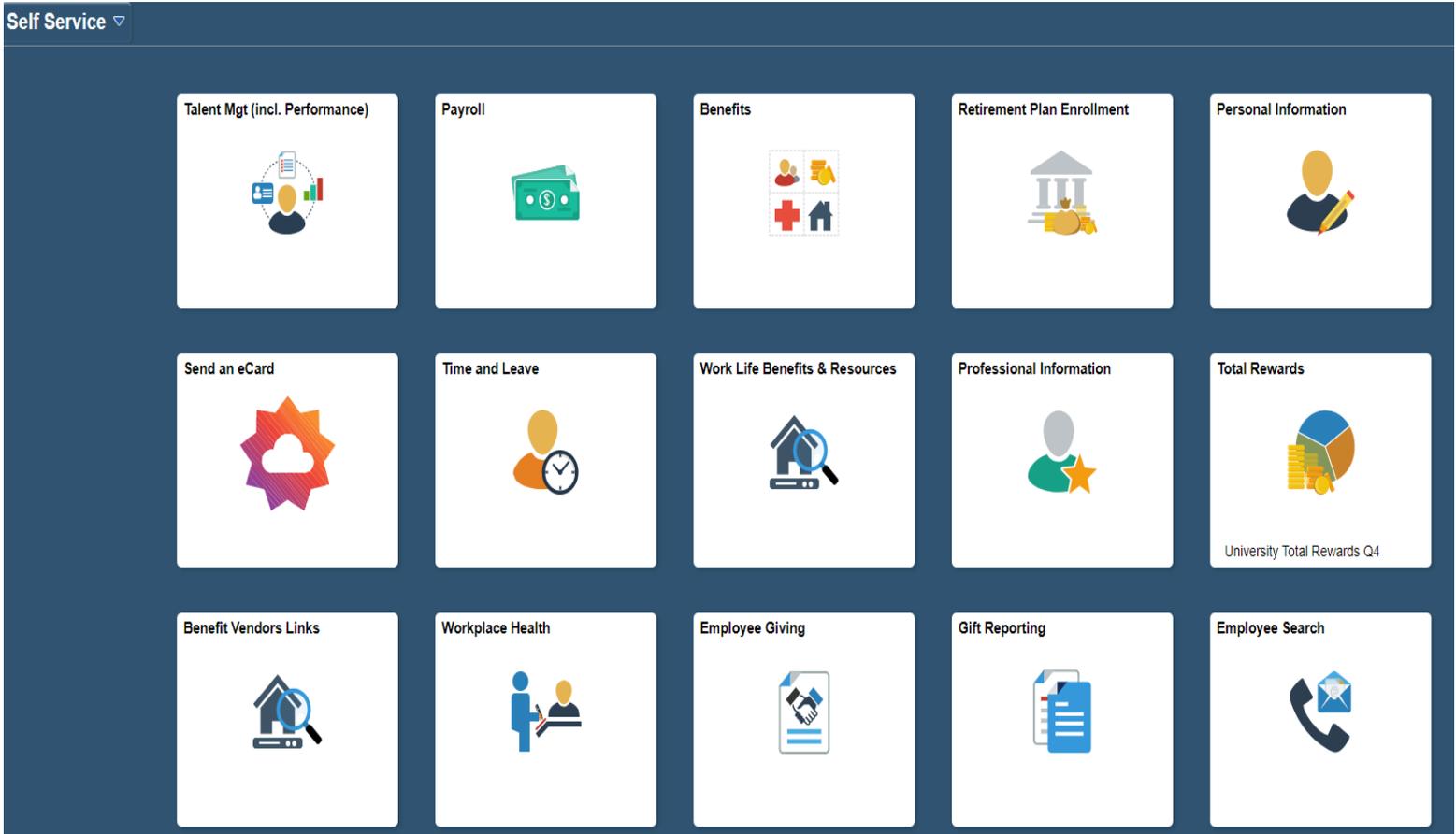


Guide to Benefits Enrollment

Whether you are enrolling in benefits due to a job-related event such as Hire/Rehire or Annual Enrollment, or if you have experienced a Family Status Change such as marriage or birth and need to enroll dependents, Employee Self Service can walk you through the process.

To enter your benefit elections click on the **Benefits** tile under Self Service. The Benefits page will open with options for **Benefits Summary**, **Benefits Enrollment (Benefits Certificate)**, **Retirement Plan Enrollment** and **Family Status Change**.



Benefits Summary

Benefits Summary displays your current enrollment in the benefit plan(s), covered dependent(s), and beneficiary(ies) previously designated in Self-Service. You may update your beneficiary(ies) data for your life plan(s) under this link.

