



Enrolling in Benefits for Graduate Assistants and Interns:

New Hire

Overview This job aid will assist you with your new hire health and group life insurance benefits enrollment in Core-CT. You have up to 31 days following your date of hire to make your elections. Your health coverage will be effective on the first of the month following your date of hire. Your group life coverage will be effective on the first of the month following six months of service.

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:

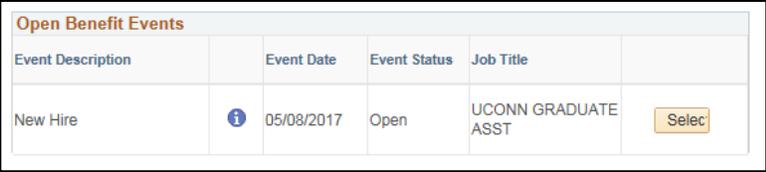
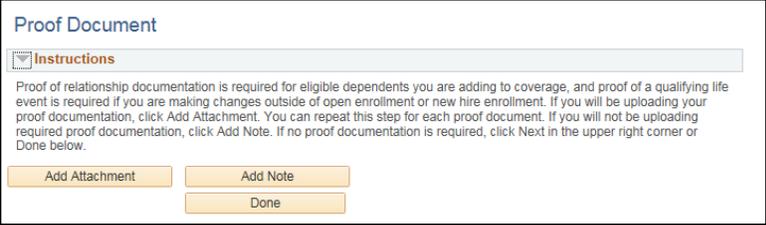
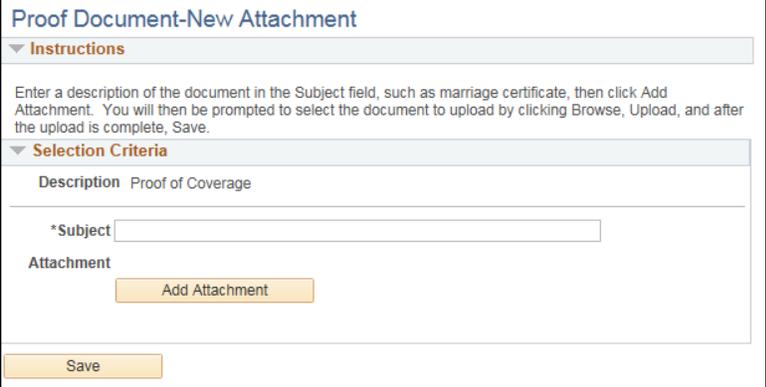
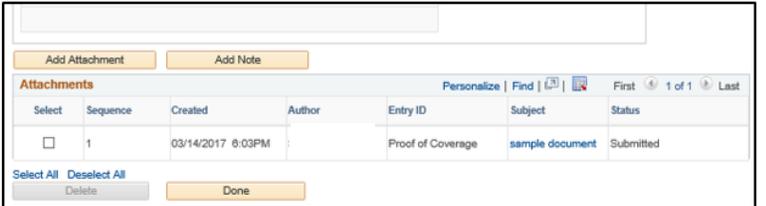
1. **Proof of Relationship Documentation:** Employees must provide proof documentation to enroll eligible dependents in health coverages. Eligible dependents include your spouse, and children/stepchildren up to age 26 for medical and up to age 19 for dental. Core-CT provides you with the option to electronically 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

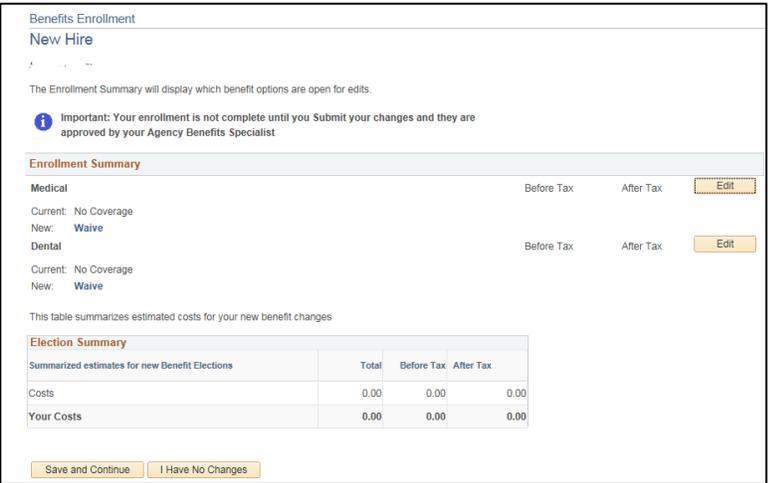
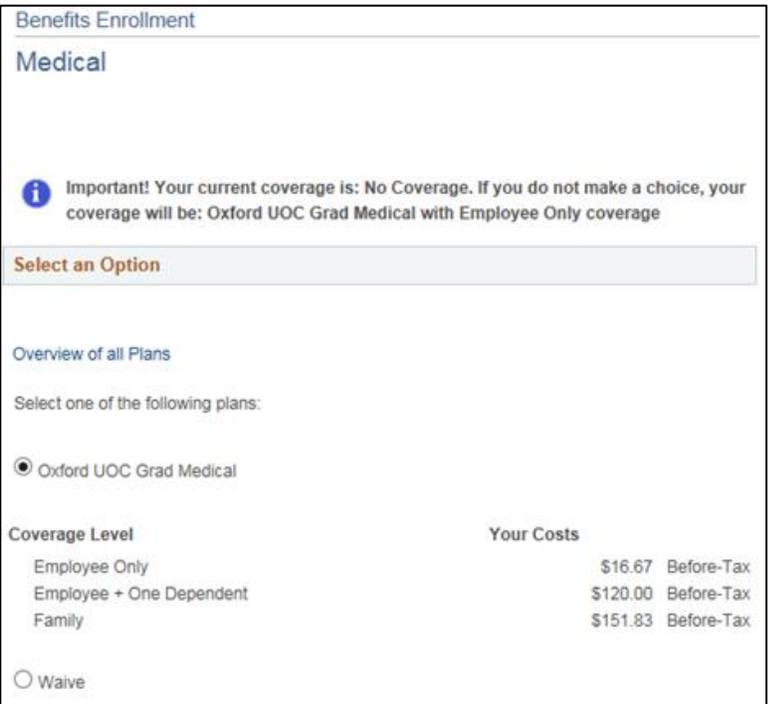
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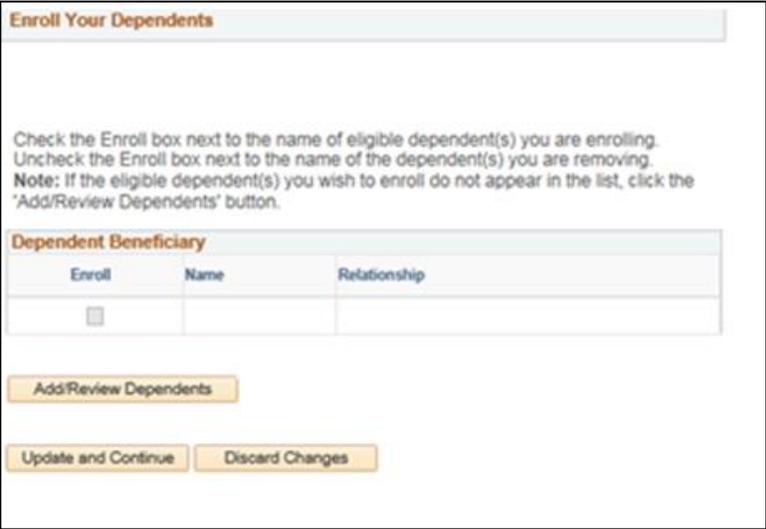
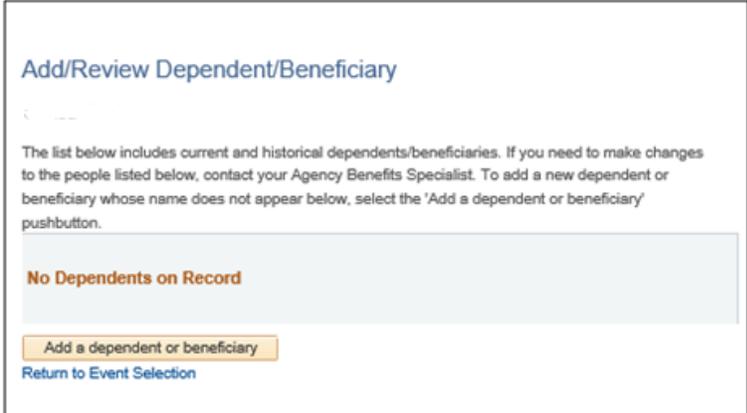
This module contains information that does not apply to Graduate Assistants and Interns. Please disregard information about:

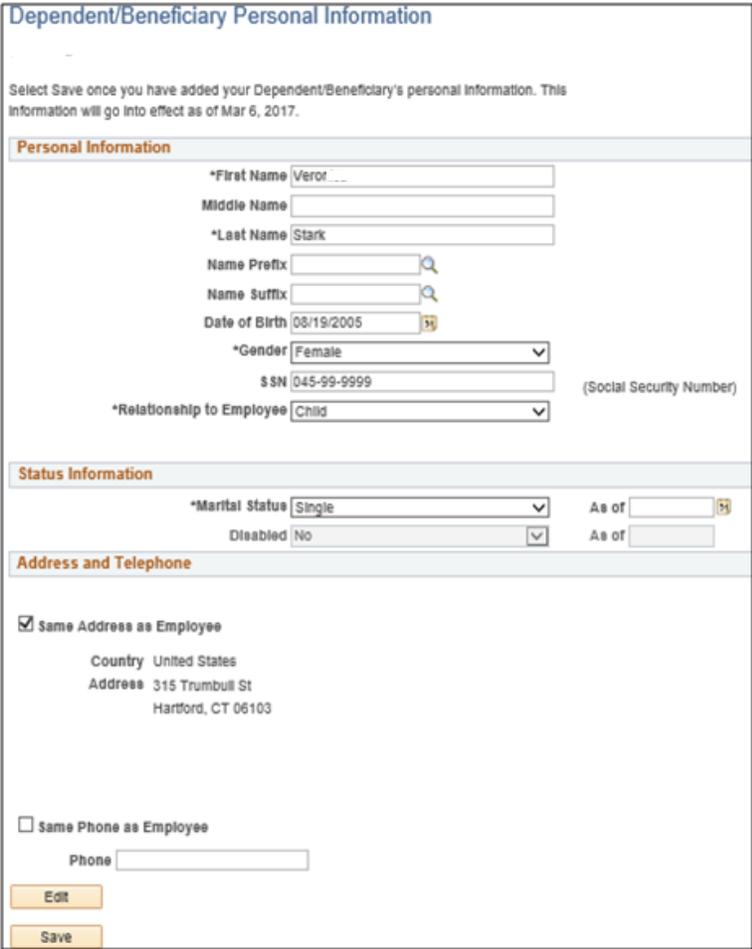
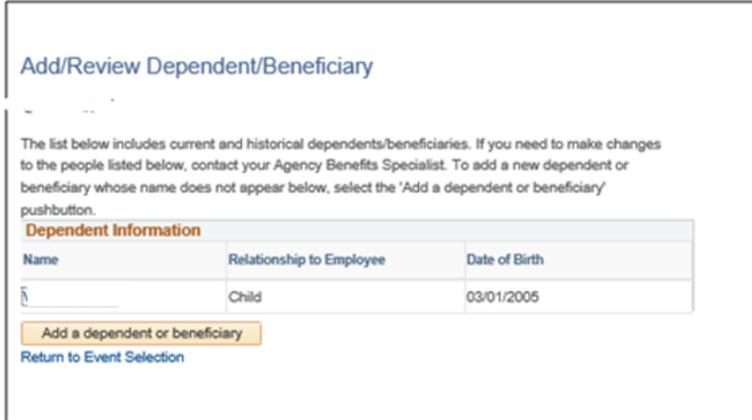
- Health Enhancement Program (HEP)
- Family Less Employed Spouse (FLES)
- Life Insurance and Life Insurance Beneficiaries

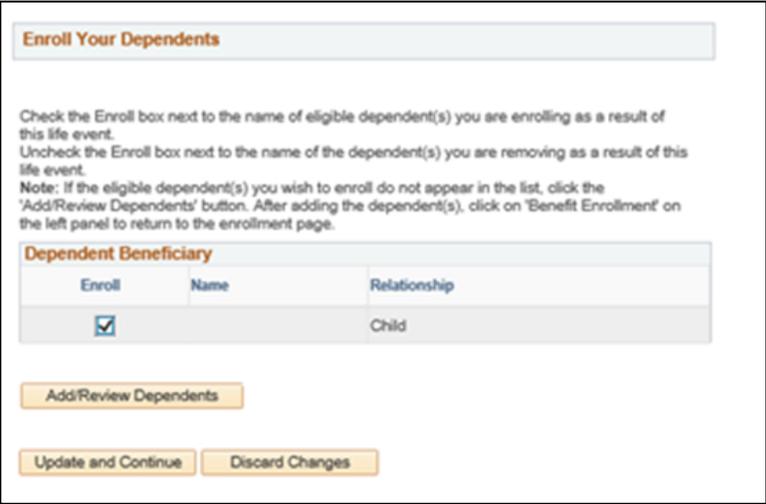
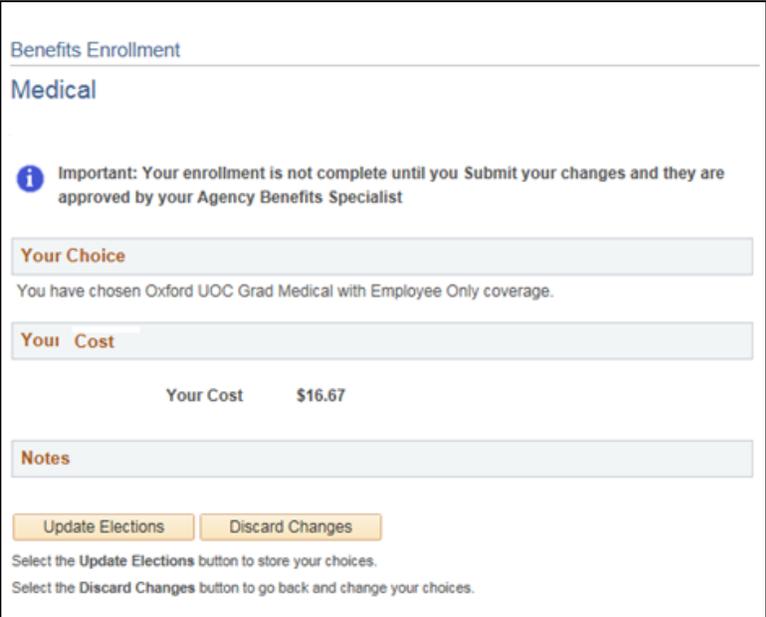
Process Steps

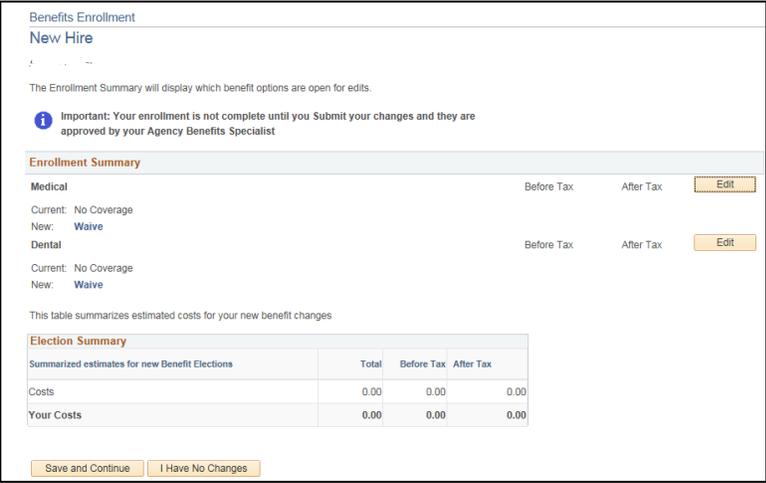
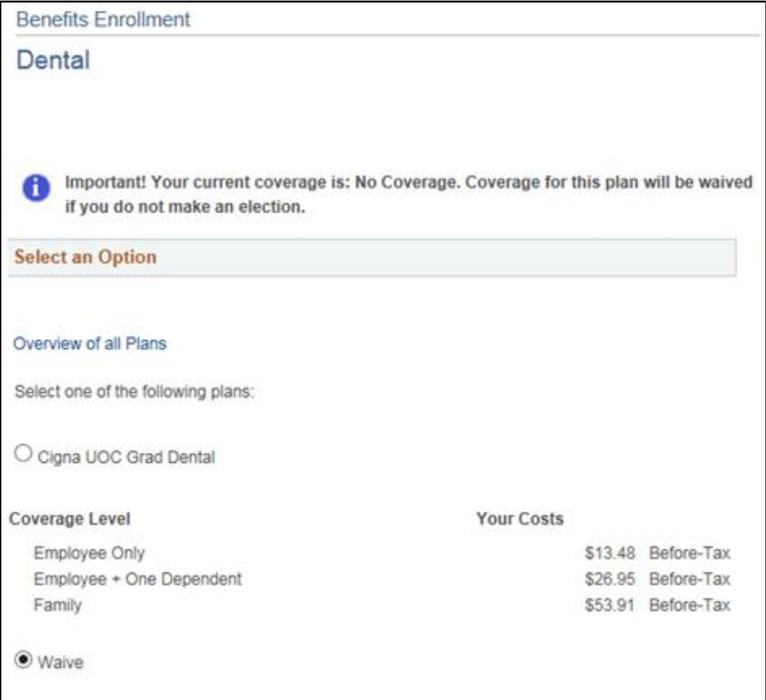
Step	Action	Screenshot																					
1	Navigation: Main Menu > Core-CT HRMS > Self Service > Benefits > Benefits Enrollment																						
