Update Dependent** button.

5. **Select** the **Add Individual** button.

6. The **Add Individual Dependent/Beneficiary Information** page displays.
   Select the **Add Name** button.

7. The **Name** page displays in a pop-up window.

8. **Enter** the dependent's **First Name** and **Last Name** in the corresponding fields.

    Note: Optionally add the dependent's name prefix, middle name, or name suffix, as applicable.

9. **Select** the **Done** button.

10. The **Add Individual Dependent/Beneficiary Information** page returns.

11. Within the **Personal Information** section, **complete** the **Date of Birth**, **Gender**, **Relationship to Employee, and Marital Status** fields.

12. If needing to change/update the **Address** of the dependent **select** the arrow to update the address for the dependent.

13. The **Address** pop up page displays.

14. **Complete** the **Address Type**, **Country**, **Address 1**, **City**, **State**, and **County** fields. Then **select** the **Done** button.

    *Note: If dependents address is the same **select** the **Same as mine** button.*

15. The **Add Individual Dependent/Beneficiary Information** page returns.
16. **Select Add National ID** button.

17. The **National ID** page displays in a pop-up window.
18. Complete the **Country**, **National ID Type**, and **National ID** fields for the dependent.
19. **Select** the **Done** button.

20. The **Add Individual Dependent/Beneficiary Information** page returns.

21. **Select** the **Add Phone** button.

23. **Select** "**Yes**" for the **Same as mine** field or specify a different number.

> Note: If phone number is different from the employee, **select** the **same as mine** button to show as "No" and update **Number** field with the appropriate phone number.

24. **Select** the **Done** button when finished.

25. The **Add Individual Dependent/Beneficiary Information** page returns.

26. **Select** the **Add Email** button.

27. The **Email Address** page displays in a pop-up window.

28. **Select** the **Email type** and **enter** the applicable **Email Address** using the corresponding fields.

29. **Select** the **Done** button.

30. The **Add Individual Dependent/Beneficiary Information** page returns.
31. **Select** the **Save** button.

32. The **Individual Dependent/Beneficiary Information** page returns.
33. **Select** the **X** button to return to the **Medical** Plan page.

Note: The same general process of Adding/Updating a dependent can be followed for other benefit plans.

34. **Select** the dependent you wish to enroll by checking the box next to their name under the **Enroll Your Dependents** section. Then **select** the applicable **Medical** plan.
35. Next **select** the **Done** button.

End of Procedure

Health Savings Account

1. **Select** the **Health Savings Account** tile.
2. **Select** the desired **Plan Name** that matches your medical plan under the **Enroll in Your Plan** section.
3. **Enter** the desired **Annual Contribution** you would like to make for your **Health Savings Account**. Then, **select Done**.

   *Note: Below the Annual Contribution box you will determine how much you desire to contribute from the details listed. The system will calculate your maximum contribution based on the employer annual contribution amount. To verify your bi-weekly amount, **select Done**, then view the HSA tile on the Benefit Enrollment Overview page.*

End of Procedure

Dental

1. **Select** the **Dental** Tile.
2. The **Dental plan** tile displays, **select** the dependent you wish to enroll by checking the box next to their name under the **Enroll Your Dependents** section.
3. If you wish to **Add/Update Dependent** **select** the **Add/Update Dependent** button.

   Note: You will need to check mark newly added dependents in order to add them to coverage. If you wish to remove a dependent from coverage, you must uncheck the box next to their name.

4. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
5. After making selections, **select** **Done** button.

End of Procedure

Vision

1. **Select** the **Vision** Tile.
2. The **Vision plan** tile displays, **select** the dependent you wish to enroll by checking the box next to their name under the **Enroll Your Dependents** section.
3. If you wish to **Add/Update Dependent select** the **Add/Update Dependent** button.

   Note: You will need to check mark newly added dependents in order to add them to coverage. If you wish to remove a dependent from coverage, you must uncheck the box next to their name.

4. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
5. After making selections, **select Done** button.

End of Procedure

Health FSA

1. **Select** the **Health FSA** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. **Enter** the desired **Annual Pledge** you would like to make for your **Health FSA** plan. Then, **select Done**.

   Note: Below the Annual Pledge box you will determine how much you desire to pledge from the details listed.

End of Procedure

Dependent Care FSA

1. **Select** the **Dependent Care FSA** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. **Enter** the desired **Annual Pledge** you would like to make for your **Health FSA** plan. Then, **select** the **Done** button.

    Note: Below the ***Annual Pledge*** *box you will determine how much you desire to pledge from the details listed.*

End of Procedure

Basic Life

1. **Select Basic Life** Tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.

