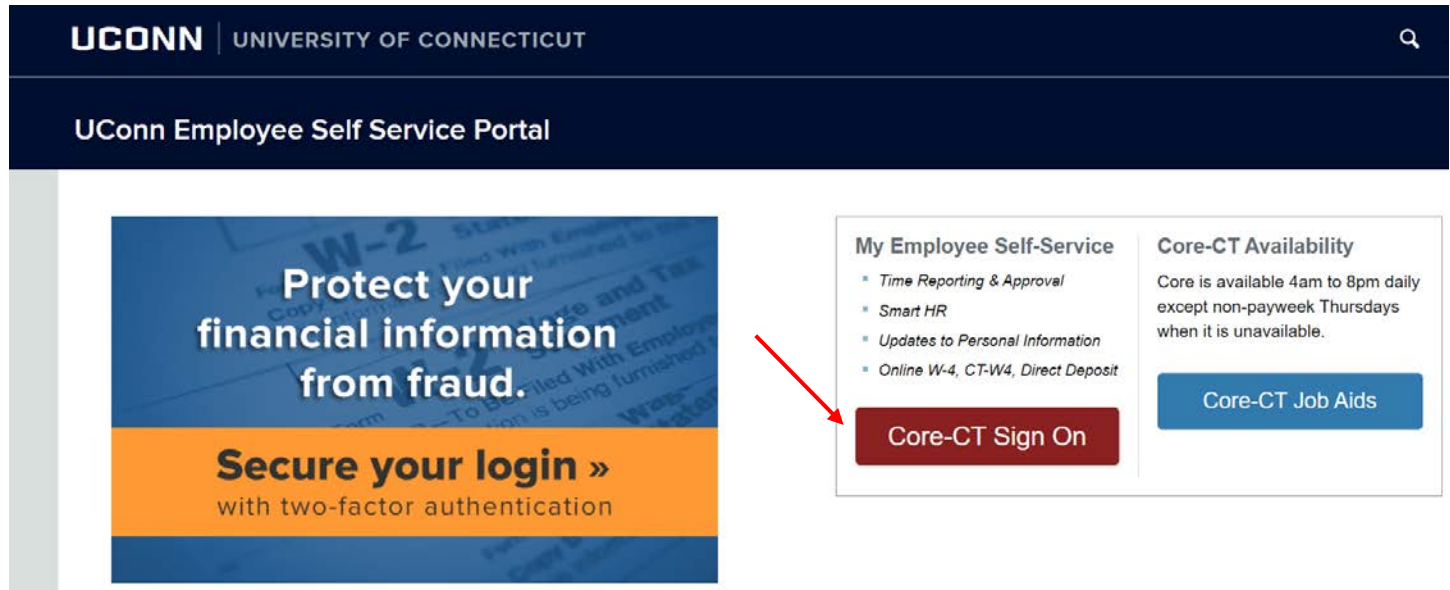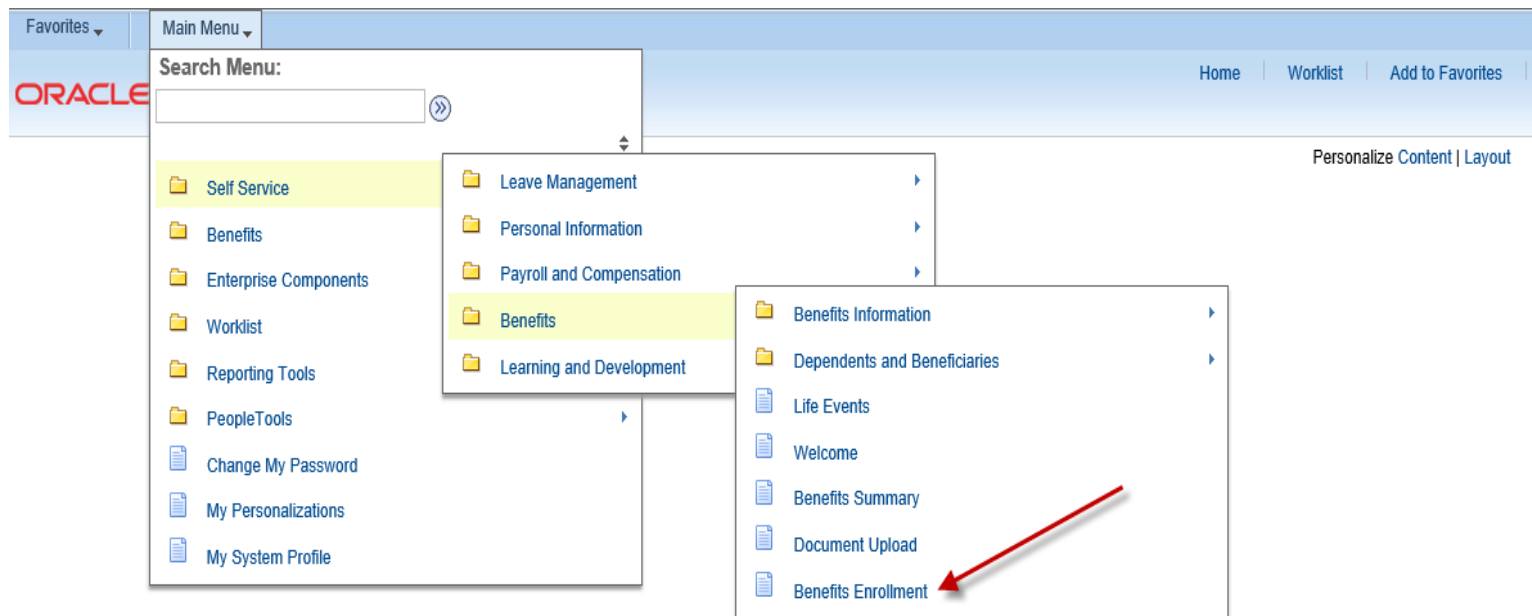# Submitting a New Hire Event (as of February 2022)