2	<p>On the Benefits Enrollment page, click Select next to a New Hire event to begin your enrollment. It will take you to the Document Upload page.</p> <p>Note: After you click Select, it will take a few seconds for the Document Upload page to load.</p>	 <table border="1"> <thead> <tr> <th colspan="5">Open Benefit Events</th> </tr> <tr> <th>Event Description</th> <th>Event Date</th> <th>Event Status</th> <th>Job Title</th> <th></th> </tr> </thead> <tbody> <tr> <td>New Hire</td> <td>05/08/2017</td> <td>Open</td> <td>UCONN GRADUATE ASST</td> <td>Select</td> </tr> </tbody> </table>	Open Benefit Events					Event Description	Event Date	Event Status	Job Title		New Hire	05/08/2017	Open	UCONN GRADUATE ASST	Select						
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3	<p>As a new hire, 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"> • Marriage certificate for spouse • Long form birth certificates for children/stepchildren • Adoption decree or notification of placement for adoption <p>If you are not providing your proof documentation in self-service, click Add Note 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 Add Attachment.</p> <p>On the Document Definition – New Attachment page, type the name of the document you will be uploading, such as birth certificate for [name of child]. Then click Add Attachment. A File Attachment pop-up box will appear. Click on Browse to locate the document you will be uploading. Once the document location appears in the box to the left of Browse, click on Upload. The name of your document will now appear to the bottom of Attachment. Click on Save to save your attachment.</p> <p>Repeat the Add Attachment 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 Select box on the row of</p>	   <table border="1"> <thead> <tr> <th colspan="7">Attachments</th> </tr> <tr> <th>Select</th> <th>Sequence</th> <th>Created</th> <th>Author</th> <th>Entry ID</th> <th>Subject</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td>03/14/2017 6:03PM</td> <td></td> <td>Proof of Coverage</td> <td>sample document</td> <td>Submitted</td> </tr> </tbody> </table>	Attachments							Select	Sequence	Created	Author	Entry ID	Subject	Status	<input type="checkbox"/>	1	03/14/2017 6:03PM		Proof of Coverage	sample document	Submitted
