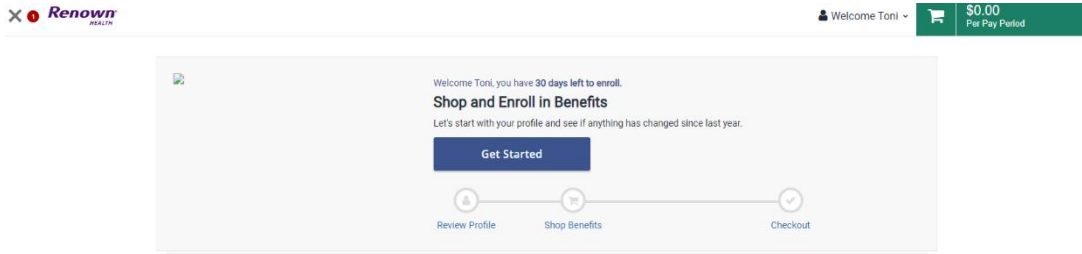


ENROLLING IN BENEFITS

THIS GUIDE WILL ASSIST NEW HIRES ENROLLING IN BENEFITS

STEP BY STEP INSTRUCTIONS

1. Log into UKG Pro.
2. Under **Benefits** on the left side menu, click on **Manage My Benefits** link.
3. Click on the **Get Started** button to begin.



4. Verify your information is accurate. Click **Next: Review My Family** at the bottom.

Manage your profile

Make sure we have it right

This info is used for your paycheck, taxes and ID cards. If you have any adjustments, please click the "Menu" button on the top left of your screen and select the "Employee Summary" under the "Personal" heading.
This information is used for:

- Reporting to the benefit carriers
- To issue your ID cards and process your claims
- To process your payroll, taxes, etc.

If any of the information is incorrect and you are unable to change it as part of enrollment, please contact your Human Resources representative.

[EDIT INFO](#)

Basic Information	Contact Information
First Name <input type="text" value="Toni"/>	Address 1 <input type="text" value="123 Main Street"/>
Middle Name <input type="text"/>	Address 2 <input type="text"/>
Last Name <input type="text" value="TEST3557"/>	City <input type="text" value="Evermore"/>
SSN <input type="text" value="037-40-4100"/>	State <input type="text" value="Nevada"/>
Personal Information	Zip <input type="text" value="12345"/>
Gender <input type="text" value="Female"/>	Home Phone <input type="text"/>
Marital Status <input type="text"/>	Office Phone <input type="text"/>
	Email * <input type="text" value="toni.test@renown.org"/>
	Alternate E-mail <input type="text"/>

[← BACK](#)

[Next: Review My Family](#)

5. If you are adding any eligible dependents to your benefits, enter their information by clicking **+Add Family Member**.

Manage your family members

View, add, edit or remove dependents here.

Please confirm that all information for your dependents listed is correct (*including Social Security numbers, and date of birth*).

If you add a new family member, the family member won't be added to your benefits automatically. You still need to add the family member to any applicable benefits. Dependents must be listed on this page to be enrolled in coverage.

You may:

- Add New Dependents
- Edit Existing Dependent Information
- Remove Existing Dependent

By adding a dependent, you are confirming that this a legal dependent, eligible for benefits under one or more of your available plans.
After you enroll in your benefits, you will need to upload documentation to prove your relationship with your dependents (example, marriage certificate and/or birth certificate).

[View Less](#)

Current Family Members

[+ Add Family Member](#)

[← BACK](#) [Next: Shop for Benefits](#)

6. Enter in all required information for dependent. If the dependent does not live at home with you, uncheck the **Lives at Home** box to enter in their different address. Click **Save**.

Basic Info

First Name * Middle Name

Last Name * SSN

Gender * Birthdate *

Relationship *

Additional Info

Lives At Home

[CANCEL](#) [Save](#)

7. Once finished entering all dependents, click **Next: Shop for Benefits**.

- Click on **Shop Plans** for each benefit to enroll or decline the benefits.

