Guide to Family Status Change Enrollment

Whether you are enrolling in benefits due to a job related event such as hire or open 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.

Benefits Home Page
To enter your benefit elections click on Benefits Information under Employee Self Service. The Benefits home page will open with options for Benefits Summary, Family Status Changes and Benefits Enrollment.

Here is what you’ll see:

- The Family Status Changes link allows you to record events such as marriage, divorce, newborns, adoptions, changes in your spouse or dependent’s employment status, or overage children who no longer qualify as dependents.

- Benefit Enrollment takes you directly into the enrollment panels for open events. Job related events like new hire or open enrollment will be opened by Human Resources. After Family Status Change has been created, you may regain access through Benefits Enrollment. This is also where you access Annual Enrollment each fall.
If you click on **Family Status**, the first page you see is the page to click into Create New Family Status Change or if you already have and want to make changes within the 31 days go to Benefits Enrollment:

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.

Click the ACCEPT button at the end to proceed. You will be walked through the rest of your FAMILY STATUS CHANGE

If you make an error, please do not add another event to try and correct. Call the Benefits Department at (404) 727-7613 for assistance.
If you click on **Family Status**, the certification page opens:

**Family Status Change Certification**  
Date: 07/22/2008

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
       - 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 for Dependent Care Flexible Spending Account

   The following events require documentation. You cannot create any of these events on-line. 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
   - New Domestic Partner Agreement completed
   - Domestic Partner Termination

2. **Event Date**
   - (Enter the date the event occurred)
   - 07/22/2008  MM/DD/YYYY
   - Dates to use:
     - Newborn - Date of Birth
     - Adoption - Date Child is Placed in Home
     - Dependent loses Eligibility - Date they marry or no longer qualify as a dependent (if losing student status, then date is their birth date in the current year. For example, a child born 6/2/1983 losing coverage in 2003, would have an event date of 6/2/2003.)

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
     - Same-Sex Domestic Partner with notarized SSDP Agreement
     - Same-Sex Domestic Partner’s Son or Daughter with notarized SSDP Agreement

In Section 1, click on the type of event that best describes the change in your circumstance. If you have experienced one of the last 5 events, then you are required to provide documentation to the Benefits Department. You cannot create any of these enrollment events on-line.

The Event Date is the actual date the change occurred. For overage dependents, that is their birthday, this year.

Although certain relatives may qualify as your financial dependent (mother/father), they may not meet Emory’s definition of a qualified dependent.
Please click on the action that best describes how you want to change your plans.

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

Birth and Adoption

Congratulations on the new addition to your family. This is a good time to reconsider your healthcare coverage, life insurance, tax withholdings, and other important information. On the following pages, you will have the opportunity to add or terminate coverage for qualified dependents.

If you experience difficulties navigating this site, please call the Benefits Department at (404) 727-7613 for assistance.

Click Start to begin or continue the life event process.
Dependent/Beneficiary Summary

The first step to adding coverage on your dependent is to add them to your Dependent/Beneficiary Summary. This step does not enroll the dependent in any of your plans. You must complete plan enrollment after you have prepared your Benefit Options and selected this event for Benefits Enrollment.

Click Here to add a Dependent or Beneficiary to your Summary

You have no dependent/beneficiary personal information on record.

Cancel

Dependent/Beneficiary Personal Information

Carrie Norris

Click Save once you have added your Dependent/Beneficiary’s personal information. This information will go into effect as of Jul 21, 2008.

Personal Information

*First Name: 
Middle Name: 
*Last Name: 
Name Prefix: 
Name Suffix: 
*Gender: 
*Date of Birth: 
SSN: (Social Security Number)
*Relationship to Employee: 

Status Information

As of: 
Student: No
Disabled: No
Smoker: No

Address and Telephone

Same Address as Employee

Country: United States
Dependent/Beneficiary Personal Information

Carnie Norris

Dependent/Beneficiary's personal information as of Jul 21, 2008. Click Edit at the bottom of this page to update this information.