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Step	Action	Screenshot								
	<p>the document you wish to delete and the Delete button will be available to click.</p> <p>Once your proof documentation is uploaded or your note is added, click on Done at the bottom of the page to move to the Benefit Enrollment Summary page.</p>									
4	<p>The Benefit Enrollment Summary displays the coverages for which you are required to make an enrollment election. Click on Edit next to Medical to begin.</p>									
5	<p>The Benefits Enrollment – Medical page reflects available the health coverage and costs for each Coverage Level. Please note the costs reflected in this job aid are for illustration purposes only.</p> <p>If you are electing to enroll in Medical, click on the radial button next to the name of the Grad Medical plan.</p> <p>If you do not want to enroll in Medical, click on the radial button next to Waive.</p> <p>Scroll to the bottom of the page.</p>	 <table border="1" data-bbox="797 1564 1565 1680"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$16.67 Before-Tax</td> </tr> <tr> <td>Employee + One Dependent</td> <td>\$120.00 Before-Tax</td> </tr> <tr> <td>Family</td> <td>\$151.83 Before-Tax</td> </tr> </tbody> </table>	Coverage Level	Your Costs	Employee Only	\$16.67 Before-Tax	Employee + One Dependent	\$120.00 Before-Tax	Family	\$151.83 Before-Tax
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Step	Action	Screenshot
6	<p>If you elected to enroll for Medical, you can add your dependents by clicking on Add/Review Dependents. This will take you to the Add/Review Dependent/Beneficiary page.</p> <p>If you are not enrolling in Medical or you enrolled in Medical and are not adding dependents, click Update and Continue and skip to step 12.</p>	
