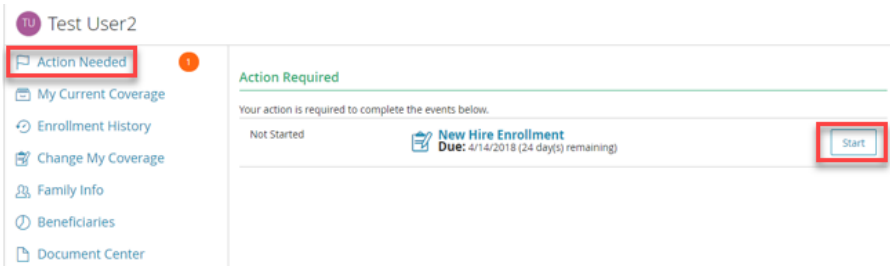


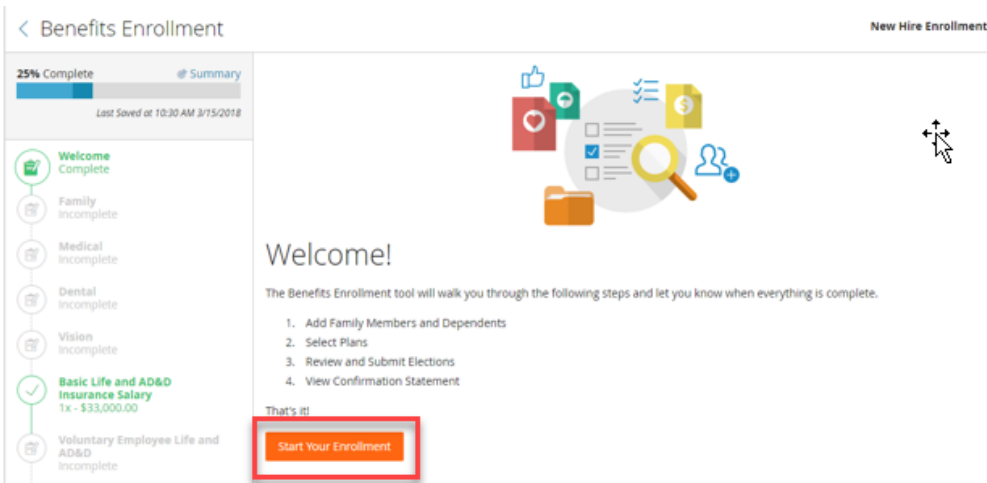
Article ID: PCTY-69007

# Complete an Enrollment Event in Benefits Enhanced

1. Access Benefits Enhanced.
2. Select **Action Needed** in the sidebar menu. This option only appears if an enrollment event is available.
3. Select **Start**.

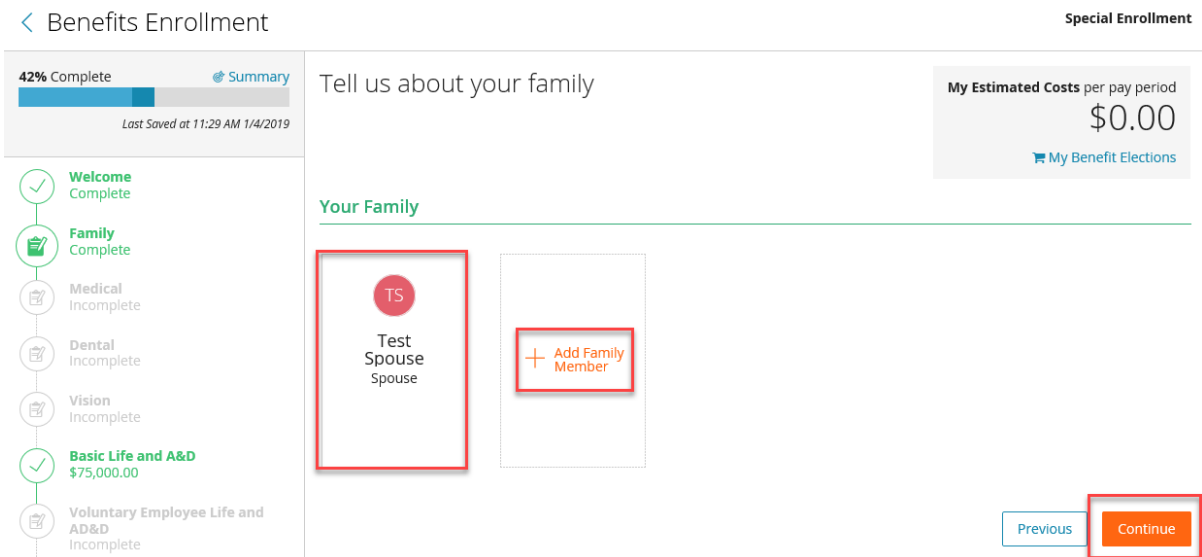


4. Select **Start Your Enrollment**.



5. Review **Family** Information.

- o Select **Add Family Member** to enter a new dependent. Select **Add Family Member** to enter a new dependent.
- o Select an existing dependent to change the dependent's demographic information.
- o Select **Continue**.