Personal Information

First Name: Spouse
Middle Name: 
Last Name: Norris
Name Prefix: 
Name Suffix: 
Gender: Male
Date of Birth: 03/02/1950
SSN: (Social Security Number)
Relationship to Employee: Spouse

Status Information

Student: No
Disabled: No
Smoker: No

Address and Telephone

Same Address as Employee

Country: United States
Address: 1500 Clifton Rd
Atlanta, GA 30322
Click the OK button to move forward with the Family Status Change.
You will see the Prepare My Benefit Option button.

Click the CONTINUE button to go to the Enrollment page.

This next area is where you will enroll your dependent in coverage or terminate them from coverage.
Benefits Enrollment for Emory University

Carmie Norris

If you have a current event open for Benefits Enrollment it will be listed below and you may begin enrollment by clicking Select. After your initial enrollment, the only time you may change your benefit choices is during Annual Enrollment or a qualified Family Status Change (FSC).

Once you have selected the event, you must Edit each plan to add or terminate coverage on yourself or your dependents.

If your enrollment status is closed or if you have other problems entering your elections, please contact the Benefits Department at (404) 727-7013.

Benefits Enrollment

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Event Date</th>
<th>Event Status</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire</td>
<td>07/21/2008</td>
<td>Open</td>
<td>Finance/Accounting Specialist</td>
</tr>
</tbody>
</table>

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

This site was written for Internet Explorer version 5.023 or higher, with 128 bit encryption. To check what version of Explorer you have, click on Help on the toolbar above, and then click on About Internet Explorer. If you do not have the preferred version, you will need to get an update from your local computer support person. If you try to use Netscape or another browser, certain functions may not work and system speed may be much slower. Computers with Internet Explorer are available in the Benefits Department for your use.

If you see a link below to Return to Dependent/Beneficiary Personal Information do not click it. You will have the opportunity to add dependents after you Select your event and click to Edit one of your benefit plans.

If there is a link here, DO NOT CLICK IT!
Benefits Enrollment

Medical

Carrie Norris

All medical choices promote wellness as part of their benefits and are available to protect you and your dependents should any of you become sick or injured. If you would like to see how the plan costs compare based upon your estimated use, please click on the link below.

Health Plan Calculator

After you’ve finished with the calculator, just X out of that window to return here.

Important: Dependents are not enrolled in this plan unless the Enroll box beside their name is checked at the bottom of this page. To terminate coverage on a dependent, uncheck the Enroll box.

In addition, the Emory BeneFlex Plan offers eligible employees a special tax-saving opportunity. Your healthcare premiums are withheld on a before-tax basis and that saves you money on taxes. Taxable income is reduced by the amount of your contribution and you pay no Federal, Georgia, or Social Security taxes on that amount. Other than during Annual Enrollment, your elections can only be changed if you report a qualified Family Status Change within 31 days of the event to the Emory Benefits Department. Your contributions for health and dental are required to be before-tax.

Same-Sex Domestic Partner (SSDP) enrollment requires a notarized Statement of Same-Sex Domestic Partnership to be on file with the Emory University Benefits Department. You may print a copy of the Statement of Same-Sex Domestic Partnership at the link below. Once you’ve signed and had the form notarized, return the original to Emory University, Human Resources, 1599 Clifton Road, Atlanta, GA 30322-0530. The employee and SSDP must enroll in the same medical plan and the employee must be enrolled for the partner to be covered. SSDP contributions are made on an after-tax basis, unless documentation is provided that the partner qualifies as a dependant under IRS guidelines. The portion of the premium paid by Emory for this benefit will be taxable to the employee. SSDP coverage levels and rates are determined by the employee’s coverage level for themselves and IRS qualified dependents. Find the employee’s coverage level in parenthesis below and see Your Costs for SSDP rates.

Statement of Same-Sex Domestic Partnership

Select an Option
Select an Option

Please click on the button next to the plan you wish to elect for the coming year. If you do not elect a plan, coverage will be waived.