7	<p>Click on Add a dependent or beneficiary to add your dependents.</p>	

Step	Action	Screenshot
8	<p>You will be prompted to enter information about the dependent you are adding.</p> <p>For example, Vero Stark was added as a new dependent and the following information was entered:</p> <ul style="list-style-type: none"> • First Name • Last Name • Date of Birth • Gender • Social Security Number • Relationship to Employee* • Marital Status • Same Address as Employee <p>*Only spouses, children and stepchildren are eligible dependents for enrollment in health coverages.</p> <p>Important Note: Carefully review the information you entered for accuracy before clicking Save. 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 Save. A confirmation page will appear. Click OK.</p>	
9	<p>On Add/Review Dependent/Beneficiary, your newly added dependent is shown under the Dependent Information.</p> <p>If you are adding more eligible dependents, click Add a dependent or beneficiary for each dependent you are adding.</p> <p>Once all your dependents have been added, click Return to Event Selection. You will be brought back to the Benefits Enrollment – Medical page.</p>	

Step	Action	Screenshot						
10	<p>At the bottom of the Benefits Enrollment - Medical page under Enroll Your Dependents, click on the checkbox next to the names of each eligible dependent you are enrolling.</p> <p>Click Update and Continue.</p>	 <p>Enroll Your Dependents</p> <p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling as a result of this life event. Uncheck the Enroll box next to the name of the dependent(s) you are removing as a result of this life event. Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button. After adding the dependent(s), click on 'Benefit Enrollment' on the left panel to return to the enrollment page.</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></td> <td>Child</td> </tr> </tbody> </table> <p>Add/Review Dependents</p> <p>Update and Continue Discard Changes</p>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>		Child
