

# **UW Medical Foundation**

## **New Hire Benefit Enrollment Guide**

Welcome to UW Health!

This enrollment guide will walk you step-by-step through the enrollment process and outline all required information needed to ensure a successful enrollment in your new hire benefits.

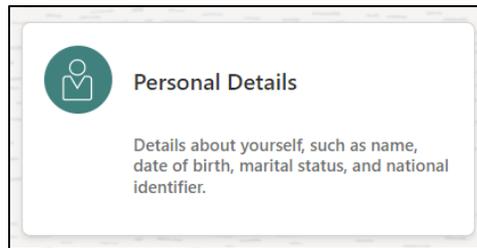
### **Questions?**

The HR Service Center is here to help. Reach out to the HR Service Center by calling 608-263-6500 Monday-Friday, 7:30am-5:00pm or by submitting a service request through Oracle Cloud HR Help Desk for assistance.

**Note:** If you have trouble accessing Oracle Cloud immediately upon hire, please contact the HR Service Center to discuss alternative options to ensure timely enrollment in the Physicians Retirement Plan.

## PERSONAL DETAILS

To complete the personal details, which include verifying important information needed for a successful benefit enrollment, navigate within Oracle Cloud > Me > Personal Information.



### Name

If updates are needed to your name, changes can be made in this section. Please note any changes to your legal name require you to submit your Social Security Card for review; however, if you have a preferred name, you can update the system with that information without having to submit documentation.

\* Last Name  
Zeime

Suffix  
Select a value

Credentials  
Select a value

Preferred Name

Submit

### Demographic Information

Within this section, you are responsible for reviewing and making updates to your ethnicity, veteran status, marital status and more. All of this information is important and there are notes below on what is required for a successful benefit enrollment.

Demographic Info

Submit Cancel

**Marital Status**  
Our benefit vendors require that we have accurate information of your marital status and date of marriage. Update your marital status.  
**When does this marital status change start?**  
This is not your date of marriage. Use the date listed under this field to correct this as of your start date.

Marital Status  
Married

\*When does this marital status change start?  
m/d/yy  
Enter 11/17/14 if you're correcting a mistake in this marital status.

Legal Gender  
Female

Highest Education Level  
College level

Veteran Self-Identification Status  
Disabled Veteran  
  
Active Duty Wartime or Campaign Badge Veterans  
  
Armed Forces Service Medal Veteran  
  
Recently Separated Veteran  
  
Newly Separated Veteran Discharge Date  
m/d/yy

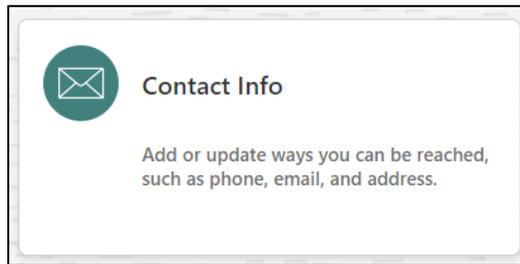
Branch of Service  
 Army

**Date of Marriage**  
Enter your date of marriage in this field.

Date of Marriage  
m/d/yy

Gender Identity - Please select all that apply

Once you have completed these fields and verified all information, click Submit.



### Communication

Ensure that we have a home phone and home email address listed for you. To add this information, click + Add and select Phone Details or Email Details and populate that information.

*Note: You are not able to make edits to your work email address. Any updates to this must be directed to the IS Service Desk by calling 608-265-7777.*

