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# Enrolling in Benefits:

## Open Enrollment for Graduate Assistants/Interns

**Overview** This job aid will assist you in making changes to your current health coverages during the annual open enrollment period. The changes will be effective September 1<sup>st</sup>.

Please note that the costs reflected in this job aid are for illustration purposes only.

**Before You Begin** Please refer to the list of items below prior to starting your benefits enrollment in Core-CT:

- 1. Proof of Relationship Documentation:** Employees must provide proof documentation to enroll eligible dependents in health coverages. Eligible dependents include your spouse, and children/stepchildren up to age 26 for medical and up to age 19 for dental. Core-CT provides you with the option to electronically upload your proof documentation, or to indicate how the proof documentation will be provided, such as fax, mail, email or in person. You will be required to provide the following to add dependents to your health coverages:
  - Marriage Certificate
  - Long form Birth Certificate for each child/stepchild
  - Adoption decree or notification of placement for adoption
- 2. Social Security Number:** You will be requested to provide the Social Security Number for any dependent(s) you are adding to coverage.
- 3. Legal Guardianship/Disabled Children:** The following children cannot be processed through self-service and require that you contact your Agency Benefits Specialist for assistance:
  - Children for whom you are legal guardian
  - Disabled children over the age of eligibility for coverage

**Process Steps**

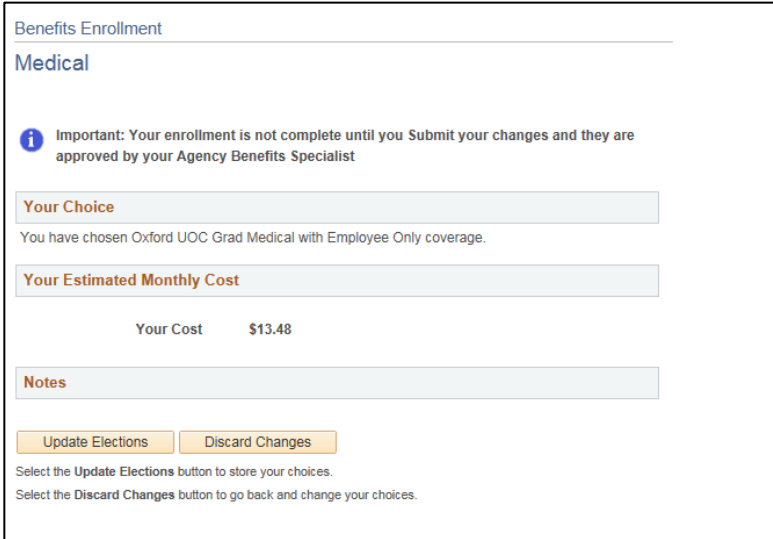
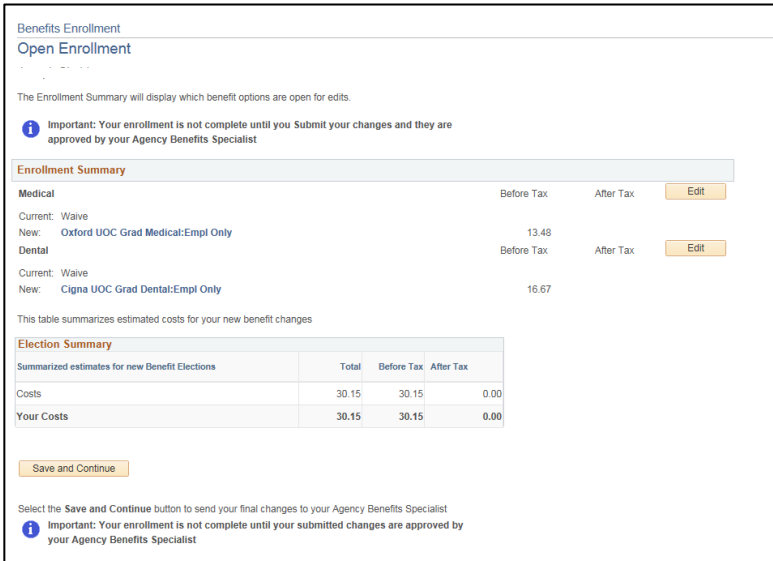
Step	Action	Screenshot
1	Navigation: <b>Main Menu &gt; Core-CT HRMS &gt; Self Service &gt; Benefits &gt; Benefits Enrollment</b>	
2	<p>On the <b>Benefits Enrollment</b> page, click <b>Select</b> next to Open Enrollment event to begin your enrollment. It will take you to the <b>Proof Document</b> page.</p> <p><b>Note:</b> After you click <b>Select</b>, it will take a few seconds for the <b>Proof Document</b> page to load</p>	
3	<p>You are required to provide proof of relationship documents for any eligible dependents you are enrolling for health coverages. Your enrollment cannot be processed without proper documentation, such as:</p> <ul style="list-style-type: none"> <li>• Marriage certificate for spouse</li> <li>• Long form birth certificates for children/stepchildren</li> <li>• Adoption decree or notification of placement for adoption</li> </ul> <p>If you are not providing your proof documentation in self-service, click <b>Add Note</b> and indicate how you will be providing the proof documentation to your Agency Benefits Specialist, such as by fax, mail, email or in person.</p> <p>If you are uploading your proof documentation in self-service, click on <b>Add Attachment</b>.</p> <p>On the <b>Proof Document – New Attachment</b> page, type the name of the document you will be uploading, such as birth certificate for [name of child]. Then click <b>Add Attachment</b>. A <b>File Attachment</b> pop-up box will appear. Click on <b>Browse</b> to locate the document you will be uploading. Once the document location appears in the box to the left of <b>Browse</b>, click on <b>Upload</b>. The name of your document will now appear to the bottom of <b>Attachment</b>. Click on <b>Save</b> to save</p>	