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<input checked="" type="checkbox"/>		Child						
11	<p>The Benefits Summary - Medical page displays your choice, cost and covered dependents. When you are done reviewing the information, click on Update Elections at the bottom of the page. You will be brought back to the Benefits Enrollment Summary page.</p>	 <p>Benefits Enrollment</p> <p>Medical</p> <p>i Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</p> <p>Your Choice</p> <p>You have chosen Oxford UOC Grad Medical with Employee Only coverage.</p> <p>Your Cost</p> <table> <tr> <td>Your Cost</td> <td>\$16.67</td> </tr> </table> <p>Notes</p> <p>Update Elections Discard Changes</p> <p>Select the Update Elections button to store your choices. Select the Discard Changes button to go back and change your choices.</p>	Your Cost	\$16.67				
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12	<p>The medical coverage you selected will be reflected under New.</p> <p>Click Edit next to Dental.</p>	 <p>Benefits Enrollment New Hire</p> <p>The Enrollment Summary will display which benefit options are open for edits.</p> <p>i Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</p> <p>Enrollment Summary</p> <table border="1"> <tr> <td>Medical</td> <td>Current: No Coverage</td> <td>Before Tax</td> <td>After Tax</td> <td><input type="button" value="Edit"/></td> </tr> <tr> <td></td> <td>New: Waive</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dental</td> <td>Current: No Coverage</td> <td>Before Tax</td> <td>After Tax</td> <td><input type="button" value="Edit"/></td> </tr> <tr> <td></td> <td>New: Waive</td> <td></td> <td></td> <td></td> </tr> </table> <p>This table summarizes estimated costs for your new benefit changes</p> <p>Election Summary</p> <table border="1"> <thead> <tr> <th>Summarized estimates for new Benefit Elections</th> <th>Total</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Your Costs</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> <p><input