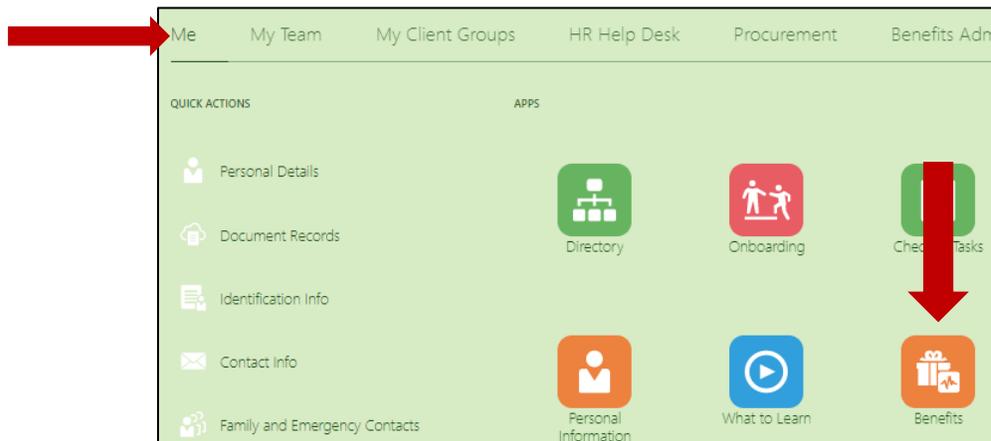
### Address

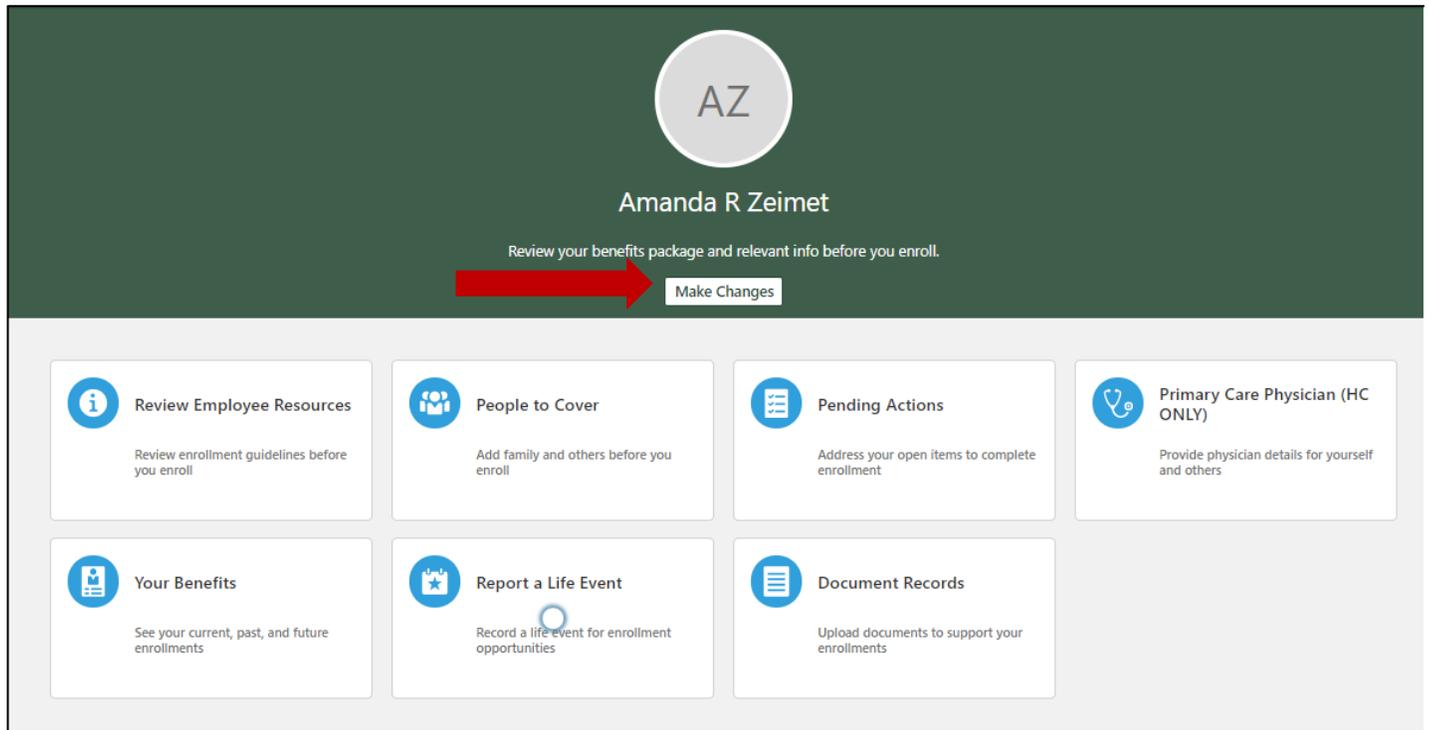
Verify that an accurate home and mailing address are listed. If the information is incorrect and needs to be updated, click the pencil icon to edit.

All submitted changes route to HR for approval.

## BENEFIT ENROLLMENT

To complete your benefit enrollment, click on the Benefit Enrollment task and review the instructions on the page on how to navigate to the Benefit homepage. (Me > Benefits > Make Changes)





## PEOPLE TO COVER

The first step in the process is to add any dependents and/or beneficiaries you plan to have covered by your benefit elections.

**Please note:** This will be an inclusive list of any contacts you have set up in the system, including beneficiaries, dependents, emergency contacts and more. Not all people on this screen are eligible to be covered by benefits. The designation of the beneficiary/dependent for each plan will be done in the next step.