Step 1: Open your browser to www.ess.uconn.edu. Enter your Net ID and Password.

_____

Step 2: Use the following path to access the Benefits Enrollment selection page: Main Menu -> Self Service -> Benefits -> Benefits Enrollment

_____

Step 3: Click on the highlighted Select button next to the Event Description to begin your enrollment.

Favorites ▾	Main Menu ▾	>	Self Service ▾	>	Benefits ▾	>	Benefits Enrollment

**ORACLE**
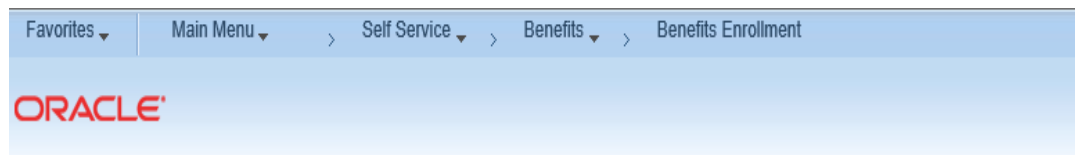
Benefits Enrollment

The Enrollment Summary will display which benefit options are open to Edit. Click on the **Select** button
to begin your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
New Hire	ⓘ	09/29/2021	Open	ClerkTypist	Select

After you click on the Select button, it will take a few seconds for your benefits enrollment information to
load.

_____

Step 4: Please read the important information on this page. Click on the highlighted Continue button to proceed.

Favorites ▾	Main Menu ▾	>	Self Service ▾	>	Benefits ▾	>	Benefits Enrollment	>	Welcome

ORACLE
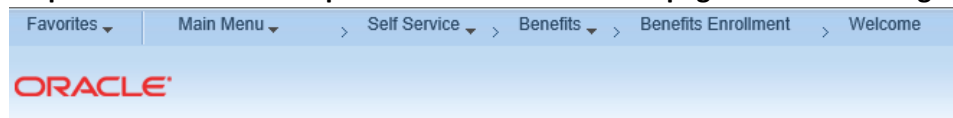
WELCOME

1. The New Hire page provides you with online access to enroll in health and group life coverage.
Your elections must be entered within 31 days from your date of hire.

2. If you and your spouse are both State of Connecticut employees and you have at least one
eligible dependent, you must contact your Agency Benefits Specialist for assistance in enrolling
in the Family Less Employed Spouse (FLES) health options which cannot be processed through
Self Service.

3. If you are enrolling a dependent(s), you must provide the long form birth certificate for
children/stepchildren, adoption decree for adopted children and a marriage certificate for a
spouse. Social Security Numbers are requested for all dependents.

