

Northern Illinois

New Hire Benefit Enrollment Guide

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?

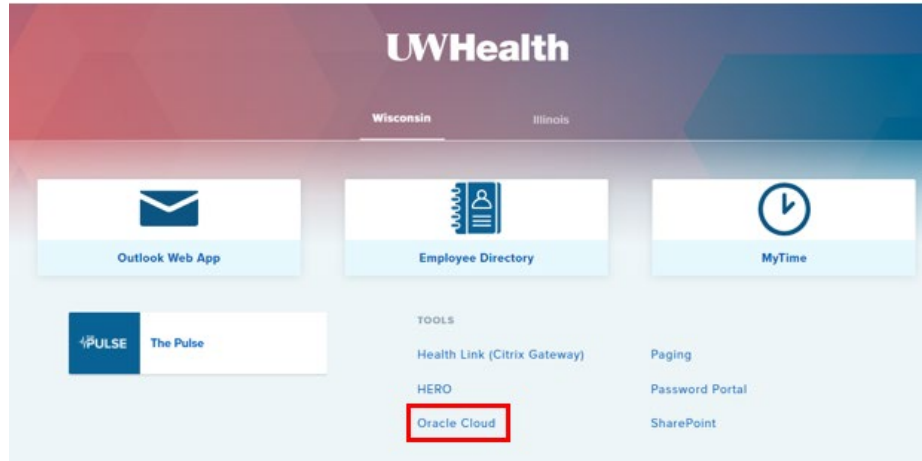
If you have any questions after reviewing the benefit information below, please reach out to the UW Health HR Service Center by submitting a [Benefit Enrollment Opportunities & Change question](#) through The Pulse (can be accessed once you start) or by calling (608) 263-6500 Monday – Friday 7:30 AM – 5:00 PM.

Accessing Onboarding Tasks

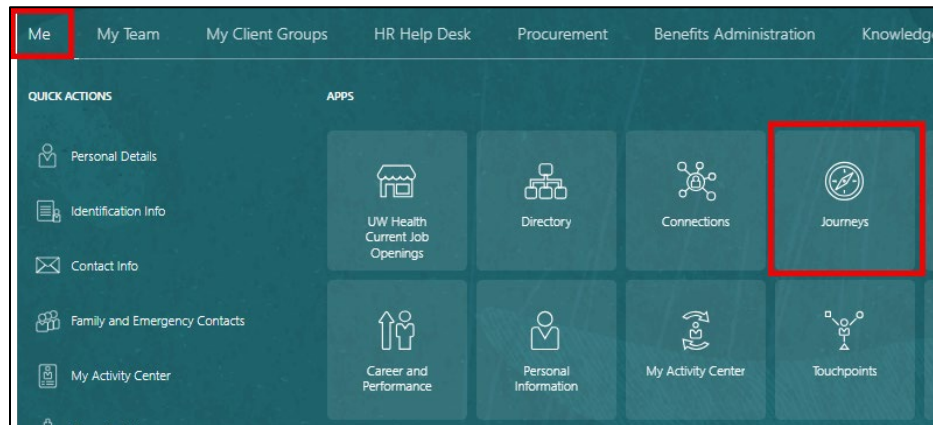
Onboarding tasks are assigned to you within Oracle Cloud to outline the required steps that must be taken within your first few days of employment.

Viewing Your Onboarding Tasks

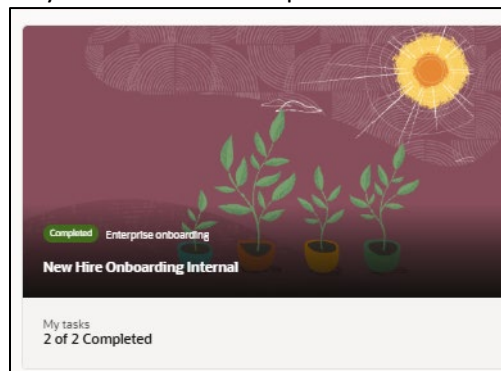
Navigate to the [The Pulse](#) and access [Oracle Cloud](#).