You may also start, stop, and change 403(b) and/or 457(b) contributions. To enroll or make changes, click on the Retirement Plan Enrollment link.

 Benefits Summary	Benefits Summary																														
 Benefits Enrollment	As Of <input type="text" value="03/26/2024"/> 																														
 Retirement Plan Enrollment	<input type="button" value="Refresh"/>																														
 403b Max Calculation Tool																															
 Education Benefits 																															
 HIPAA Certification																															
 Benefits Certification																															
 Document Upload																															
 Family Status Change																															
 Benefit Statements																															
 Dependent/Beneficiary Info																															
	<table border="1"><thead><tr><th>Type of Benefit</th><th>Plan Description</th><th>Coverage or Participation</th></tr></thead><tbody><tr><td>Medical</td><td>HSA Health Plan</td><td>Employee + Spouse</td></tr><tr><td>Vision</td><td>EyeMed Vision</td><td>Employee + Spouse</td></tr><tr><td>Employee ADD</td><td></td><td>Waived</td></tr><tr><td>Spouse ADD</td><td></td><td>Waived</td></tr><tr><td>Child ADD</td><td></td><td>Waived</td></tr><tr><td>Supplemental Life Spouse</td><td></td><td>Waived</td></tr><tr><td>Supplemental Life Child</td><td></td><td>Waived</td></tr><tr><td>Health Savings Account</td><td>HSA Myself & Qualified Deps</td><td>\$200 Pledge</td></tr><tr><td>Legal Services</td><td></td><td>Waived</td></tr></tbody></table>	Type of Benefit	Plan Description	Coverage or Participation	Medical	HSA Health Plan	Employee + Spouse	Vision	EyeMed Vision	Employee + Spouse	Employee ADD		Waived	Spouse ADD		Waived	Child ADD		Waived	Supplemental Life Spouse		Waived	Supplemental Life Child		Waived	Health Savings Account	HSA Myself & Qualified Deps	\$200 Pledge	Legal Services		Waived
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	<p>Click here to go to Emory University Benefits homepage If you have any questions, please contact the Benefits Department at:(404)727-7613.</p>																														

Links to each benefit plan(s) provide more detailed information such as Group Numbers. See example below.

Medical

Plan Name HSA Health Plan

Plan Provider Aetna

Coverage Employee + Spouse

Group Number EUV811221;EHC865341;SJH865347

Benefits Enrollment

Benefits Enrollment takes you directly into the enrollment panels for open events.

Benefits Enrollment

After your initial enrollment, the only time you may change your benefit choices is during Annual Enrollment or if you have a qualified family status change. If you are enrolled in the HSA medical plan, you may also change your Health Savings Account contributions mid-year. The information icon provides you with additional information about your enrollment. The button next to an event means it is currently open for enrollment. Click the **Start** button to begin your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event. If your enrollment status is closed or if you have other problems entering your benefits election(s), you may contact the Benefits and Work Life Department at 404-727-7613 or via email at hrbenef@emory.edu.

Enrollment Event Example:

Your Benefit Events

Event Description 	Event Date 	Event Status 	Job Title 	
Rehire 	03/26/2024	Open	Mgr, Research Projects	<input type="button" value="Start"/>

To enroll in a medical plan, you must answer the **Benefits Certificate** questions below. Next click **Accept** to continue to your Benefits Enrollment.

Benefits Certificate

EUV Benefits Certification

Please respond to determine if the tobacco surcharge applies to you.

Have you used any tobacco products in the last 60 days?

Answer

Yes

No

Has your spouse used any tobacco products in the last 60 days?

Selection

Yes

No

Do not have a spouse

Completing and submitting this form is considered your electronic signature. A false statement on this form would be a violation of Emory's Standards of Conduct policy as falsification of a form.

Retirement Enrollment

Retirement Enrollment takes you directly to the Fidelity NetBenefits® (<https://netbenefits.com/Emory>) log in page.

<p>< Self Service</p> <ul style="list-style-type: none">Benefits SummaryBenefits EnrollmentRetirement Plan Enrollment403b Max Calculation ToolEducation Benefits ▼HIPAA CertificationBenefits CertificationDocument UploadFamily Status ChangeBenefit StatementsDependent/Beneficiary Info	<div data-bbox="711 310 1507 1373"><h2>Welcome</h2><p>U.S. Employees •••</p><hr/><p>Username</p><input data-bbox="766 787 1453 858" type="text"/><p>Password</p><input data-bbox="766 930 1453 1001" type="password"/><p><input type="checkbox"/> Remember Me Forgot login?</p><p style="text-align: center;">Log In</p><p style="text-align: center;">Register as a new user FAQs</p></div>
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Family Status Change

Select Family Status Change; then click [Create New Family Status Change](#) to create an event. If you have already created an event and want to make changes within 31 days, click [Go to Benefits Enrollment](#); then Click **Start** under Your Benefit Events.

