Employee Self-Service: Benefits

Table of Contents

| itroduction | 1 |
|--------------------------|------|
| avigation | 1 |
| nnual Enrollment | 2 |
| eneficiary | 2 |
| enefit Plan Descriptions | 5 |
| ependents | 6 |
| ew Hire Enrollment | 9 |
| iew Current Benefits | . 10 |

Introduction

You can view and update certain key pieces of benefit information. The Benefits icon contains your beneficiary, dependents, current benefits, benefits handbook, new hire enrollment and open enrollment.

As the employee, you are able to make edits to beneficiaries and dependents. Adding dependents under Benefits is <u>not</u> for newborns. To add a dependent under the Benefits icon, you must have all required information such as date of birth and social security number. If you need to add a newborn, you must do that under Life Events.

If applicable, you will be able to enroll in benefits as well.

This guide will give you step by step instruction on how to update and view information for each link under Benefits.

Navigation

1. To access your benefit information, click the **Benefits** icon.



2. A list of hyperlinks will display each section.

Annual Enrollment

- 1. Annual Enrollment is our annual open enrollment. This link will only be visible during the open enrollment timeframe.
- 2. Click the Annual Enrollment link to elect your coverage during the open enrollment timeframe.

Benefits

Benefits
Annual Enrollment
Beneficiary
Benefit Plan Descriptions
Dependents
New Hire Enrollment
View Current Benefits

- 3. Once the message is displayed, click *Continue* to proceed with electing coverage.
- 4. Follow the wizard to elect your coverages.
- 5. Hit *Submit* to confirm your elections.

Beneficiary

1. To add and/or update your beneficiaries, click the Beneficiary link.

Benefits Annual Enrollment Beneficiary Benefit Plan Descriptions Dependents New Hire Enrollment View Current Benefits

2. All your applicable benefit plan types will be displayed along with beneficiaries assigned to those plans.

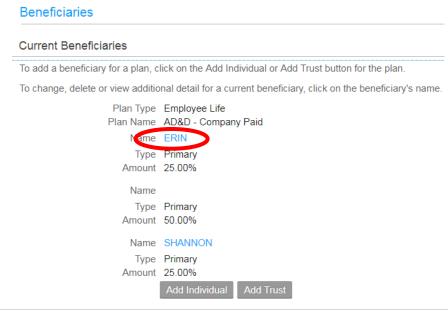
| Current Beneficiaries | | | |
|------------------------------------|--|--|--|
| To add a beneficiary for a plan, c | lick on the Add Individual or Add Trust button for the plan. | | |
| To change, delete or view additio | nal detail for a current beneficiary, click on the beneficiary's name. | | |
| 21 | Employee Life | | |
| Plan Name | AD&D - Company Paid | | |
| Name | ERIN | | |
| Туре | Primary | | |
| Amount | 25.00% | | |
| Name | | | |
| Туре | Primary | | |
| Amount | 50.00% | | |
| Name | SHANNON | | |
| Туре | Primary | | |
| Amount | 25.00% | | |

- 3. To <u>add</u> a beneficiary for a plan, click the *Add Individual* or *Add Trust*. A detail screen will be displayed to the right.
- 4. Enter all applicable information and required fields (these are notated with a red asterisk*). Click *Update* to save your changes.

Detail

| Required fields are indicated. | | | |
|--------------------------------|----------------|------------|---------|
| | First Name* | John |] |
| | Middle Initial | | <i></i> |
| | Last Name* | Travolta | |
| Las | st Name Suffix | | • |
| Dist | ribution Type* | Percent | • |
| | ution Percent* | 25 | |
| | | | |
| Ben | eficiary Type* | Contingent | • |
| | Relationship | | - |
| \$ | Social Number | | |
| | | | |
| Employee Address | | • | |
| or | | | |
| Address 1 | | | |
| Address 2 | | | |
| Address 3 | | | |
| Address 4 | |] | |
| City or Address 5 | | | |
| State or Province | | - | |
| Postal Code | | | |
| Country | | • | |
| Comments | Update Can | cel | |
| | | | |

5. To <u>change</u>, <u>delete</u> or <u>view details</u> a beneficiary for a plan, click the beneficiary's name which will be a link. A detail screen will be displayed to the right.



6. In the details area, you can update any applicable information such as distribution type, distribution amount, or address.

| Detail | |
|--------------------------------|----------------------------|
| Required fields are indicated. | |
| First Name* | ERIN |
| Middle Initial | |
| Last Name* | Travolta |
| Last Name Suffix | |
| Distribution Type* | Percent - |
| Distribution Percent* | 25 |
| Beneficiary Type* | Primary - |
| Relationship | Daughter - |
| Social Number | |
| Employee Address | Home Address |
| or | |
| Address 1 | |
| Address 2 | |
| Address 3 | |
| Address 4 | |
| City or Address 5 | Union |
| State or Province | New Jersey 💌 |
| Postal Code | 07083 |
| Country | United States of America 🔹 |

7. Once you've completed updating the information, click the *Update* button. If you need to delete the beneficiary, select the *Delete* button.

| City or Address 5 | Union | |
|-------------------|--------------------------|---|
| State or Province | New Jersey | • |
| Postal Code | 07083 | |
| Country | United States of America | • |
| Comments | | |
| < | Update Cancel Delete | > |

Benefit Plan Descriptions

1. To view the benefits handbook, click the **Benefit Plan Descriptions** link.

Benefits Annual Enrollment Beneficiary Benefit Plan Descriptions Dependents New Hire Enrollment View Current Benefits

2. The benefits handbook will open as a viewable PDF.

Dependents

- 1. Please note that adding dependents here is <u>not</u> for newborns. You must have all required information such as date of birth and social security number. If you need to add a newborn, you must do that under Life Events.
- 2. To add and/or update your dependents, click the **Dependents** link.