Once logged into Oracle Cloud, click the *Journeys* tile to review the tasks assigned to you.



Click on the New Hire Onboarding journey to review and complete tasks:



All tasks will be included with their respective resources and due dates. Please note that you had access to certain tasks prior to your start date and new tasks are assigned to you as of day 1. To complete the onboarding tasks, click into each to review associated deadlines and step for completion.

Personal Details

To complete the personal details, which include verifying important information needed for a successful benefit enrollment, click onto the task, and review the information. When you have reviewed the information and you are ready to continue, click *Go to Application Task*.

Go to application task

As you are reviewing your personal information, to view full details and make any edits, click on the pencil icon to the far right.

Name

If updates are needed to your name, changes can be made in this section by clicking the pencil icon to edit. 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. Click *Submit* when you are finished.

The 'Name' form contains several input fields: 'When does this name change start?' (with a calendar icon and 'Required' label), 'First Name', 'Middle Name', 'Last Name', 'Suffix', 'Credentials', 'Preferred Name' (highlighted with a red box), and 'Phonetic'. Below these is a 'Comments' text area, a 'Drag and Drop' section with the instruction 'Select or drop files here', and a 'URL' field with an 'Add URL' button. At the bottom right, there are 'Cancel' and 'Save' buttons (the 'Save' button is highlighted with a red box).

Demographic Information

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

The 'Demographic info' form includes fields for 'Country for Demographic Reporting' (United States), 'Highest Education Level' (College level), 'Veteran Self-identification Status', 'Gender' (Female), 'Disabled Veteran' (checkbox), 'Recently Separated Veteran' (checkbox), 'Date of Marriage' (highlighted with a red box), 'Branch of Service' (radio buttons for Army, Airforce, Navy, Marines, Coast Guard, National Guard), 'Gender Identity - Please select all that apply', 'Ethnicity', and 'I am Hispanic or Latino' (checkbox).

Marital Status & Marriage Date are **required** fields for our benefit vendors. Please ensure this information is accurate.

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

Once done, click the back arrow to return to your Journey to mark as *Done* and proceed through remaining tasks.

Contact Information

It is important to ensure your Contact Information is up to date. Click *Go to Application Task* to review your contact information, including phone number, address, email, etc.

Once done, click the back arrow to return to your Journey to mark as *Done* and proceed through remaining tasks.

Emergency Contacts

It is important to have an Emergency Contact listed and up-to-date in the system in the event that information is needed. Click *Go to Application Task* to add an emergency contact(s), including their name and contact information.

Once done, click the back arrow to return to your Journey to mark as *Done* and proceed through remaining tasks.

Direct Deposit Form

Ensuring your direct deposit information is entered and accurate in the system is important to ensure that you receive your paychecks as expected. Instructions on adding a direct deposit account and can be found here:

- [How to Add Direct Deposit Account Job Aid](#)

Once done, click the back arrow to return to your Journey and mark as *Done* and proceed through remaining tasks.