### To Add Dependent/Beneficiary

Click the +Add in the top right of the screen. As you are going through this, you will be required to provide accurate information for all dependents – including date of birth, marital status, and Social Security Number. Ensure you have this information readily accessible during the enrollment process. **Do not add a contact more than one time. If you experience any issues, please contact the HR Service Center.**

### Basic Information

The following fields must be completed in this section:

- First Name
- Middle Name
- Last Name
- Relationship – Spouse, Child, Step-Child, etc.
- Effective Date – Use this contact’s date of birth or your hire date in this field. **This must be on or prior to your hire date in order to effectively enroll them in benefits.**
- Gender
- Date of Birth

Basic Information	
First Name <input type="text"/>	Suffix Select a value
Middle Name <input type="text"/>	Credentials Select a value
*Last Name <input type="text"/>	Preferred Name <input type="text"/>
*Relationship Select a value	Gender Select a value
*Effective date - Use contact DOB or employee hire date <input type="text"/>	Date of Birth <input type="text"/>
	<input type="checkbox"/> This person is an emergency contact

*If you are planning to enroll a Domestic Partner onto your plan, contact the HR Service Center in advance of beginning your enrollment to ensure the DP relationship is set up correctly.*

## Communication & Address

Add personal contact information for the dependents who are listed. This is particularly important if you are marking this contact as an emergency contact.

## National Identifiers

This is where you will list the Social Security Number for any dependents. Any dependent who is covered by a health, dental, or vision insurance benefit must have a Social Security Number listed. Individuals who are listed as a beneficiary or are not covered by your plan are not required to have this information.

To enter in the Social Security Number,

- Select United States as Country
- Select Social Security Number as National ID Type
- Enter the number as the National ID

*Issue date and expiration date are not required.*



National Identifiers	
Country United States	*National ID
*National ID Type Social Security Number	Issue Date m/d/yy

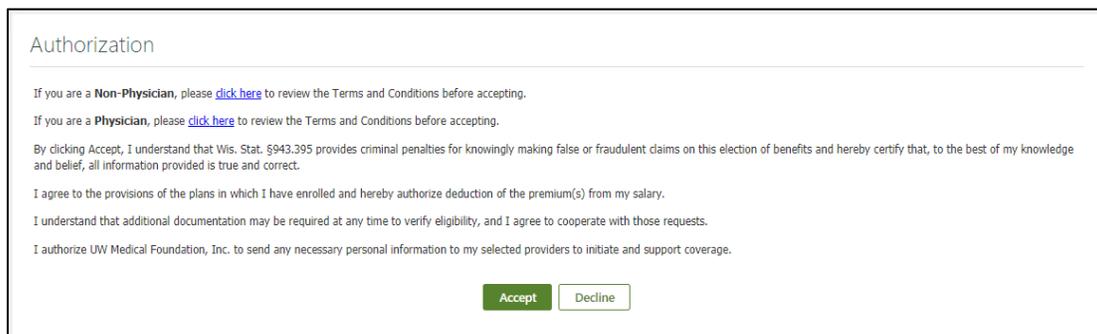
Once all contacts are added and information is verified as correct, click Continue.



Continue Cancel

## ACCEPT TERMS & CONDITIONS

You will be prompted to accept the terms & conditions to complete your enrollment. You can click into the links to review the details. Once you are ready to continue, click Accept to move forward with your enrollment.



Authorization

If you are a **Non-Physician**, please [click here](#) to review the Terms and Conditions before accepting.

If you are a **Physician**, please [click here](#) to review the Terms and Conditions before accepting.

By clicking Accept, I understand that Wis. Stat. §943.395 provides criminal penalties for knowingly making false or fraudulent claims on this election of benefits and hereby certify that, to the best of my knowledge and belief, all information provided is true and correct.

I agree to the provisions of the plans in which I have enrolled and hereby authorize deduction of the premium(s) from my salary.

I understand that additional documentation may be required at any time to verify eligibility, and I agree to cooperate with those requests.

I authorize UW Medical Foundation, Inc. to send any necessary personal information to my selected providers to initiate and support coverage.

Accept Decline

## DENTAL INSURANCE

To review your options for dental insurance, click Edit for the Dental section to begin.



Dental [Edit](#)

In this section, you would make your election for any supplemental dental benefits, including the preventive plan.

### Enrolling in Dental Insurance?

If you are planning to enroll in the Dental Insurance, review your options and check the appropriate box for the coverage level you are selecting.