type="button" value="Save and Continue"/> <input type="button" value="I Have No Changes"/></p>	Medical	Current: No Coverage	Before Tax	After Tax	<input type="button" value="Edit"/>		New: Waive				Dental	Current: No Coverage	Before Tax	After Tax	<input type="button" value="Edit"/>		New: Waive				Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	0.00	0.00	0.00	Your Costs	0.00	0.00	0.00
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13	<p>The Benefits Enrollment – Dental page reflects the available dental coverage and costs for each Coverage Level. Please note the costs reflected in this job aid are for illustration purposes only.</p> <p>If you are electing to enroll in Dental, click on the radial button next to the name of the Grad Dental plan.</p> <p>If you do not want to enroll in Dental, click on the radial button next to Waive.</p> <p>Scroll to the bottom of the page.</p>	 <p>Benefits Enrollment Dental</p> <p>i Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.</p> <p>Select an Option</p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <p><input type="radio"/> Cigna UOC Grad Dental</p> <p><input checked="" type="radio"/> Waive</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$13.48 Before-Tax</td> </tr> <tr> <td>Employee + One Dependent</td> <td>\$26.95 Before-Tax</td> </tr> <tr> <td>Family</td> <td>\$53.91 Before-Tax</td> </tr> </tbody> </table>	Coverage Level	Your Costs	Employee Only	\$13.48 Before-Tax	Employee + One Dependent	\$26.95 Before-Tax	Family	\$53.91 Before-Tax																								
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14	<p>At the bottom of the Benefits Enrollment - Dental page, click on the Enroll checkbox next to the name of each dependent you are enrolling.</p> <p>Please note that any children or stepchildren age 19 or older are not eligible for dental and will not be listed.</p> <p>Click Update and Continue.