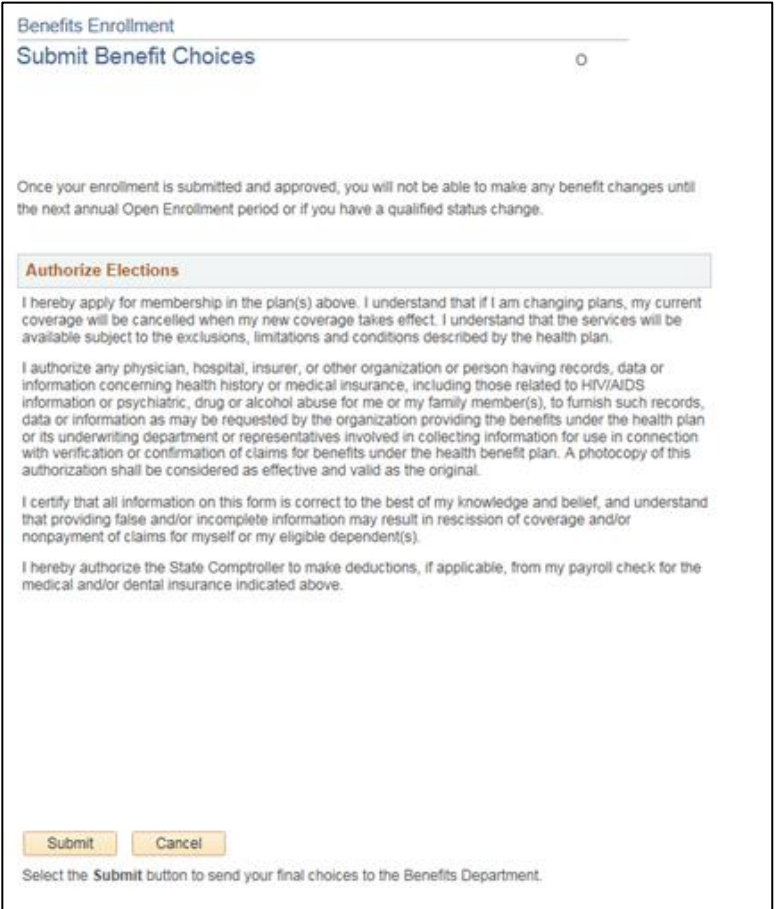
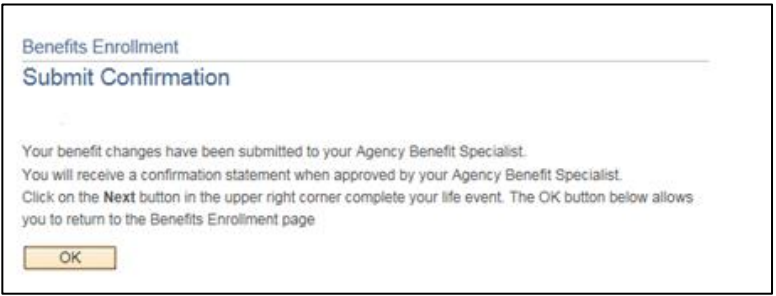
Step	Action	Screenshot
	<p>your attachment.</p> <p>Repeat the <b>Add Attachment</b> steps for each proof document you are providing via self-service.</p> <p>If you have added a document in error and wish to delete it, check the <b>Select</b> box on the row of the document you wish to delete and the <b>Delete</b> button will be available to click.</p> <p>Once your proof documentation is uploaded or your note is added, click on <b>Done</b> at the bottom of the page to move to the <b>Benefit Enrollment Summary</b> page.</p>	
4	<p>The <b>Benefit Enrollment Summary</b> displays your current medical and dental coverages. Click on <b>Edit</b> next to the coverage you are changing.</p>	<p>The screenshot displays the 'Benefits Enrollment Open Enrollment' page. It includes an 'Enrollment Summary' section for Medical and Dental coverage, with 'Current' and 'New' selections (both 'Waive') and 'Before Tax' and 'After Tax' columns. Below this is an 'Election Summary' table showing 'Summarized estimates for new Benefit Elections' with columns for 'Total', 'Before Tax', and 'After Tax'. The table shows 'Costs' and 'Your Costs' all at 0.00. At the bottom, there are 'Save and Continue' and 'I Have No Changes' buttons, along with an important notice: 'Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist'.</p>