Select one of the following plans:

- Aetna Healthfund (HRA)
  
  The Aetna Healthfund (HRA) is a medical plan with a health reimbursement account (HRA) funded by Emory. HRAs give you more control over how you spend your health care dollars. You can use the funds in your HRA to pay for eligible medical expenses during 2008, as well as, earn money for your HRA by participating in various health programs.

  **Coverage Level** | **Your Costs** | **Tax Class**
  --- | --- | ---
  Employee Only | $35.00 | Before-Tax
  Employee + Spouse | $135.00 | Before-Tax
  Employee + Child(ren) | $105.00 | Before-Tax
  Employee + Family | $205.00 | Before-Tax

  Domestic Partner rates are as follows. Parenthesis indicate the coverage level of the employee.

  **Coverage Level** | **Your Costs** | **Tax Class**
  --- | --- | ---
  SSDP Only (Single) | $100.00 | After-Tax
  SSDP Child (Single) | $70.00 | After-Tax
  SSDP + SSDP Child(Single) | $170.00 | After-Tax
  SSDP w/ or w/o Child(ren) | $100.00 | After-Tax
  SSDP Child (Employee+Children) | $0.00 | After-Tax

- Aetna POS

  Aetna POS is a Point of Service plan (POS), meaning benefits are determined by where you choose to receive services. There are three levels of networks: core network, Aetna Preferred Provider Organization (PPO), and Aetna Out-of-Network. Benefits for services paid for out of pocket will be based on the in-network benefit amount.

Click button to pick choice.
How to Add Dependents you do not see in the list,

Click the ADD/REVIEW Button

You will then see the following Screens to add a Dependent/Beneficiary:

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**Dependent/Beneficiary Summary**

The first step to adding coverage on your dependent is to add them to your Dependent/Beneficiary Summary. This step does not enroll the dependent in any of your plans. You must complete plan enrollment after you have prepared your Benefit Options and selected this event for Benefits Enrollment.

**Click Here to add a Dependent or Beneficiary to your Summary** Summary

You have no dependent/beneficiary personal information on record.
Dependent/Beneficiary Personal Information

Carmie Norris

Click Save once you have added your Dependent/Beneficiary’s personal information. This information will go into effect as of Jul 21, 2008.

Personal Information

*First Name: [Field]
Middle Name: [Field]
*Last Name: [Field]
Name Prefix: [Field]
Name Suffix: [Field]
*Gender: [Male, Female]
*Date of Birth: [Field] (Social Security Number)
SSN: [Field]
*Relationship to Employee: [Field]

Status Information

As of: [Field]

Student: [Yes, No]
Disabled: [Yes, No]
Smoker: [Yes, No]

Address and Telephone

[Checkbox] Same Address as Employee

Country: [Field] United States

Save Confirmation

The Save was successful.
Dependent/Beneficiary Personal Information

Carnie Norris

Dependent/Beneficiary's personal information as of Jul 21, 2008. Click Edit at the bottom of this page to update this information.

Personal Information

First Name: Spouse
Middle Name:
Last Name: Norris
Name Prefix:
Name Suffix:
Gender: Male
*Date of Birth: 03/02/1960
SSN: (Social Security Number)
Relationship to Employee: Spouse

Status Information

Student: No
Disabled: No
Smoker: No

Address and Telephone

Same Address as Employee

Country: United States
Address: 1500 Clifton Rd
Atlanta, GA 30322
Return to Enrollment where you should see the added dependents.
Click the continue to move through the benefits.
Click the continue to move through the benefits.
Benefits Enrollment

Hire

Carrie Norris

Welcome to Employee Self Service! Shown below are your current benefit elections (current elections will show blank for new hire/retire events). If you do not make any changes at this time, your coverage will remain the same and your next opportunity to change will be during the Open Enrollment period. Please remember that Before-Tax elections are regulated by IRS Section 125 and can only be changed with an approved IRS Family Status Change.

To enter elections for yourself or your dependents, please click on the Edit button beside the appropriate plan. After you have completed your edits, please click the Continue button at the bottom of this page. If you are not making any changes, please click I Have No Changes! at the bottom of this page.

Costs are on a per pay period basis. If you are paid monthly, then the monthly cost is displayed. If you are paid biweekly, then the biweekly cost is shown.