### Coverage Level?

You have the option to enroll in Single or Family coverage. Based on your desired enrollment, check the appropriate box. If you are enrolling in a family plan, you will be prompted to check the boxes for the individuals you wish to cover by the plan.

- *If you do not see a dependent listed, contact the HR Service Center for assistance.*

Once you have successfully made your election for dental insurance, click Continue.

## SAVINGS ACCOUNTS

If you are enrolled in a High Deductible Health Plan (HDHP) outside of UWMF, you may enroll in a Combination Flexible Spending account through UWMF.

Saving Accounts

 Edit

### Combination Flexible Spending Account

If you are interested in enrolling in a Combination FSA, check the box to elect and type in your annual election (up to the IRS maximum). Keep in mind these contributions will be taken over the remaining pay periods in the year, and as you enter an amount, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click OK.

Once you have successfully made your election for the Combination FSA, click Continue.

## SPENDING ACCOUNTS

To review your options for a Health Care Flexible Spending Account, click Edit for the Spending Accounts section to begin.

Spending Accounts

 Edit

### Health Care Flexible Spending Account

If you are interested in enrolling in a Health Care FSA, check the box to elect and type in your annual election (up to the IRS maximum). Keep in mind these contributions will be taken over the remaining pay periods in the year, and as you enter an amount, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click OK.

Once you have successfully made your election for your Health Care Flexible Spending Account, click Continue.

## LIFE INSURANCE

To review your options for life insurance, click Edit for the Life Insurance section to begin.

Life Insurance

 Edit

### Basic Life and AD&D Insurance and VEBA Life and AD&D Insurance

As a UWMF Physician, you are required to carry \$500,000 of life insurance through the Basic Life and AD&D benefit. This enrollment is automatic.

As a UWWMF Physician, you are eligible to separate the \$500,000 of life insurance into \$50,000 for the Basic Life and AD&D and \$450,000 for the VEBA Life Insurance option. If you wish to do so, you need to elect \$50,000 for Basic Life and \$450,000 for the VEBA.

Basic Life and AD&D Insurance (Physician)	
<input checked="" type="checkbox"/>	\$50,000
Coverage Amount	50,000.00
Employee Per Period Cost	5.25
<input type="checkbox"/>	\$500,000
Coverage Amount	500,000.00
Employee Per Period Cost	52.50

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VEBA Life & AD&D Insurance (Physician)	
VEBA Life & AD&D Insurance (Physician)	
<input type="checkbox"/>	Waive
<input checked="" type="checkbox"/>	\$450,000
162.00 Annually	13.50
Coverage Amount	450,000.00
Employee Per Period Cost	

Physicians are required to designate a beneficiary for this plan. If enrolled in the VEBA option, two beneficiary designations are required.

Click the pencil to the far right to designate the primary and contingent (if desired) beneficiaries of your choice.

**Please note:** In the State of Wisconsin, your spouse must be listed as the 100% primary beneficiary for any life insurance plan. If your spouse is not listed as the 100% primary beneficiary, you are required to provide a notarized spousal consent form to be on file. Please contact the HR Service Center with questions.

### Dependent Life Insurance

If you wish to enroll in the Dependent Life Insurance plan, check the box for Elected. This will cover your spouse/Domestic Partner (if applicable) at \$10,000 and any eligible dependent child(ren) at \$5,000. You do not designate dependents to be covered by this plan as this is a blanket policy that applies coverage to all eligible dependent child(ren).

### Spouse/DP Life Insurance

If you wish to enroll in the Spouse/DP life insurance plan, check the box for enrollment in \$50,000 of coverage. This is the maximum you can enroll in at time of new hire. If you wish to elect \$100,000, this requires evidence of insurability and you can contact the HR Service Center regarding this process.

Once you have successfully made your elections for Life Insurance, click continue.

## DISABILITY

To review your options for disability insurance, click Edit for Disability to begin.

Disability

 Edit

### Long Term Disability (LTD)

You are automatically enrolled in this benefit and do not have the option to waive or make any changes. This is displayed here to provide you with the details of your coverage amount.

### Physician LTD Mandatory Base Wrap

The Disability Wrap – Basic is mandatory coverage; however, the enrollment is not done within Oracle Cloud. This is displayed as Waive with no option of changing that election. You will be contacted by Guardian during the next enrollment period (occurs each fall) to complete the enrollment process directly with them.

### Physician LTD Voluntary Buy Up

The Disability Wrap – Supplemental is voluntary coverage; however, the enrollment is not done within Oracle Cloud. This is displayed as Waive with no option of changing that election. You will be contacted by Guardian during the next enrollment period (occurs each fall) to complete the enrollment process directly with them.