Continue

_____

Step 5: The benefit options available to you will appear. Please read the important information at the top of the page. Click on the highlighted Edit button to view the benefit plan enrollment options (e.g., Medical, Dental, etc.). The Health Enhancement Program (HEP) Enrollment page will appear once you click on the highlighted Edit button for Medical. Note: The Benefits Summary at the bottom of the page will reflect your 'Costs Per Pay Check' and 'Costs Annually'.

Benefits Enrollment

New Hire

.

The Enrollment Summary will display which benefit options are open for **Edit**.

ⓘ   Important: Your enrollment is not complete until you click on the Update Elections button

and then submit your changes for approval by your Agency Benefits Specialist. For

questions regarding your enrollment in the Health Enhancement Program (HEP) or your

current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Enrollment Summary

Medical   Costs per Pay Check   Costs Annually   [Edit]   ⬅

Current: No Coverage

Dental   Costs per Pay Check   Costs Annually   [Edit]   ⬅

Current: No Coverage

Life   Costs per Pay Check   Costs Annually   [Edit]   ⬅

Current: No Coverage

This table summarizes estimated costs for your new benefit changes

Election Summary

Summarized estimates for new Benefit Elections	Costs per Pay Check	Costs Annually
Costs	0.00	0.00
Your Costs	0.00	0.00

[Save and Continue]   [I Have No Changes]

Select the **Save and Continue** button to send your final changes to your Agency Benefits Specialist

Select the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

ℹ **Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist**

_____

Step 6: Please read the important information in the HEP enrollment page. Select an option, then click on the highlighted Submit button at the bottom of the page.

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New Window │ Help │ Personaliz

HEALTH ENHANCEMENT PROGRAM ENROLLMENT

HEALTH ENHANCEMENT PROGRAM DESCRIPTION

This program is designed to enhance the ability of patients with their doctors to make the most informed decisions about staying healthy, and, if you have one of the five listed conditions in the 2011 SEBAC Agreement, to treat their illness. As is currently the case under the State Health Plan, any medical decisions will continue to be made by the patient and his or her physician.

For additional information on the plan, be sure to review the 2011 SEBAC Agreement document.

○ I elect to participate in the Health Enhancement Program. I understand I must comply with the requirement outlined in the 2011 SEBAC Agreement.

○ I do NOT elect to participate at this time. I understand I will not be given another opportunity to enroll in the Health Enhancement Program until next year's annual Open Enrollment period.

My enrolled spouse and dependents and I agree to participate in the State of Connecticut Health Enhancement Program sponsored by my employer, the State of Connecticut. Information regarding my personal health and the health of my dependents will continue to be protected by all applicable state and federal laws and regulations. I and my enrolled dependents agree to comply with the requirements of the program including the applicable schedule of physical examinations, the applicable schedule of preventive screenings, and participation in any of the five disease counseling and education programs should I or any dependent be diagnosed with on or more of the five listed chronic disease (Diabetes, Chronic Obtrusive Pulmonary Disorder or Asthma, Hypertension, Hyperlipidemia (high cholesterol), or Coronary Artery Disease (heart disease/heart failure). I understand my participation may be revoked should I not comply with my commitment to the Healh Enhancement Program. I understand and agree that my revocation will make me responsbile for higher premium co-shares of $100 per month, a $350 deductible per participant per year, and would make me ineligible for reductions in the co-pays for certain prescriptions and office visits. I recognize that I am required to sign this authorization as a condition of my participation and the participation of my enrolled dependents, if any, in the Health Enhancement Program.

I accept the terms of the Health Enhancement Program as stated in the 2011 SEBAC Agreement.

Submit

_____

Step 7: The Medical options that are available to you will appear. Click on your Medical option and then click on the highlighted Update & Continue button to proceed with enrolling in other benefit plan options. Click on the highlighted Discard Changes button to restart the enrollment process.

Favorites ▾   Main Menu ▾   ›   Self Service ▾   ›   Benefits ▾   ›   Benefits Enrollment   ›   Welcome

Home | Worklist | Add to Favorites

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New Window | Help | Personalize

Benefits Enrollment

Medical

ⓘ Important! Your current coverage is: No Coverage. Coverage for this plan will be waived
   if you do not make an election.