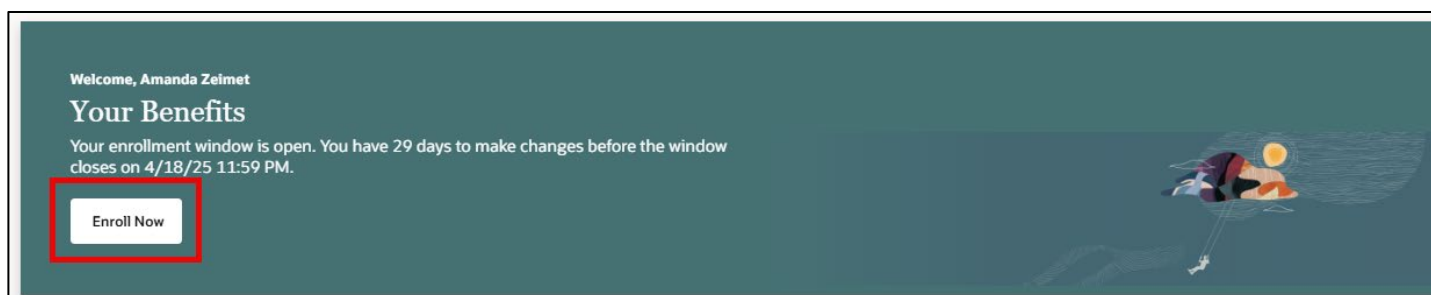
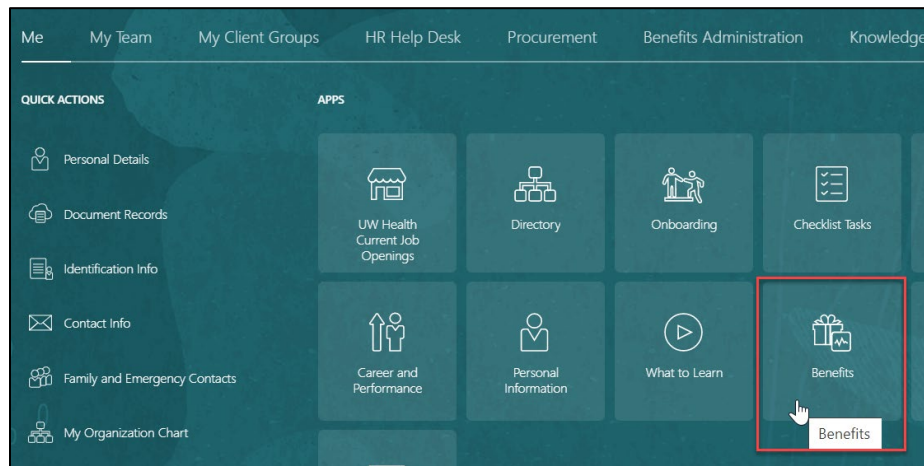
W4 Form

Completing your tax withholdings is an important step in the onboarding process to ensure your withholdings are set up correctly for tax purposes.

Once done, click the back arrow to return to your Journey and mark as *Done* and proceed through remaining tasks.

Online Benefit Enrollment

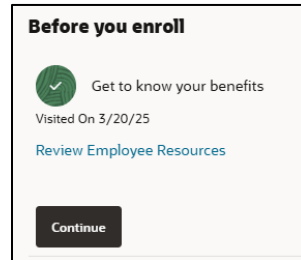
To complete your benefit enrollment, click on the *Benefit Enrollment* task and review the instructions on the page on how to navigate to the *Benefits* homepage. (Me > Benefits > Enroll Now)



You will see the due date for your enrollment the time remaining until that deadline.

Before You Enroll

Get to know your benefits: The first step in the process is to get to know your benefits. In this step, you can review employee resources, which will outline benefit details and additional information. You can click to review, or Continue to proceed.



Choose how you want to enroll: Oracle will guide you through your options and display benefits you are eligible for. It is selected as the Discovery path, which is recommended as the default option. Click Continue to proceed.

Verify people you'd like to cover: Before enrolling, you must list any individual you wish to have covered by your benefits as a dependent or beneficiary, as well as include any relevant information for them.

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 + at 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, Stepchild, 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

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 who are not covered by your benefit plans 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

Note: Issue date and expiration date are not required.

National Identifiers		
Country United States	National ID Type Social Security Number	National ID
Issue Date	Place of Issue	Expiration Date

Click Submit.

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

Enroll in Benefits that matter to you: You're all set! Click Edit to make your elections.

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
Please click here to review Terms and Conditions before accepting.
By clicking Accept, I understand that Illinois Statute 740 ILCS/17-10.5 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 UWHealth SwedishAmerican Hospital to send any necessary personal information to my selected providers to initiate and support coverage.
<div>Decline</div> <div>Accept</div>

Medical Insurance

Enrolling in Medical?