Once you have successfully made your election for your Disability insurance, click Continue.

## RETIREMENT

Elections for the Physicians Retirement Plan (PRP) must be made in Oracle Cloud within 7 days of the date of hire. Physicians are automatically defaulted at 15% and elections can be made in the following percentages: 0%, 5%, 10%, 15%, 20%, 25%.

To elect a percentage, click the pencil icon to edit the coverage amount and select the desired election.

This election cannot be modified after this 7-day enrollment window. If you experience any challenges in successfully making this election within this required window, please contact the HR Service Center. Physicians who do not take action will be defaulted to 15%.

## SUBMITTING & CONFIRMING ENROLLMENT

Once you have successfully made all your desired elections, click Submit.



Submitted

Your benefit elections were saved.

You can make changes until 11:59 PM CST, 8/27/21.

You may notice pending actions displayed on this screen, depending on the details of your enrollment. To review and complete any pending actions, return to the Me > Benefits homepage and click **Pending Actions**

## PENDING ACTIONS

Pending actions are the final step in successfully completing your enrollment and will vary depending on what you had elected as coverage. Review the information here on what action is required to resolve the pending actions.

### Marriage and/or Birth Certificate

If you enrolled any dependent onto your health, dental or vision plans, you will be prompted to provide a marriage certificate and/or birth certificate to verify eligibility of the dependent.

Dental
Marriage certificate: SPOUSE NAME

To complete this pending action:

- Click into the pending action
- Attach document on this screen
- Click save & close

Marriage and/or birth certificates are obtained to verify dependent eligibility. Timely submission of these documents is essential for a successful enrollment.

### Requires Additional Dependent Designation

If you elected to enroll in a plan to cover any eligible dependents, you are required to check the boxes during the enrollment process of the dependents to be covered. If this information is missed, a pending action will be displayed requiring you to review the enrollment and designate the correct dependents.

To complete pending action,

- Click into the pending action
- Review the plan and plan option elected
- Review the Who do you want to cover?
- If there is a dependent who should be covered, check the box
- Once complete, click Save and Close

### Designate Beneficiary

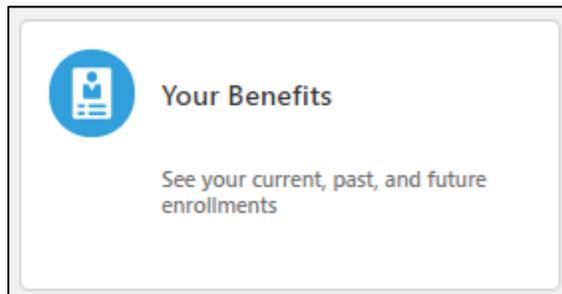
If you are enrolled in the AD&D plan and did not designate a beneficiary as part of the enrollment process, this will appear as a pending action.

To complete pending action,

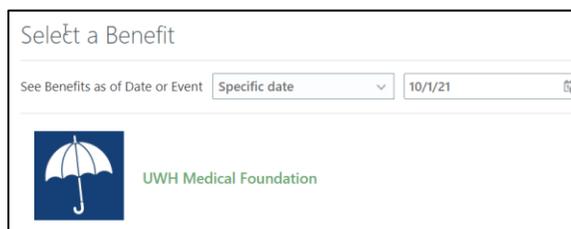
- Click into the pending action
- If the desired beneficiary is listed, designate the appropriate percentage for the primary and contingent beneficiaries. If designating multiple as primary or multiple as contingent, the sum of percentages must equal 100%
  - *If the desired beneficiary is not listed, contact the HR Service Center for assistance*
- Once complete, click Save and Close

## REVIEW FINAL BENEFIT SUBMISSION

After resolving all pending actions, you can review your final benefit submissions by navigating to the Benefits homepage (Me > Benefits) and clicking on Your Benefits.



To see your benefits as of a future date (i.e., when your benefits are effective, change the date and click on the UWH Medical Foundation umbrella.



All final benefit submissions are listed on this page, including the associated premiums for each. After you submit your enrollment, if you wish to make changes, you may need to contact the HR Service Center to reopen the enrollment.

## REVIEW PAYROLL DEDUCTIONS

Based on the effective date of your coverage, you will begin seeing deductions for the benefits you had elected to enroll in. Physicians are responsible for reviewing their paycheck to verify the deductions.

*Note: If your enrollment was completed after deductions should have begun for any benefits, you may see a retro adjustment of missed premiums on your paycheck.*

If you have any questions, please contact the HR Service Center.