Select an Option

Overview of all Plans

Select one of the following plans:

◯ Anthem State BlueCare POS

Employee Only	$57.90	Before-Tax
Employee + One Dependent	$155.69	Before-Tax
Family	$184.78	Before-Tax

○ Anthem State BlueCare POE

Coverage Level	Your Costs	Tax Class
Employee Only	$48.87	Before-Tax
Employee + One Dependent	$136.82	Before-Tax
Family	$179.19	Before-Tax

○ Anthem State BlueCare POE Plus

Coverage Level	Your Costs	Tax Class
Employee Only	$44.99	Before-Tax
Employee + One Dependent	$121.38	Before-Tax
Family	$154.37	Before-Tax

○ Anthem BlueCare Prime Plus POS

Coverage Level	Your Costs	Tax Class
Employee Only	$35.35	Before-Tax
Employee + One Dependent	$95.06	Before-Tax
Family	$121.97	Before-Tax

○ Waive

Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.
Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary

Enroll	Name	Relationship
☐		

Add/Review Dependents

Update and Continue   Discard Changes
_____

Step 8: If you are electing to enroll in health coverage, you will have the option of enrolling eligible dependents. If you are enrolling in life insurance coverage you must select at least one beneficiary. Click on the highlighted Add/Review Dependents button if you choose to add a dependent/beneficiary or click on the highlighted Update and Continue button if you are not enrolling anyone in your health and or life coverage. Click on the highlighted Discard Changes button to restart the enrollment process.

Coverage Level	Your Costs	Tax Class
Employee Only	$35.35	Before-Tax
Employee + One Dependent	$95.06	Before-Tax
Family	$121.97	Before-Tax

○ Waive

Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.
Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary

Enroll	Name	Relationship
☐		

[Add/Review Dependents]

[Update and Continue] [Discard Changes]

Favorites ▾   Main Menu ▾   ›   Self Service ▾   ›   Benefits ▾   ›   Benefits Enrollment   ›   Welcome

Home | Worklist | Add to Favorites | Sign Out

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Add/Review Dependent/Beneficiary

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' button.

No Dependents on Record

[Add a dependent or beneficiary]

Return to Event Selection

_____

Step 9: Please complete all required fields that are designated by the arrows for each dependent that you are enrolling in health coverage and each beneficiary in life insurance coverage. Click on the highlighted Edit button to update your dependent information or click on the highlighted Save button, then click on the highlighted OK button. Note: If the address for the new dependent is different than the employee address, remove the checkmark in the Same Address as Employee field.

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Dependent/Beneficiary Personal Information

Select Save once you have added your Dependent/Beneficiary's personal information.

Personal Information

*First Name [   ] ⬅

Middle Name [   ]

*Last Name [   ] ⬅

Name Prefix [   ] 🔍

Name Suffix [   ] 🔍

Date of Birth [   ] 📅 ⬅

*Gender [Male ▾] ⬅

SSN [   ] (Social Security Number)

*Relationship to Employee [▾] ⬅

Status Information

⬅ *Marital Status [Single ▾]   As of [   ] 📅

Disabled [No ▾]   As of [   ]

Address and Telephone

☑ Same Address as Employee

   Country   United States

   Address

☐ Same Phone as Employee

   Phone [   ]

[Edit]

[Save]

Return to Dependent/Beneficiary Summary

Home   Worklist   Add to Favorites

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Personal Information

Save Confirmation

✔ The Save was successful.

[OK]

_____

Step 10: Click on the Return to Event Selection link to enroll your dependents in health coverage and beneficiaries in life insurance.

ORACLE

Add/Review Dependent/Beneficiary

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' button.

Dependent Information

Name	Relationship to Employee	Date of Birth
	Child	01/01/1994
	Parent	01/01/1958
	Spouse	01/01/1960

Add a dependent or beneficiary

Return to Event Selection   ⬅

_____

Step 11: Click on the Enroll box next to the Dependents/Beneficiaries you want to enroll in health coverage/life insurance. Click on the highlighted Update and Continue button to proceed or click on the highlighted Discard Changes button to restart the enrollment process.

ORACLE

Employee Only	$35.35	Before-Tax
Employee + One Dependent	$95.06	Before-Tax
Family	$121.97	Before-Tax

○ Waive

Enroll Your Dependents

Check the Enroll box next to the name of the eligible dependent(s) you are enrolling.
Uncheck the Enroll box next to the name of the dependent(s) you are removing.
Note: If the eligible dependent(s) you wish to enroll do not appear in the list, click the 'Add/Review Dependents' button.