   Note: Employees with a base annual wage of $33,000 or less are eligible to have their basic life premiums taken as a before tax deduction (Tax Saver). By selecting the Basic Life option below, you will be enrolled in Tax Saver option if you meet the salary requirement. If over the salary threshold, you will be enrolled in after-tax. For employees with an annual wage of $33,000 or less who wish to enroll in after tax basic life insurance, please select the Basic Life Non Tax Saver option.

3. Review the name(s) displayed under the **Designate Your Beneficiaries** section.
4. If you wish to **Add/Update Beneficiary select** the **Add/Update Beneficiary** button.
5. **Select** the beneficiary you wish to designate by allocating **New Primary Percentage** next to their name under the **Designate Your Beneficiaries** section.

   Note: You will need to allocate percentages to newly added beneficiaries for them to receive proceeds from the policy. If you wish to remove a beneficiary from receiving proceeds from the policy, you must set the percentage next to their name to zero. Each percentage column must equal 100%.

6. After making selections, **select** the **Done** button.

End of Procedure

Supplemental Life

1. **Select Supplemental Life** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Review the name(s) displayed under the **Designate Your Beneficiaries** section.
4. If you wish to **Add/Update Beneficiary select** the **Add/Update Beneficiary** button.
5. **Select** the beneficiary you wish to designate by allocating **New Primary Percentage** next to their name under the **Designate Your Beneficiaries** section.

   Note: You will need to allocate percentages to newly added beneficiaries for them to receive proceeds from the policy. If you wish to remove a beneficiary from receiving proceeds from the policy, you must set the percentage next to their name to zero. Each percentage column must equal 100%.

6. After making selections, **select** the **Done** button.

End of Procedure

Child Life

1. **Select** the **Child Life** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Then **select** the **Done** button.

End of Procedure

Spouse Life

1. **Select** the **Spouse Life** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Then **select** the **Done** button.

	Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select	Spouse Life Only 5K ($5,000)		$0.72		$0.72
Select	Spouse Life Only 10K ($10,000)		$1.44		$1.44
Select	Spouse Life Only 15K ($15,000)		$2.16		$2.16
Select	Spouse Life Only 20K ($20,000)		$2.88		$2.88
✓	Waive				$0.00

Spouse Life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

Spouse Life insurance can be elected as a new hire or in a marriage life event. Outside of those events, you and your spouse would need to apply for coverage through the Evidence of Insurability process with the life insurance company.

Resources
Evidence of Insurability
Life Insurance Plan Summary

End of Procedure

Voluntary Life

1. **Select Voluntary Life** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Review the name(s) displayed under the **Designate Your Beneficiaries** section.
4. If you wish to **Add/Update Beneficiary select** the **Add/Update Beneficiary** button.
5. **Select** the beneficiary you wish to designate by allocating **New Primary Percentage** next to their name under the **Designate Your Beneficiaries** section.

   Note: You will need to allocate percentages to newly added beneficiaries for them to receive proceeds from the policy. If you wish to remove a beneficiary from receiving proceeds from the policy, you must set the percentage next to their name to zero. Each percentage column must equal 100%.

6. After making selections, **select** the **Done** button.

End of Procedure

Commuter Benefit

1. **Select Commuter Benefit** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. **Enter** the desired **Annual Pledge** you would like to make for your **Commuter Benefit** plan. Then, **select** the **Done** button.

   Note: Below the Annual Pledge box you will determine how much you desire to pledge from the details listed.

