

# Employee Self-Service: *Benefits*

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## 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 not 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.



BENEFITS

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.

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### Benefits

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

## Beneficiary

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

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

## Beneficiaries

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### Current Beneficiaries

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To add a beneficiary for a plan, click on the Add Individual or Add Trust button for the plan.

To change, delete or view additional detail for a current beneficiary, click on the beneficiary's name.

Plan Type Employee Life  
Plan Name AD&D - Company Paid  
Name [ERIN](#)  
Type Primary  
Amount 25.00%

Name  
Type Primary  
Amount 50.00%

Name [SHANNON](#)  
Type Primary  
Amount 25.00%

3. To add 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 \*

Middle Initial

Last Name \*

Last Name Suffix

Distribution Type \*

Distribution Percent \*

Beneficiary Type \*

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

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

## Beneficiaries

### Current Beneficiaries

To add a beneficiary for a plan, click on the Add Individual or Add Trust button for the plan.

To change, delete or view additional detail for a current beneficiary, click on the beneficiary's name.

Plan Type Employee Life  
Plan Name AD&D - Company Paid  
Name [ERIN](#)  
Type Primary  
Amount 25.00%

Name  
Type Primary  
Amount 50.00%

Name [SHANNON](#)  
Type Primary  
Amount 25.00%

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*	<input type="text" value="ERIN"/>
Middle Initial	<input type="text"/>
Last Name*	<input type="text" value="Travolta"/>
Last Name Suffix	<input type="text"/>
Distribution Type*	<input type="text" value="Percent"/>
Distribution Percent*	<input type="text" value="25"/>
Beneficiary Type*	<input type="text" value="Primary"/>
Relationship	<input type="text" value="Daughter"/>
Social Number	<input type="text"/>
Employee Address	<input type="text" value="Home Address"/>
or	
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
Address 4	<input type="text"/>
City or Address 5	<input type="text" value="Union"/>
State or Province	<input type="text" value="New Jersey"/>
Postal Code	<input type="text" value="07083"/>
Country	<input type="text" value="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	<input type="text" value="Union"/>
State or Province	<input type="text" value="New Jersey"/>
Postal Code	<input type="text" value="07083"/>
Country	<input type="text" value="United States of America"/>
Comments	<input type="text"/>

## Benefit Plan Descriptions

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

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

## Dependents

1. Please note that adding dependents here is not 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.

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3. To update or view details of a dependent, click on the dependent name.

## Dependents

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### Current Dependents

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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
<a href="#">ERIN SMITH</a>	6921
<a href="#">Denzel Washington</a>	2222

[Add](#)

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

**Main** Address

\*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 MM/DD/YYYY

If Adopted, Placement Date 06/11/2018 MM/DD/YYYY

Social Number\* 000112222

Type\* Dependent

Status Active

Relationship\* Adopted Child

Address\* Home

Primary Care Physician

Gender\* Male

Student No

Disabled No

Smoker No

**Update** **Cancel**

8. To add 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.

Name	Social Number
<a href="#">ERIN SMITH</a>	6921
<a href="#">Denzel Washington</a>	2222

**Add**

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



Main Address

\*Required fields are indicated.

First Name\*

Middle Initial

Last Name\*

Name Suffix

Birth Date\*  MM/DD/YYYY

If Adopted, Date  MM/DD/YYYY

If Adopted, Placement Date  MM/DD/YYYY

Social Number\*

Type\*

Relationship\*

Address\*

Primary Care Physician

Gender\*

Student

Disabled

Smoker

## 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.

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

[New Hire Enrollment](#)

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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 view only; you are not allowed to edit this data.

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### Benefits

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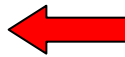
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2. Your current benefit elections will be displayed as of the current date.


#### Current Benefits

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##### Benefit Plans and Coverage - 07/17/2018

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Select an effective date. Costs are per Pay Period.


Effective Date\*     
*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**.

##### Benefit Plans and Coverage - 05/08/2017

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Select an effective date. Costs are per Pay Period.

Effective Date\*     
*MM/DD/YYYY*

Benefit Plans and Coverage - 07/19/2018

Select an effective date. Costs are per Pay Period.

Effective Date\*   MM/DD/YYYY

Print

Type of Plan	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				