Dependent Beneficiary

Enroll	Name	Relationship
☐		Spouse
☐		Child

Add/Review Dependents

Update and Continue   Discard Changes

_____

Step 12: You can now review your medical costs and enrolled dependents. Click on the highlighted Update Elections button to proceed or click on the highlighted Discard Changes button to restart your enrollment.

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New Window | Help | Personalize

Benefits Enrollment

Medical

ℹ️ Important: Your enrollment is not complete until you click on the Update Elections

button and then submit your changes for approval by your Agency Benefits Specialist.

For questions regarding your enrollment in the Health Enhancement Program (HEP) or

your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Your Choice

You have chosen Anthem BlueCare Prime Plus POS with Family coverage. ⬅

Your Cost

Your Cost	$121.97

Your Covered Dependents

Dependent Details ⬅

Name	Relationship
	Spouse
	Child

Notes

↙   ↙

Update Elections	Discard Changes

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

_____

Step 13: Life Insurance Enrollment: Please read the important information prior to designating beneficiaries. Click on the highlighted Add/Review Beneficiaries button to add beneficiaries (if not previously entered). Click on the highlighted Update and Continue button to proceed or click on the highlighted Discard Changes button to start over.

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Benefits Enrollment

Life

ⓘ Important! Your current coverage is: No Coverage. Coverage for this plan will be waived
   if you do not make an election.

Notes

Your cost for this coverage is $7.60.

Select an Option

○ No, I do not want to enroll

◉ Yes   Basic Group Life Insurance ($38,000)

Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing
from this list, use the Add/Review Beneficiaries button to determine why they are not eligible.

[Add/Review Beneficiaries]   ⬅

You may designate the following individuals as Primary or Contingent beneficiaries by allocating a percent or a
specific dollar amount. Contingent beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from
the policy.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Contingent
beneficiaries (if any) must also total 100.

Enter Primary Allocations as Percent ⬅
Enter Contingent Allocations as Percent ⬅

Allocation Details

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
	Child			50	
	Parent				100
	Spouse			50	

Total   100   100

Update and Continue   **Discard Changes**

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Benefits Enrollment

Life

ℹ️ Important: Your enrollment is not complete until you click on the Update Elections

button and then submit your changes for approval by your Agency Benefits Specialist.

For questions regarding your enrollment in the Health Enhancement Program (HEP) or

your current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Your Choice

You have chosen Basic Group Life Insurance ($38,000) coverage.

Your Per-Pay-Period Cost

Your Cost $7.60

Your Primary Beneficiary Allocations

Primary Allocation Details

Name	Relationship	Percent of Benefit
	Child	50
	Spouse	50

Your Secondary Beneficiary Allocations

Contingent

Name	Relationship	Percent of Benefit
	Parent	100

Notes

The actual amount of coverage for this plan is based upon your salary, and will vary in accordance with any
changes to your salary over time.

Update Elections   **Discard Changes**

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.
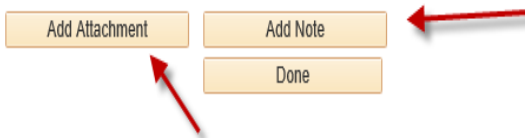
_____