Step	Action	Screenshot
5	<p>During open enrollment, you can enroll in or waive coverage and add or remove dependents:</p> <ul style="list-style-type: none"> <li>• Enroll in coverage – click on the radio button in front of the plan name</li> <li>• Terminate your coverage – click on the radio button in front of <b>Waive</b></li> <li>• Remove a dependent - uncheck the <b>Enroll</b> box in front of the dependent’s name</li> <li>• Add a dependent - click on the <b>Add/Review Dependents</b> button at the bottom of the page</li> </ul>	<p>The screenshot shows the 'Select an Option' page. At the top, there is a 'Select an Option' header. Below it is a link for 'Overview of all Plans'. The instruction says 'Select one of the following plans:'. The 'Oxford UOC Grad Medical' plan is selected with a radio button. Below this is a table with columns 'Coverage Level', 'Your Costs', and 'Tax Class'. The rows are 'Employee Only' (\$13.48 Before-Tax), 'Employee + One Dependent' (\$26.95 Before-Tax), and 'Family' (\$53.91 Before-Tax). There is also a 'Waive' option with an unselected radio button. Below the table is an 'Enroll Your Dependents' section with instructions to check or uncheck the 'Enroll' box for dependents. A table lists dependents with columns 'Enroll', 'Name', and 'Relationship'. 'Veronica Stark' is listed as a 'Child' with the 'Enroll' box checked. At the bottom are buttons for 'Add/Review Dependents', 'Update and Continue', and 'Discard Changes'.</p>
6	<p>If you are adding dependents and clicked on <b>Add/Review Dependents</b> you will be brought to the <b>Add/Review Dependent/Beneficiary</b> page.</p> <p>Click on <b>Add a dependent or beneficiary</b> to add your dependents.</p>	<p>The screenshot shows the 'Add/Review Dependent/Beneficiary' page. It has a title 'Add/Review Dependent/Beneficiary'. Below the title is a paragraph explaining that the list includes current and historical dependents/beneficiaries and that users should contact their Agency Benefits Specialist if they need to add someone not on the list. Below this is a large light blue box with the text 'No Dependents on Record'. At the bottom of the page are two buttons: 'Add a dependent or beneficiary' and 'Return to Event Selection'.</p>