If you are waiving health insurance, you will want to check Enroll on the Waive option. This will be checked by default.

If you are enrolling in health insurance, you will want to select the appropriate plan type and coverage level, along with designating the appropriate dependents.

PPO or HMO? HDHP or non-HDHP? Single, Employee + 1, Family?

You will want to click Enroll on the plan you wish to enroll in, which includes the plan type (HDHP or non-HDHP), PPO or HMO, and the appropriate coverage level.

- *Your eligibility for the PPO or HMO plan is based off what service area your home address is in (ex: if you live outside of the HMO Service Area, you are eligible for the PPO, and vice versa). This eligibility check will be completed upon your enrollment being submitted.*

If you enroll in a plan with dependents, once you click Enroll it will request that you check the box for the dependents you wish to cover. If you have successfully added eligible dependents on the previous screen, you should see them set up here as dependents to cover by this plan.

- *If you do not see a dependent listed or do not have the Employee + 1 or Employee + 2 or More plan listed and you should, contact the HR Service Center for assistance.*

If you are covering dependents on an Employee + 1 or Family plan, you will need to check their names to indicate who you wish to cover.

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

Dental Insurance

Enrolling in Dental Insurance?

If you are planning to enroll in the dental insurance, review your options and click Enroll for the appropriate option based on your desired election. The default option selected will be Waive.

Coverage Level?

You have the option to enroll in *Single, Employee + 1 or Family* coverage. Based on your desired enrollment, click Enroll on 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*.

Vision Insurance

Enrolling in Vision Insurance?

If you are planning to enroll in the Vision insurance, review your options and click Enroll for the appropriate option based on your desired election. The default option selected will be Waive.

Coverage Level?

You have the option to enroll in *Employee Only, Employee + 1, or Family* coverage. Based on your desired enrollment, click Enroll on 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 vision insurance, click *Continue*.

Spending Accounts

Health Care Flexible Spending Account

If you are interested in enrolling in a Health Care FSA, click Enroll in 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 and click Save, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *Continue*

Dependent Care Flexible Spending Account

If you are interested in enrolling in a Dependent Care FSA, click Enroll in 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 and click Save, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *Continue*.

Once you have successfully made your election for your Health Care Flexible Spending Account and/or Dependent Care Flexible Spending Account, click *Continue*.

Savings Accounts

Enrolled in a High Deductible Health Plan?

If you are enrolled in a high-deductible health plan (HDHP), you are required to complete the enrollment in a health savings account (HSA). Although you are required to be enrolled in the plan, you are not required to contribute your own dollars to this account.

Single or Family HDHP?

Dependent on the coverage level for your HDHP, you must select a health savings account at that same level as well by clicking Enroll on the single or family HSA option.

Employee Contribution

You have the option to make a contribution to your health savings account by typing in an amount between 0 and 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 and click Save, it will calculate your per pay period deduction. Once you have determined the amount of employee contributions, click *Continue*.

HSA Employer Contribution

By default, this box will be checked. No action is required by you in this section. If enrolled in an HDHP, you will receive employer contributions towards your HSA.

Limited Purpose Flexible Spending Account

If you are interested in enrolling in a Limited Purpose 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 and click Save, it will calculate your per pay period deduction. Once you have determined the amount of your annual election, click *Continue*.

Once you have successfully made your election for your Health Savings Account and/or Limited Purpose FSA, click *Continue*.

Life Insurance

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

Basic Life and AD&D Insurance

You are automatically enrolled in this benefit, and you do not have the option to change your election; however, you are responsible for designating a beneficiary for this plan.

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

Supplemental Life Insurance

Voluntary Life

If you wish to enroll in the Voluntary Life, including employee, spouse or dependent coverage, click enroll in the respective boxes. Once selected, you will designate the coverage amount you wish to have for each plan type (employee, spouse or child).