End of Procedure

Submit Enrollment

1. Once you have made all your elections, **select** the **Submit Enrollment** button.
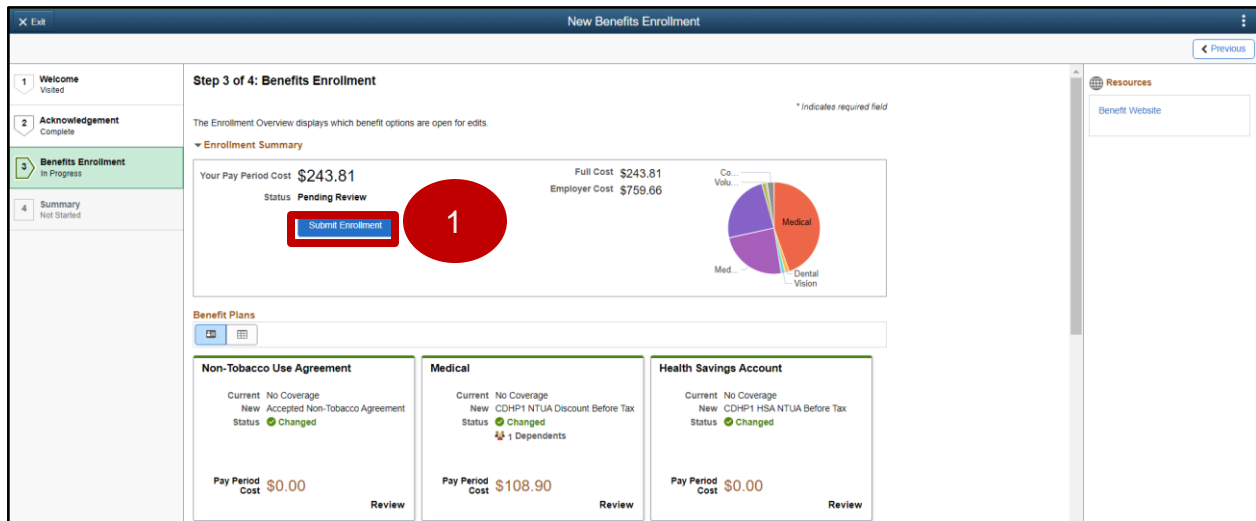
2. After submitting your enrollment, the below pop-up message will display.
3. **Select** the **Done** button.