Step 14: Enter required documentation in the highlighted Proof Document Upload page (e.g., long form birth certificate, marriage certificate) for each dependent you are enrolling in your health coverage. Start by clicking on the highlighted Add Attachment button. If you will not be uploading required proof documentation, click Add Note.
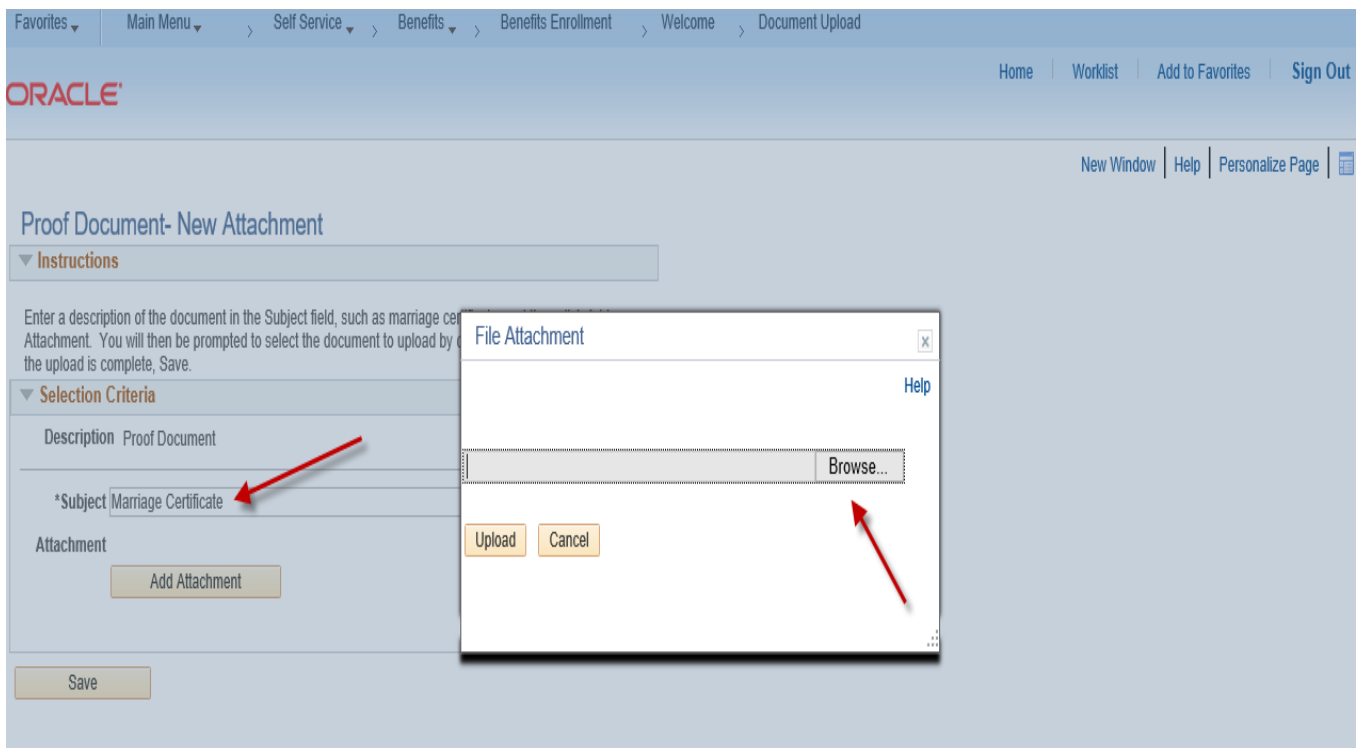

_____

Step 15: Enter a document name on the Subject line (e.g., birth certificate, marriage certificate) and attach the required documentation by clicking on the Choose File or Browse button (as either may appear). Click on the highlighted Upload button.

ORACLE

Proof Document- New Attachment

▼ **Instructions**

Enter a description of the document in the Subject field, such as marriage certificate, and then click Add
Attachment. You will then be prompted to select the document to upload by clicking Browse, Upload, and after
the upload is complete, Save.

▼ **Selection Criteria**

Description Proof Document

*Subject Test

Attachment

Add Attachment

File Attachment   ⊠

Help

Choose File   No file chosen

Upload   Cancel

Save

Go To   Proof Document Upload

_____

Step 16: Click on the highlighted Save button once your document(s) has been uploaded. Repeat this process for each new dependent you are enrolling.

ORACLE

Proof Document- New Attachment

▼ **Instructions**

Enter a description of the document in the Subject field, such as marriage certificate, and then click Add
Attachment. You will then be prompted to select the document to upload by clicking Browse, Upload, and after
the upload is complete, Save.

▼ **Selection Criteria**

Description Proof Document

*Subject Marriage Certificate

Attachment test.docx

View Attachment

Save

Go To   Proof Document Upload

_____

Step 17: Click on the highlighted Done button to complete the Proof Document Upload process.

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Home   Worklist   Add to Favorites

New Window | Help | Personal

Proof Document Upload

▼ Instructions

Proof of relationship documentation is required for eligible dependents you are adding to coverage, and proof of a qualifying life event is required if you are making changes outside of open enrollment or new hire enrollment. If you will be uploading your proof documentation, click **Add Attachment**. You can repeat this step for each proof document. If you will not be uploading required proof documentation, click **Add Note**.

| Add Attachment | | Add Note |

Attachments   Personalize | Find | 🗗 | 🖥   First ◀ 1-2 of 2 ▶ Last

Select	Sequence	Created	Author	Entry ID	Subject	Status
☐	1	10/05/2021 3:32PM		Proof Document	Marriage Certificate	Submitted
☐	2	10/05/2021 3:32PM		Proof Document	Birth Certificate	Submitted

Select All   Deselect All

| Delete | | Done | ⬅

_____

Step 18: You now have the option of enrolling in other benefit plans by following the same process as the Medical example shown above.