- Employee coverage is available with a guaranteed issue amount of \$200,000 upon initial eligibility.
- Spouse coverage is available with a guaranteed issue amount of \$50,000. Spouse Life coverage cannot exceed 100% of employee coverage.
- Child life is available at \$1000, \$5000, or \$10,000.

Voluntary AD&D

If you wish to enroll in the Voluntary AD&D, including employee, spouse or dependent coverage, click enroll in the respective boxes. Once selected, you will designate the coverage amount you wish to have for each plan type (employee, spouse or child).

- Employee coverage is available with a guaranteed issue amount of \$200,000 upon initial eligibility.
- Spouse coverage is available with a guaranteed issue amount of \$50,000. Spouse AD&D coverage cannot exceed 50% of employee coverage.
- Child life is available at \$1000, \$5000, or \$10,000.

Once you have successfully made your election for your Supplemental Life Insurance, click *Continue*.

Disability

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

Short Term Disability (STD)

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.

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.

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

Other Benefit Plans

To review your options for LifeLock, Accident, Critical Illness and Hospital Indemnity insurance, click *Edit* for Other Benefit Plans to begin.

LifeLock

If you are planning to enroll in the LifeLock coverage, review your options and click Enroll in the appropriate box for the coverage level you are selecting.

Accident Plan

If you are planning to enroll in the Accident insurance, review your options and click Enroll in the appropriate box for the coverage level you are selecting. You can choose from the Basic Plan and the Enhanced plan.

Legal

If you are planning to enroll in the Legal Plan, review your options and click Enroll in the appropriate box for the coverage level you are selecting.

Critical Illness Plan

If you are planning to enroll in the Critical Illness insurance, review your options and click Enroll in the appropriate box for the coverage level you are selecting.

- If enrolling in spouse coverage, you must select the same election amount as coverage for yourself.

If enrolling, you must designate the appropriate plan for Tobacco Use or Non-Tobacco Use. Tobacco usage is defined as anyone, employee or spouse, who has used tobacco in the past 12 months.

Hospital Indemnity Plan

If you are planning to enroll in the Hospital Indemnity insurance, review your options and click Enroll in the appropriate box for the coverage level you are selecting. You can choose from the Basic Plan and the Enhanced plan.

Review & Submit

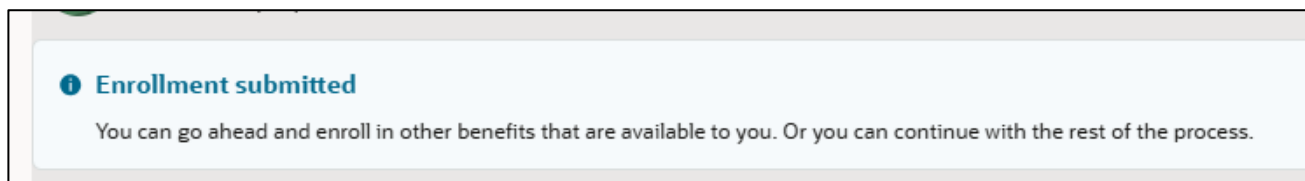
The final step of the enrollment process is to review and submit our elections. Take the opportunity to review the elections made, dependents designated and premiums for each plan.

Total Cost Per Pay Period: This is the total cost per pay period based on elections made. There's a breakdown below of the pretax and after tax portions of that, as well as an annual cost (which is the total cost multiplied by 24 pay periods throughout the year).

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

Note: if there are any issues with elections made, you will receive an error message once you click submit to address/correct those issues.

Once you successfully submit, you will receive a confirmation:



Click Continue to most onto Post-Enrollment tasks.

Post-Enrollment

Complete 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.

Note: If you receive a message stating "You're up to date on your tasks" there are no pending actions to review.

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 & Close*

Designate Beneficiary

If you are enrolled in the Life Insurance/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 & Close*

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. Employees 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.