4. On the **Benefit Enrollment** page, **select** the **Next** button.

5. To finish enrollment, **select** the **Complete** button from the **Summary** page.

6. The **Onboarding Activities** tile now shows **Completed**. **Select** the **Employee Self Service** button.
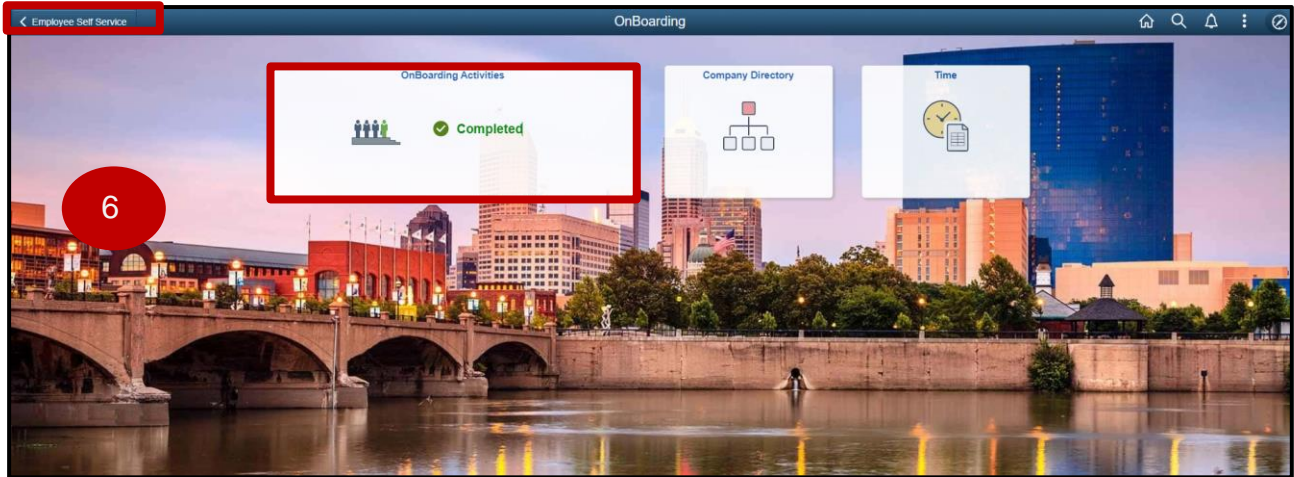
7. **Employee Self Service** page displays. **Select** the **Benefit Details** tile.
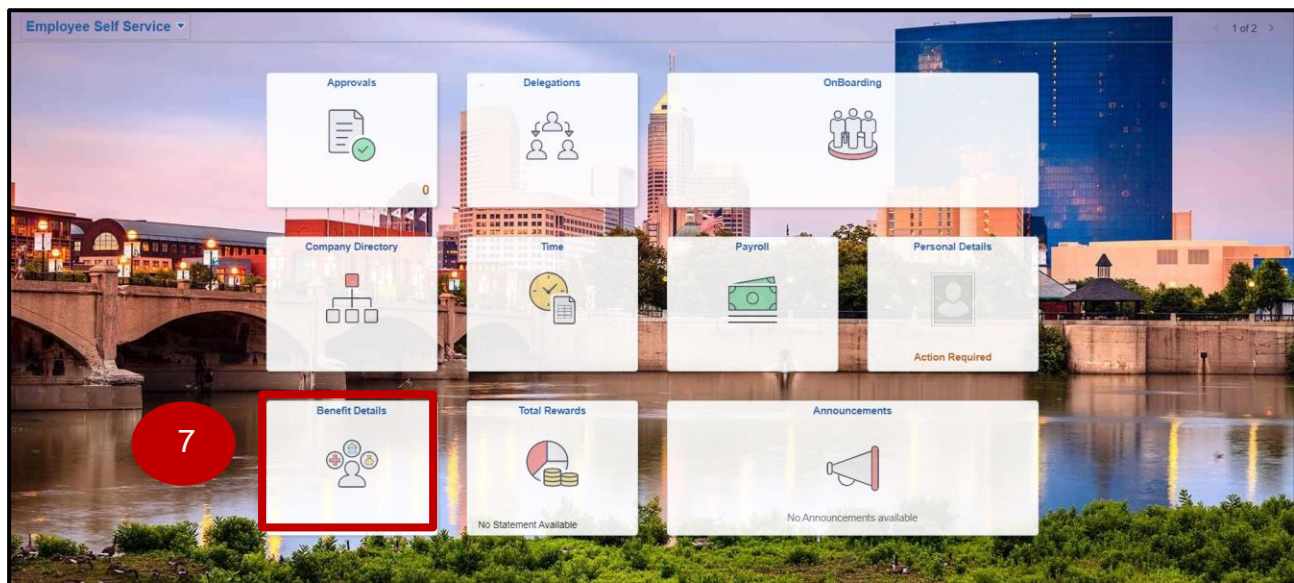
8. The **Benefit Details** page displays. **Select** the **Benefits Statement** tile.
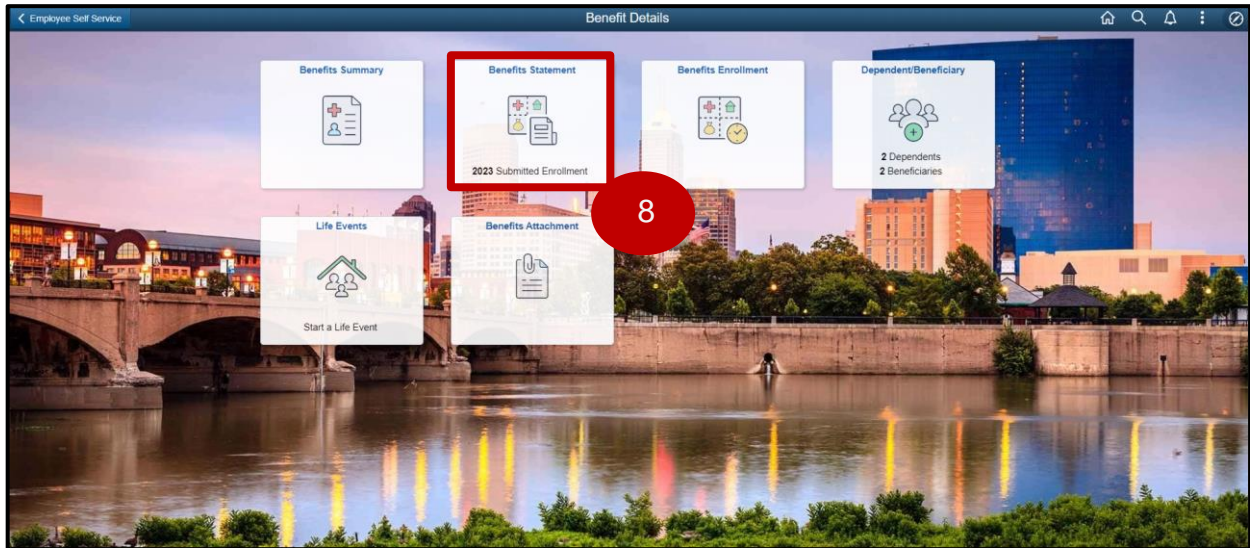
9. The **Benefits Statement** displays. **Select** the arrow next to the event you wish to review.
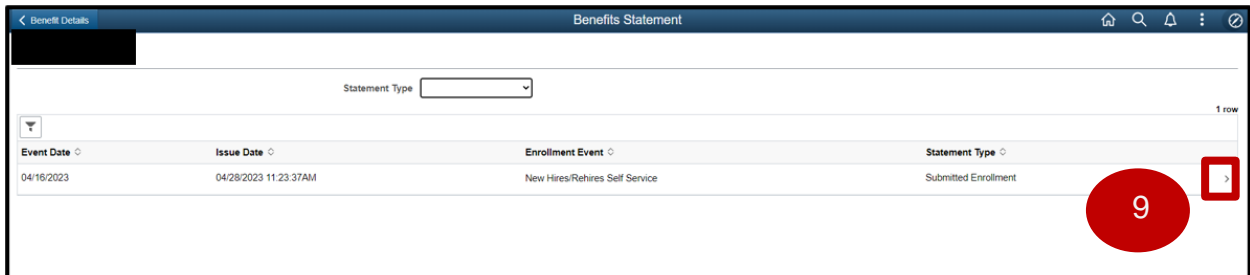
10. The **Benefits Statement** displays. **Select** the **Print View** button.
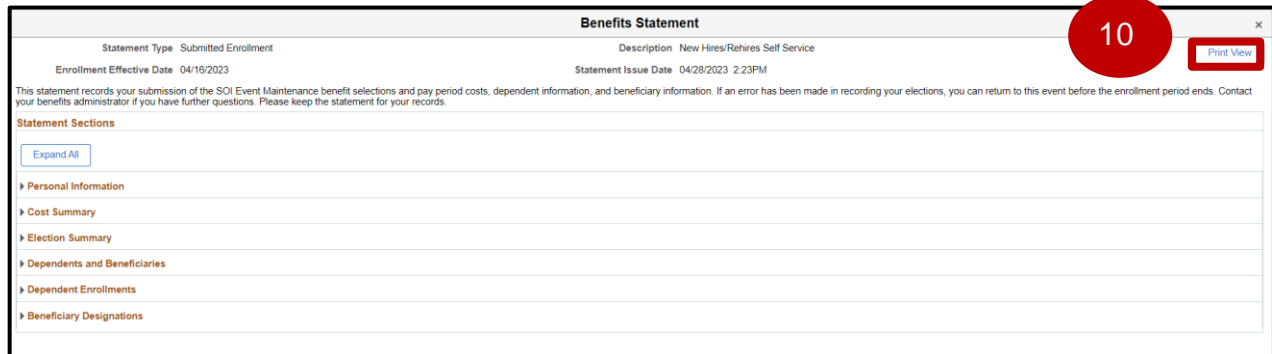
11. The **Elections Preview** displays. Save for your records.