</p>	<p><input type="radio"/> Waive</p> <p>Enroll Your Dependents</p> <p>Check the Enroll box next to the name of eligible dependent(s) you are enrolling as a result of this life event. Uncheck the Enroll box next to the name of the dependent(s) you are removing as a result of this life event. Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button. After adding the dependent(s), click on 'Benefit Enrollment' on the left panel to return to the enrollment page.</p> <table border="1"> <thead> <tr> <th colspan="3">Dependent Beneficiary</th> </tr> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Veronica Stark</td> <td>Child</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Mary Stark</td> <td>Child</td> </tr> </tbody> </table> <p>Add/Review Dependents</p> <p>Update and Continue Discard Changes</p>	Dependent Beneficiary			Enroll	Name	Relationship	<input type="checkbox"/>	Veronica Stark	Child	<input checked="" type="checkbox"/>	Mary Stark	Child
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15	<p>The Benefits Summary - Dental page displays your choice, cost and covered dependents. When you are done reviewing the information, click on Update Elections.</p>	<p>Benefits Enrollment</p> <p>Dental</p> <p>i Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</p> <p>Your Choice</p> <p>You have chosen Cigna UOC Grad Dental with Employee Only coverage.</p> <p>Your Cost</p> <p>Your Cost \$13.48</p> <p>Notes</p> <p>Update Elections Discard Changes</p> <p>Select the Update Elections button to store your choices. Select the Discard Changes button to go back and change your choices.</p>												

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16	<p>The dental coverage you selected will be reflected under New.</p> <p>On the bottom of the page, the Election Summary table summarizes the costs for your New coverages.</p> <p>Click Save and Continue to submit your elections to your Agency Benefits Specialist.</p>	<p>Benefits Enrollment New Hire</p> <p>The Enrollment Summary will display which benefit options are open for edits.