6. Answer any questions, if applicable.

Benefits Enrollment Open Enrollment

54% Complete Summary

Last Saved at 8:33 AM

- Welcome Complete
- Family Complete
- Questionnaire Complete
- Medical Blue Cross Blue Shield HDHP
- Health Care Savings Account (HSA) \$1,130.00

### Tell us about yourself

**Questions**

Do you or any family members use tobacco products? Check all that apply

EA (Myself) Employee

Is your Spouse or Domestic Partner offered Medical/Health insurance through their employer?

Yes  No

My Estimated Costs per pay period

\$61.76

[My Benefit Elections](#)

Previous Continue

7. Enter Benefit Elections:

- o Medical, Dental, Vision Plans
  - A. Select the dependents to cover. The system will calculate a coverage tier and cost based on the dependents selected.
  - B. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
  - C. Select **Continue**.

Who do you want to cover on this plan?

TU Test User1 (Myself) Employee
 TS Test Spouse Spouse
 CU Child User1 Child

Choose a Plan

<input checked="" type="checkbox"/>	HSA Open Access Plus Choice ^	Employee Only <b>\$67.46</b>						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Provider</b></td> <td>Cigna</td> </tr> </table> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>My Estimated Costs per pay period</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employee Contribution</td> <td style="text-align: right;">\$67.46</td> </tr> <tr> <td>Employer Contribution</td> <td style="text-align: right;">\$101.78</td> </tr> </table> </div>	<b>Provider</b>	Cigna	Employee Contribution	\$67.46	Employer Contribution	\$101.78	
<b>Provider</b>	Cigna							
Employee Contribution	\$67.46							
Employer Contribution	\$101.78							
<input type="checkbox"/>	Open Access Plus Choice v	Employee Only <b>\$81.01</b>						
<input type="checkbox"/>	Waive Medical							

Previous Continue

- o Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
  - A. Select the checkmark next to the **Plan** or **Waive** option.

B. Enter an amount in **Employee Per Pay Period** or **Total Annual Contribution**.

**Contribute to a Health Care Savings Account (HSA)?**

HSA ^

Total Annual Contribution | \$1,108.33  
**\$100.00**

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input style="width: 80px;" type="text" value="\$100.00"/>
Remaining Pay Periods	9
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	\$208.33
Total Annual Contribution ⓘ	<input style="width: 80px;" type="text" value="\$1,108.33"/>
Annual Limits	
Min Annual Contribution Amount	--
Max Annual Contribution Amount	<b>\$3,550.00</b>
<b>Provider</b> United Healthcare	

**Total Contribution To Date**

Employee Contribution Amount	--
Employer Contribution Amount	--
<b>Total Contributions To Date</b>	
	--

- a. Employees must enroll in the HSA to receive any applicable employer contribution, if enrolled in a qualified medical plan.
- b. Enter a **\$0 Employee Per Pay Period** amount to receive the employer contribution without an employee contribution.
- c. The amount that employees can contribute to the account gets limited by any contribution that the employer makes as well as the IRS annual limit or other limit required by the Provider.

8. Select **Continue**.

**Contribute to a Flexible Spending Account (FSA)?**

FSA ^

Total Annual Contribution | \$900.00  
**\$100.00**

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input style="width: 80px;" type="text" value="\$100.00"/>
Remaining Pay Periods	9
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	--
Total Annual Contribution ⓘ	<input style="width: 80px;" type="text" value="\$900.00"/>
Annual Limits	
Min Annual Contribution Amount	<b>\$1.00</b>
Max Annual Contribution Amount	<b>\$2,750.00</b>
<b>Provider</b> Ameriflex	

**Total Contribution To Date**

Employee Contribution Amount	--
Employer Contribution Amount	--
<b>Total Contributions To Date</b>	
	--

Waive Medical FSA

9. Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D plans

10. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
11. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
12. Select **Continue**.

### Voluntary Employee Life and AD&D

My Estimated Costs per pay period

**\$5.17**

[My Benefit Elections](#)

#### Choose a Plan

Voluntary Employee Life and AD&D ^

**Desired Coverage Range**

Select a range to view coverage amounts

Coverage options available from \$10,000.00 to \$300,000.00.