State of Indiana				ELECTIONS PREVIEW
All FT Employees				NEW HIRES/REHIRES SELF SERVICE
				Event Date: 04/16/2023

Employee ID: ▮▮▮▮

This election preview records your benefit selections, costs, dependent information, and beneficiary Information as of the time you review this statement. Only benefit plans that can be modified within your current event will be displayed. If you have not submitted your election, you can return to this event before the enrollment period ends. Contact your benefits administrator if you have further questions. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address	402 W Washington St , Indianapolis, IN 46204
Mailing Address	
Email Address	unknown@nocmail.com
Gender	Female
Marital Status	Unknown
Birthdate	01/01/1989
Service Date	04/16/2023

COST SUMMARY

	AMOUNT
Your Cost Per Pay Period	$ 243.81
Full Cost	$ 243.81
Employer Cost	$ 759.66

ELECTION SUMMARY

| Benefit	Coverage	Category Base	Your Cost Per Pay Period
Accepted Non-Tobacco Agreement	Empl Only		
CDHP1 NTUA Discount Before Tax	Family		$ 108.90
CDHP1 HSA NTUA Before Tax	Enrolled		
Anthem Dental Before Tax	Family		$ 3.42
Anthem Blue View Vsn Select BT	Family		$ 3.36
Limited Purpose Health FSA	Enrolled	$ 1,000.00	$ 58.82
Dependent Care FSA	Enrolled	$ 1,000.00	$ 58.82
Basic Life	Enrolled	$ 90,000.00	$ 2.94
Supplemental Life - 10K	Enrolled	$ 10,000.00	$ 0.41
Child Life 5K	Enrolled	$ 5,000.00	$ 0.45
Spouse Life Only 5K	Enrolled	$ 5,000.00	$ 0.72
Voluntary AD/D - 10K	Enrolled	$ 10,000.00	$ 0.09
Commuter Benefit Reimbursement	Enrolled	$ 100.00	$ 5.88
Disability Benefits	Enrolled		

DEPENDENTS / BENEFICIARIES

Name	Date of Birth	Relationship	Marital Status	Dependent	Beneficiary
Dep Dep		Child	Single	Yes	Yes
Dep2 Dep2	02/18/2016	Child	Single	Yes	Yes

DEPENDENTS ENROLLMENTS

Benefit Option	Dependent
CDHP1 NTUA Discount Before Tax	Dep2 Dep2

End of Procedure