Home   Worklist   Add to Favorites

ORACLE

Related Content ▾ | New Window | Help | Personalize

Benefits Enrollment

New Hire

The Enrollment Summary will display which benefit options are open for **Edit**.

ℹ️ Important: Your enrollment is not complete until you click on the Update Elections button
and then submit your changes for approval by your Agency Benefits Specialist. For
questions regarding your enrollment in the Health Enhancement Program (HEP) or your
current HEP Status, contact Care Management Solutions, Inc. at 877-687-1448.

Enrollment Summary

Medical		Costs per Pay Check	Costs Annually	Edit
Current: No Coverage				
New: Anthem BlueCare Prime Plus POS:Family		121.97	3,171.22	

Dental		Costs per Pay Check	Costs Annually	Edit
Current: No Coverage				
New:				

Life		Costs per Pay Check	Costs Annually	Edit
Current: No Coverage				
New:				

This table summarizes estimated costs for your new benefit changes

_____

Step 19: Click on the highlighted Save & Continue button to proceed with your enrollment.

Life   Costs per Pay Check   Costs Annually   [Edit]

Current: No Coverage

New: Waive

This table summarizes estimated costs for your new benefit changes

Election Summary

Summarized estimates for new Benefit Elections	Costs per Pay Check	Costs Annually
Costs	121.38	3,155.88
Your Costs	**121.38**	**3,155.88**

[Save and Continue]

Select the **Save and Continue** button to send your final changes to your Agency Benefits Specialist

i Important: Your enrollment is not complete until your submitted changes are approved by your Agency Benefits Specialist

_____

Step 20: Read the important information on the Authorize Elections page. Click on the highlighted Submit button to authorize and submit your elections. Click on the highlighted Cancel button to return to the prior Benefits Enrollment page to edit your enrollment.

ORACLE

Home | Worklist | Add to Favorites | **Sign Out**

Related Content ▾ | New Window | Help | Personalize Page |

Benefits Enrollment

Submit Benefit Choices   H

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.

Authorize Elections

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.

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.

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).

I understand that the rates in the Enrollment Statement are based upon my participation in the Health Enhancement Program (HEP). Employees who choose not to participate in HEP will be responsible for higher premium co-shares of an additional $100.00 per month ($46.16 biweekly), a $350.00 per participant per year deductible ($1,400 family maximum) and ineligible for reductions in co-pays for certain prescriptions and office visits.

I hereby authorize the State Comptroller to make deductions, if applicable, from my payroll check for the medical and/or dental insurance indicated above.

Submit   Cancel

Select the **Submit** button to send your final choices to the Benefits Department.

_____

Step 21: The Submit Confirmation page will appear confirming your submission to your Agency Benefits Specialist for approval. Click on the highlighted OK button to complete your submission.

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Related Content ▾ | New Window | Help | Pers

Benefits Enrollment

Submit Confirmation ⬅

Your benefit choices have been submitted to your Agency Benefits Specialist

You will receive a confirmation statement when approved by your Agency Benefits Specialist

To return to the Benefits Enrollment page, use the **OK** button.

Enrollment Summary

Medical

		Costs per Pay Check	Costs Annually
New:	Anthem BlueCare Prime Plus POS:Family	121.97	3,171.22

Dental

		Costs per Pay Check	Costs Annually
New:	Total Care DHMO:Empl Only		0.00

Life

		Costs per Pay Check	Costs Annually
New:	BasicGrpLf: Salary X 1 : $38,000	7.60	197.60

Election Summary

Summarized Estimates for new Benefit Elections	Costs per Pay Check	Costs Annually
Costs	129.57	3,368.82
Your Costs	129.57	3,368.82

[OK] ⬅

Click OK to Continue

ⓘ Important: Your enrollment is not complete until your submitted changes are approved by
your Agency Benefits Specialist

ORACLE®

Relat

Benefits Enrollment
Submit Confirmation

Your benefit choices have been submitted to your Agency Benefits Specialist

You will receive a confirmation statement when approved by your Agency Benefits Specialist

To return to the Benefits Enrollment page, use the **OK** button.

    OK   ⟵

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