**Coverage Amount**

-- Select --

**Provider**                  Standard

**Links**                      [Medical History Statement link](#)

**My Estimated Costs** per pay period

Employee Contribution	--
Employer Contribution	--

Waive Voluntary Employee Life and AD&D
Waive Coverage  
\$0.00

Previous
Continue

13. Voluntary Disability
  - o Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
  - o Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
  - o Select **Continue**.

Short Term Disability ^

**Coverage Amount**

-- Select --

-- Select --

Coverage Amount	Cost
0.6x - \$685.00	\$26.41

**My Estimated Costs** per pay period

Employee Contribution	--
Employer Contribution	--

14. Employer Provided Benefits: Employees do not need to make an election in these plans, as the employer provides these benefits at no cost to the employee.
15. Information Only Plans:
  - o Employees will not enroll in these plans in the Benefits Enhanced system.

- o These plans provide employees with the information necessary to enroll elsewhere if applicable.

Plan

Travel Assistance ^

---

**Provider** Mutual of Omaha

**Documents** [Travel Assistance](#)

[Previous](#) [Continue](#)

16. Designate Beneficiaries.

- o Any dependents already in the system will automatically show as possible beneficiaries.
- o Some Providers require beneficiary information to be loaded into the system. The system will not allow enrollment until beneficiary information is added in these instances.
- o Select **Add Beneficiary** to enter additional beneficiaries.
- o Enter a **Primary Beneficiary %** for all listed plans.
- o There must be a number listed in Secondary Beneficiary even if that number is 0.
- o Select **Continue**.

Beneficiaries

**ST** Spouse Tester  
Spouse (Family Member)

**CT** Child Tester  
Child (Family Member)

[Add Beneficiary](#)

Beneficiary Designation

Group Term Life and AD&D

[Apply to All](#)

Name	Primary Beneficiary %	Secondary Beneficiary % (optional)
Spouse Tester	0.00	0.00
Child Tester	0.00	0.00
<b>Totals</b>	<b>0.000</b>	0.000

[Previous](#) [Continue](#)

17. Review all enrollment information.

- o Select **Expand All** to display the details of each election.
- o Select a **Plan Type** in the Sidebar menu to make any necessary changes.

**93% Complete** [Summary](#)

Last Saved at 11:29 AM 1/4/2019

- Welcome**  
Complete
- Family**  
Complete
- Medical**  
Medical HDHP
- Health Care Savings Account (HSA)**  
\$2,400.00
- Dental**  
Waive Dental
- Vision**  
Waive Vision
- Basic Life and A&D**  
\$75,000.00

### Enrollment Summary

Please review your family information and benefit elections to make sure all information is correct. If not, you may make corrections at this time. You must **Submit Enrollment** at the bottom of the page to complete your benefits enrollment.

**My Estimated Costs** per pay period

**\$13.88**

[My Benefit Elections](#)

#### My Family Information

	Name	Tobacco	Full-Time Student
TU	<b>Test User3 (Myself)</b> Employee	No	N/A
TS	<b>Test Spouse</b> Spouse	No	N/A

#### My Benefit Elections

Please review your benefit elections below to make sure all information is correct.

Expand All

Medical Employee + Spouse

Medical HDHP **\$12.50**

18. Select **Submit** to complete the enrollment.
19. Enroll in benefits for the next plan year, if applicable.
  - o Select **Continue** to complete the enrollment for the next plan year now.
  - o Select **I'll do this later** to complete the enrollment for the next plan year later.

One More Step...

Your enrollment has been submitted, but you also need to **enroll in benefits for the next plan year.**

To make that process easier, we're applying your current elections to that enrollment.

Continue

I'll do this later

20. Select View PDF to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made. Save a copy of enrollment elections each year. Select View PDF to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made. Save a copy of enrollment elections each year. Select View PDF to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made. Save a copy of enrollment elections each year.

**Success: Your enrollment is 100% complete and is pending approval.**

My coverage as of **6/1/2018** Viewing coverage as of

The elections below are pending approval.

**My Estimated Costs**

**\$193.92**

[Expand All](#)

[View PDF](#)

**Important Information:**

- Employees may need to submit an Evidence of Insurability form, if electing coverage over the Guaranteed Issue Amount, or if enrolling in coverage after the initial new hire enrollment period.
- Contact the Human Resources (HR) department for any additional assistance.

You can view this article at:

<https://paylocity.egain.cloud/system/templates/selfservice/pctycss/help/customer/locale/en-US/portal/30860000001009/content-version/PCTY-69007/PCTY-796746/Complete-an-Enrollment-Event-in-Benefits-Enhanced>