Step	Action	Screenshot									
7	<p>You will be prompted to enter information about the dependent you are adding:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Social Security Number</li> <li>• Relationship to Employee*</li> <li>• Marital Status</li> <li>• Same Address as Employee</li> </ul> <p>*Only spouses, children and stepchildren are eligible dependents for enrollment in health coverages.</p> <p><b>Important Note: <u>Carefully review the information you entered for accuracy before clicking Save.</u></b></p> <p>Once the information is saved, you will <u>not</u> be able to make changes. Changes must be requested through your Agency Benefit Specialist.</p> <p>After your careful review, click <b>Save</b>. A confirmation page will appear. Click <b>OK</b>.</p> <p>Repeat this step for each dependent you are enrolling. Then click on <b>Return to Select Event page</b>.</p>	<p><b>Dependent/Beneficiary Personal Information</b></p> <p>Joseph Sheldon Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Sep 1, 2017.</p> <p><b>Personal Information</b></p> <p>*First Name <input type="text"/>          Middle Name <input type="text"/>          *Last Name <input type="text"/>          Name Prefix <input type="text"/> <input type="button" value="Q"/>          Name Suffix <input type="text"/> <input type="button" value="Q"/>          Date of Birth <input type="text"/> <input type="button" value="B"/>          *Gender <input type="text" value="Male"/>          SSN <input type="text"/> (Social Security Number)          *Relationship to Employee <input type="text"/></p> <p><b>Status Information</b></p> <p>*Marital Status <input type="text" value="Single"/> As of <input type="text"/> <input type="button" value="R"/>          Disabled <input type="text" value="No"/> As of <input type="text"/></p> <p><b>Address and Telephone</b></p> <p><input checked="" type="checkbox"/> Same Address as Employee          Country <input type="text" value="United States"/>          Address <input type="text" value="256 Washington St #207"/>  <input type="text" value="Middletown, CT 06457"/></p> <p><input type="checkbox"/> Same Phone as Employee          Phone <input type="text"/></p> <p><input type="button" value="Edit"/>  <input type="button" value="Save"/></p> <p><a href="#">Return to Dependent/Beneficiary Summary</a></p> <hr/> <p><b>Add/Review Dependent/Beneficiary</b></p> <p>The list below includes current and historical dependents/beneficiaries. If you need to make changes to the people listed below, contact your Agency Benefits Specialist. To add a new dependent or beneficiary whose name does not appear below, select the 'Add a dependent or beneficiary' pushbutton.</p> <p><b>Dependent Information</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> </tr> </thead> <tbody> <tr> <td>Samuel Flores</td> <td>Sibling</td> <td>07/01/1903</td> </tr> <tr> <td>jane ddf</td> <td>Child</td> <td>07/24/1977</td> </tr> </tbody> </table> <p><input type="button" value="Add a dependent or beneficiary"/></p> <p><a href="#">Return to Select Event page</a></p>	Name	Relationship to Employee	Date of Birth	Samuel Flores	Sibling	07/01/1903	jane ddf	Child	07/24/1977
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Step	Action	Screenshot																		
8	<p>You will be returned to the <b>Benefits Enrollment</b> - page. Check the <b>Enroll</b> box next to the names of the dependents you are enrolling for coverage.</p> <p>Click <b>Update and Continue</b>.</p>	<p><b>Medical</b></p> <p><b>i</b> Important! Your current coverage is: Waive. If you do not make a choice, your coverage will be: Oxford UOC Grad Medical with Employee Only coverage</p> <p><b>Select an Option</b></p> <p><b>Overview of all Plans</b></p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> Oxford UOC Grad Medical</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$13.48</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + One Dependent</td> <td>\$26.95</td> <td>Before-Tax</td> </tr> <tr> <td>Family</td> <td>\$53.91</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> Waive</p> <p><b>Enroll Your Dependents</b></p> <p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling. Uncheck the Enroll box next to the name of the dependent(s) you are removing. <b>Note:</b> If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.</p> <p><b>Dependent Beneficiary</b></p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>amanda smith</td> <td>Spouse</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> <p><b>Update and Continue</b> <b>Discard Changes</b></p>	Coverage Level	Your Costs	Tax Class	Employee Only	\$13.48	Before-Tax	Employee + One Dependent	\$26.95	Before-Tax	Family	\$53.91	Before-Tax	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	amanda smith	Spouse