</p> <p>i Important: Your enrollment is not complete until you Submit your changes and they are approved by your Agency Benefits Specialist</p> <p>Enrollment Summary</p> <table border="1"> <tr> <td>Medical</td> <td>Before Tax</td> <td>After Tax</td> <td>Edit</td> </tr> <tr> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Oxford UOC Grad Medical:Empl Only</td> <td>13.48</td> <td></td> <td></td> </tr> <tr> <td>Dental</td> <td>Before Tax</td> <td>After Tax</td> <td>Edit</td> </tr> <tr> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Cigna UOC Grad Dental:Empl Only</td> <td>16.67</td> <td></td> <td></td> </tr> </table> <p>This table summarizes estimated costs for your new benefit changes</p> <p>Election Summary</p> <table border="1"> <thead> <tr> <th>Summarized estimates for new Benefit Elections</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>Your Costs</td> <td>30.15</td> <td>30.15</td> <td>0.00</td> </tr> </tbody> </table> <p>Save and Continue</p>	Medical	Before Tax	After Tax	Edit	Current: No Coverage				New: Oxford UOC Grad Medical:Empl Only	13.48			Dental	Before Tax	After Tax	Edit	Current: No Coverage				New: Cigna UOC Grad Dental:Empl Only	16.67			Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Costs	30.15	30.15	0.00	Your Costs	30.15	30.15	0.00
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17	<p>You have almost completed your enrollment.</p> <p>If you have no changes, read the Authorize Elections section and click Submit.</p>	<p>Benefits Enrollment Submit Benefit Choices 02/01/2017 M</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>Authorize Elections</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 Submit button to send your final choices to the Benefits Department.</p>																																				
18	<p>Click OK on the Submit Confirmation 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 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 Next 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>																																				