Benefits
Annual Enrollment
Beneficiary
Benefit Plan Descriptions
Dependents
New Hire Enrollment
View Current Benefits

3. To <u>update</u> or <u>view</u> details of a dependent, click on the dependent name.

Dependents Current Dependents To add a dependent, click on the Add button. To change or view additional detail for the dependents listed here, click on a name. Name Social Number ERIN SMITH 6921 Denzel Washingtor 2222

- 4. The detail screen will open. There are two tabs: Main and Address.
- 5. The main tab contains the name, date of birth, social security number, relationship, gender & type of dependent.
- 6. The address tab is where you can add address details. This is not required.
- 7. Once you have updated or viewed the information, hit the *Update* or *Cancel* button.

Detail

| Required fields are indicated. | |
|--------------------------------|-------------------------|
| First Name* | Denzel |
| Middle Initial | |
| Last Name* | Washington |
| Name Suffix | • |
| Birth Date* | 06/11/2018 🛗 MM/DD/YYYY |
| If Adopted, Date | |
| If Adopted, Placement Date | 06/11/2018 🛗 MM/DD/YYYY |
| Social Number | * 000112222 |
| Туре* | Dependent 💌 |
| Status | Active |
| Relationship* | Adopted Child - |
| Address* | Home |
| Primary Care Physician | ΞQ, |
| Gender* | Male |
| Student | No |
| Disabled | No |
| Smoker | No |

8. To <u>add</u> a dependent, click on the **Add** button.

| Dependents | |
|---|---------------|
| Current Dependents | |
| To add a dependent, click on the Add button. | |
| To change or view additional detail for the dependents listed here, click on a name | 2. |
| | |
| Name | Social Number |
| | |
| ERIN SMITH | 6921 |
| Denzel Washington | 2222 |
| | Add |

9. Enter all applicable information and required fields (these are notated with a red asterisk*). Click *Update* to save your changes.

Detail

| Main | Address | | | |
|--------|---------------|------------------------|---------------|---|
| Requir | ed fields are | indicated. | | |
| | | First Name* | | |
| | | Middle Initial | | |
| | | Last Name* | | |
| | | Name Suffix | | - |
| | | Birth Date* | MM/DD/YYY | Y |
| | | If Adopted, Date | MM/DD/YYY | γ |
| | lf A | dopted, Placement Date | MM/DD/YYY | γ |
| | | Social Number | * | |
| | | Туре* | | - |
| | | Relationship* | | - |
| | | Address* | | - |
| | | Primary Care Physician | | |
| | | Gender* | | - |
| | | Student | No | - |
| | | Disabled | No | - |
| | | Smoker | No | - |
| | | (| Update Sancel | |
| | | | | |

New Hire Enrollment

1. This section is only for benefit eligible new hires that need to enroll in their benefits. New hires will click the **New Hire Enrollment** link.

Benefits

Benefits
Annual Enrollment
Beneficiary
Benefit Plan Descriptions
Dependents
New Hire Enrollment
View Current Benefits

2. Once you click the link, the enrollment message will be displayed. Select *Continue* to launch the enrollment wizard.

New Hire Enrollment

Welcome to Saint Peter's New Hire Benefits Enrollment!

View Current Benefits

1. To view your current benefit elections, click the **View Current Benefits** link. This information is <u>view only</u>; you are not allowed to edit this data.





2. Your current benefit elections will be displayed as of the current date.

| Current Benefits | | | | | |
|---|---|--|--|--|--|
| Benefit Plans | and Coverage - 07/17/2018 | | | | |
| Select an effectiv Effective Date [*] | 07/17/2018 Continue MM/DD/YYYY MM/DD/YYYY | | | | |

3. If you would like to view your coverage as of another date, enter that date in the Effective Date field and hit *Continue*.



| Current Benefits | | | | | | | - × |
|---|-------------------------------|------|------------|-------------------|-------------|---------------|--------------|
| Benefit Plans and Coverage | - 07/19/2018 | | | | | | |
| Select an effective date. Costs are Effective Date* 07/19/2018 MM/DD/YYYY | e per Pay Period. | | | | | | Print |
| Type of Plan | F | Plan | Start Date | Coverage | Pretax Cost | Aftertax Cost | Company Cost |
| Defined Contribution | TSA - Metropolitan Life | | 03/09/2008 | 7,800.00 per year | 300.00 | | |
| Dental | Dental1 | | 01/01/2018 | Plan B - Family | 28.64 | | |
| | | | | | | | |
| Disability | LTD - Managers - Co. Paid | | 01/01/2018 | | | | 43.27 |
| Employee Life | AD&D - Company Paid | | 01/01/2018 | | | | 5.48 |
| Employee Life | Life - Basic Company Paid | | 01/01/2018 | | | | 27.38 |
| Employee Life | Supp Life - Waive Plan | | 01/01/2017 | | | | |
| Health | United Medical PPO | | 01/01/2018 | UPPO - Family | 365.54 | | 2,605.58 |
| | | | | | | | |
| Health | VSP-Voluntary | | 01/01/2018 | Vision - Family | 8.88 | | |
| | | | | | | | |
| Spending Account | FSA Dependent Care Waive Plan | | 01/01/2017 | | | | |
| Spending Account | FSA Health Care Waive Plan | | 01/01/2017 | | | | |