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9	<p>The <b>Benefits Enrollment</b> page displays your choice, cost and covered dependents. When you are done reviewing the information, click on <b>Update Elections</b> at the bottom of the page. You will be brought back to the <b>Benefits Enrollment Summary</b> page.</p>	 <p>The screenshot shows the 'Benefits Enrollment' page under the 'Medical' section. It includes an important notice: 'Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist'. Below this, it displays 'Your Choice' as 'Oxford UOC Grad Medical with Employee Only coverage' and 'Your Estimated Monthly Cost' as '\$13.48'. There are 'Update Elections' and 'Discard Changes' buttons at the bottom.</p>																																																							
10	<p>After completing your enrollment changes, click <b>Save and Continue</b>.</p>	 <p>The screenshot shows the 'Open Enrollment' page with an 'Enrollment Summary' table. The table lists current and new benefit selections for Medical and Dental, along with their estimated costs before and after taxes. A 'Save and Continue' button is visible at the bottom.</p> <table border="1" data-bbox="792 1045 1507 1186"> <thead> <tr> <th colspan="2"></th> <th>Before Tax</th> <th>After Tax</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="5"><b>Medical</b></td> </tr> <tr> <td>Current:</td> <td>Waive</td> <td></td> <td></td> <td><input type="button" value="Edit"/></td> </tr> <tr> <td>New:</td> <td>Oxford UOC Grad Medical:Empl Only</td> <td>13.48</td> <td></td> <td></td> </tr> <tr> <td colspan="5"><b>Dental</b></td> </tr> <tr> <td>Current:</td> <td>Waive</td> <td></td> <td></td> <td><input type="button" value="Edit"/></td> </tr> <tr> <td>New:</td> <td>Cigna UOC Grad Dental:Empl Only</td> <td>16.67</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" data-bbox="792 1222 1279 1312"> <thead> <tr> <th colspan="4">Election Summary</th> </tr> <tr> <th colspan="4">Summarized estimates for new Benefit Elections</th> </tr> <tr> <th></th> <th>Total</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>30.15</td> <td>30.15</td> <td>0.00</td> </tr> <tr> <td><b>Your Costs</b></td> <td><b>30.15</b></td> <td><b>30.15</b></td> <td><b>0.00</b></td> </tr> </tbody> </table>			Before Tax	After Tax		<b>Medical</b>					Current:	Waive			<input type="button" value="Edit"/>	New:	Oxford UOC Grad Medical:Empl Only	13.48			<b>Dental</b>					Current:	Waive			<input type="button" value="Edit"/>	New:	Cigna UOC Grad Dental:Empl Only	16.67			Election Summary				Summarized estimates for new Benefit Elections					Total	Before Tax	After Tax	Costs	30.15	30.15	0.00	<b>Your Costs</b>	<b>30.15</b>	<b>30.15</b>	<b>0.00</b>
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11	<p>You have almost completed your enrollment.</p> <p>If you have no additional changes, read the <b>Authorize Elections</b> section and click <b>Submit</b>.</p>	 <p>Benefits Enrollment</p> <p>Submit Benefit Choices</p> <p>Once your enrollment is submitted and approved, you will not be able to make any benefit changes until the next annual Open Enrollment period or if you have a qualified status change.</p> <p><b>Authorize Elections</b></p> <p>I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be cancelled when my new coverage takes effect. I understand that the services will be available subject to the exclusions, limitations and conditions described by the health plan.</p> <p>I authorize any physician, hospital, insurer, or other organization or person having records, data or information concerning health history or medical insurance, including those related to HIV/AIDS information or psychiatric, drug or alcohol abuse for me or my family member(s), to furnish such records, data or information as may be requested by the organization providing the benefits under the health plan or its underwriting department or representatives involved in collecting information for use in connection with verification or confirmation of claims for benefits under the health benefit plan. A photocopy of this authorization shall be considered as effective and valid as the original.</p> <p>I certify that all information on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s).</p> <p>I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.</p> <p>Submit Cancel</p> <p>Select the <b>Submit</b> button to send your final choices to the Benefits Department.</p>
12	<p>Click <b>OK</b> on the <b>Submit Confirmation</b> page to complete your enrollment.</p> <p>Your benefits enrollment will be sent to your Agency Benefits Specialist. Once your enrollment is processed and approved by your Agency Benefits Specialist, you will be sent a Confirmation Statement.</p>	 <p>Benefits Enrollment</p> <p>Submit Confirmation</p> <p>Your benefit changes have been submitted to your Agency Benefit Specialist. You will receive a confirmation statement when approved by your Agency Benefit Specialist. Click on the <b>Next</b> button in the upper right corner complete your life event. The OK button below allows you to return to the Benefits Enrollment page</p> <p>OK</p>