Enrollment Summary

<table>
<thead>
<tr>
<th>Edit</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before-Tax</td>
</tr>
<tr>
<td>Current: NONE</td>
<td></td>
</tr>
<tr>
<td>New:</td>
<td>Aetna POS.EE + Spous</td>
</tr>
<tr>
<td>SSDP Medical - Same-Sex Domestic Partner</td>
<td></td>
</tr>
</tbody>
</table>

|      | Before-Tax | After-Tax |
| Current: NONE |
| New: | NONE |
| Dental |

|      | Before-Tax | After-Tax |
| Current: NONE |
| New: | NONE |
| SSDP Dental - Same-Sex Domestic Partner |

The costs below total the costs for your new benefit elections:

<table>
<thead>
<tr>
<th>Your Costs</th>
<th>Before-Tax</th>
<th>After-Tax</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>186.00</td>
<td>0.00</td>
<td>186.00</td>
</tr>
</tbody>
</table>

These totals only include the cost for plans listed above. This page does not display all withholdings from your paycheck. You may be enrolled in other plans that are not open for this event or that are based upon a percentage.

Additional Benefits

Before clicking on Continue, please use your browser's print feature to print a copy of this page for your records.

Important: Your enrollment will not be complete until you reach the Submit Confirmation page. Please click Continue on this page and Submit on the next page to send your elections to the Benefits Department.
You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

**Cancel** Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

**Important:** If you need to make corrections to this election, you may click on **Cancel** below to return to the enrollment pages. To return to enrollment after you leave the site, go to the Benefits home page in Employee Self Service and click on **Benefits Enrollment**. If you do not find the event open under Benefits Enrollment, please contact the Benefits office at (404) 727-7613 to determine if you are still within the allowable timeframe to report changes and they will re-open the event. Events may be changed up to 31 days from the event date.

**Authorize Elections**

By clicking **Submit**, I acknowledge that I have read all information contained below and I authorize Emory to deduct from my paycheck any contributions I have elected on prior pages.

If I elect health coverage, I hereby authorize all hospitals, physicians, medical service providers, pharmacists, employers, and all other agencies or organizations (including insurers and pre-paid health plans) to permit my choice vendor or its representatives to see or obtain a copy of all medical, prescribed drugs, HIV, and mental health diagnoses, and employment and insurance coverage records which pertain to me or any member of my family. This information will be used in connection with claims for benefits and utilization review and will be kept strictly confidential. This authorization shall remain valid for the term of this coverage. I understand that if a member is injured through the act or omission of another, the insurance vendor will require reimbursement for the benefits provided in an amount not to exceed any damages collected (where permitted by law).

Clicking **Submit** also confirms my life insurance elections and beneficiary(ies) as entered or reviewed on the Enrollment Summary page of this site.

**Submit** Click **Submit** to send your authorization and choices to the Benefits Department.

**Cancel** Click **Cancel** to return to the Enrollment Summary. If you cancel, your choices are held but not submitted. You must return to your benefits enrollment, hit select and review your choices. After you review your elections, return to click the submit button to send authorization to the Benefits Department.

Hit the submit button for your choices to go to the Benefits Department
Confirmation Page

You have successfully completed your Benefits Enrollment. Your choices have been saved and changes will be sent to the appropriate vendors. If you are adding health coverage, you will receive ID cards from the carrier in approximately 10 to 14 days.

If you need to return to the Benefits Enrollment pages to enter corrections or to view your elections, click Return and select Benefits Enrollment. To logoff, click Sign Out in the upper right hand corner of this page.

Continue

Update Contact Data
To ensure delivery of plan ID cards and confirmation statements, please click here to review your contact data. Family Status Changes may require updates to other fields as well.

- Address Change
- Telephone Number
- Emergency Contact

Update Human Resource Data
Family Status Events may involve a change in name. If so, you’ll want to update your Human Resources information. Please consider:

- Name Change
- Social Security Name Change
- I-9 Records

When you submit your choices, you will see this confirmation page.