<p>Self Service</p> <ul style="list-style-type: none">Benefits SummaryBenefits EnrollmentRetirement Plan Enrollment403b Max Calculation ToolEducation BenefitsHIPAA CertificationBenefits CertificationDocument UploadFamily Status ChangeBenefit StatementsDependent/Beneficiary Info	<h3>Benefits</h3> <p>Family Status Change</p> <p>If you are making a change to a Family Status event you or the University created earlier, please access that event through the Benefits Enrollment link below.</p> <p>Create New Family Status Change Go To Benefits Enrollment</p>
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To begin enrollment, please complete sections 1, 2, 3, and 4 of the Certification form.

1. How to complete a Family Status Change

1. I certify that I have incurred the following Family Status Change and that I am within 31 days of the event:

(Please check one)

- Marriage
- Divorce, Legal Separation, or Annulment
- Newborn/Legal Guardian
- Adoption
- Death of Dependent
- Employee loses parental covg (age 26)
- Start or Termination of spouse or dependent employment
- Spouse has changed from Part-Time to Full-Time or Vice Versa
- Spouse has taken unpaid leave of absence
- Dependent has lost/gained Eligibility
- Significant change in coverage due to spouse's employment
- Spouse or dependent Open Enrollment Period
- Spouse or Dependent Gains or loses Medicare or Medicaid coverage
- Change in Dependent Care Provider or Cost
- Add, change or term Health Savings Account Contribution

The following events require documentation. You cannot create any of these events online. Contact the Benefits Department at (404) 727-7613 to process one of these events.

- Change in residence to an area in or out of plan network
- Dependent loses state's SCHIP plan
- Judgement, Decree or Court Order to add dependent coverage

2. Event Date

(Enter the date the event occurred)

03/26/2024 MM/DD/YYYY

Dates to use:

- Marriage - Date of Marriage
- Newborn - Date of Birth
- Adoption - Date Child is Placed in Home
- Dependent loses Eligibility - Date they no longer qualify as a dependent. (For example, if your spouse or child has recently lost coverage, the event date is the **Coverage Loss Date or Benefit Termination Date.**)
- HSA Contribution - [Enter today's date](#)

3. My dependent(s) meets one of Emory's definitions of an eligible dependent

(Verify that your dependent qualifies)

- Legal Spouse
- Natural born Son or Daughter
- Legally adopted Son or Daughter
- Step Son or Step Daughter residing in my home
- Son or Daughter by court order Legal Guardianship

Please Note:

- Some dependent changes may require verification and proof of relationship, i.e. dependents with different last names. If verification is requested and not provided by the deadline, coverage for that dependent will be terminated retro-active back to the event date. The Benefits Department will contact you if additional information is needed.
- Unmarried children are eligible up to age 26.

Contact the Benefits Department at (404) 727-7613 to establish eligibility for a disabled child.

4. I wish to do the following:

(Select the action you wish to take - action must be consistent with the Family Status Change selected above)

- Add dependents to my existing plan
- Add new coverage/plan on myself and eligible dependents
- Terminate dependents from my existing plan
- Terminate dependents and change my plan
- Terminate myself and all dependents
- Change Dependent Care Flexible Spending Account election
- Add, Change or Term HSA

Please Read Carefully

By clicking the Accept button below, I certify that all statements made above are true. I understand I may be asked for documentation at anytime supporting the changes that I have made have occurred with 31 days of the event and the persons listed on the coverages fall within Emory's definition of eligible dependents. If I choose not to certify the data above, I may click the browser Back button to exit this page.

Accept



In Section 1, click on the event type that best describes your change in family status. If you have experienced one of the last three events listed, you are required to contact the Benefits and Work Life Department, as well as submit applicable documentation. You cannot create an online enrollment for these events.

The Event Date in Section 2 is the actual date the change occurred. For **Over Aged Dependents**, the date is their birthday.

Although certain relatives may qualify as your financial dependent (mother/father), they do not meet Emory's definition of a qualified dependent.

Please click on the action that best describes how you want to change your plan(s).

Click **Accept** to continue the process or **Cancel** to exit without creating an event.

If you make an error, please do not add another Family Status Change event. Instead, contact the Benefits and Work Life Department for assistance via email at hrbenef@emory.edu or at 404-727-7613.