Current Benefits Plan Year Effective from 01/01/2024 to 12/31/2024

Medical

No Plan Selected

Shop Plans

Dental

No Plan Selected

Shop Plans

Medical Flexible Spending Account

No Plan Selected

Shop Plans

Dependent Daycare Flexible Spending Account

No Plan Selected

Shop Plans

Employer Provided Life

No Plan Selected

Shop Plans

- To enroll dependents in the plan, make sure their box is checked. To unenroll the dependent, uncheck their box.

Medical: Medical/RX/Vision - Employee Health Plan

[← TO BENEFITS](#)

[+ ADD FAMILY MEMBER](#)

<input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse Test <input checked="" type="checkbox"/> Child Test	
👤 Employee Only	\$35.00 Per Pay Period
👤+👤 Employee + Spouse	\$205.00 Per Pay Period
👤+👶+👶 Employee + Children	\$135.00 Per Pay Period
👤+👤+👶+👶 Employee + Family	\$260.00 Per Pay Period



Medical/RX/Vision - Employee Health Plan

\$135.00
Per Pay Period

Update Cart

Decline Coverage

10. For benefits you elect a specific amount of the benefit (for example, life insurance) you will use the drop-down box to elect your insurance amount. For amounts that require approval before you can enroll, you will see **Required Approval** listed in the drop-down box. If you elect any of the amounts that require approval, a notice will pop up that you need to complete an evidence of insurability form at the end of the enrollment process.

View Less

Voluntary Employee Life: Supplemental Life - Employee

← TO BENEFITS

Select Coverage Level

Enrolled

Select Coverage Amount

Select Amount

- \$100,000.00 (\$7.25)
- \$110,000.00 (\$7.98)
- \$120,000.00 (\$8.70)
- \$130,000.00 (\$9.43)
- \$140,000.00 (\$10.15)
- \$150,000.00 (\$10.88)
- \$160,000.00 (\$11.60)
- \$170,000.00 (\$12.33)
- \$180,000.00 (\$13.05)
- \$190,000.00 (\$13.78)
- \$200,000.00 (\$14.50)
- Requires Approval
- \$210,000.00 (\$15.23)
- \$220,000.00 (\$15.95)
- \$230,000.00 (\$16.68)
- \$240,000.00 (\$17.40)
- \$250,000.00 (\$18.13)

Supplemental Life - Employee

\$0.00
Per Pay Period

Update Cart

Decline Coverage

11. When finished electing benefits, select the **Next: Review Beneficiaries** link.

Pet Insurance - Info Page

MetLife Pet Insurance
View or Change

Universal Life with Living Benefit - Info Page

TRANSAMERICA Universal Life with Living Benefit
View or Change

401K (Info Page)

Vanguard 401k Retirement Savings
View or Change

Employer Contribution	\$656.83
Your Cost Per Pay Period	\$294.80

12. For any benefits you elected that require a beneficiary, you'll enter in their information here. Choose **+ Add Beneficiary**, then enter in all required information in the pop-up box. You can also choose to elect a dependent you already enter from the drop-down menu at the top. This person will be the primary beneficiary on the elected plan.
13. Select the percent this beneficiary will receive in the **Allocation** box. Enter 100 if this beneficiary will receive 100% of the benefit. If you will have more than one primary benefit, enter in the amount less than 100 and add a second primary beneficiary so the allocation adds up to 100.
14. If this beneficiary will be a beneficiary for all your plans, you can select the **Add to all benefits** box. Then click **Add**.

Manage your Beneficiaries

View, add, edit or remove beneficiaries for any of your coverages by clicking on the benefit below.
Beneficiaries do not have to be benefit eligible dependents, you may choose anyone.
Note: You should NOT choose yourself as a beneficiary. You will automatically be enrolled as the beneficiary for dependent insurance plans you enroll in.

Employer Provided Life
Coverage amount: \$50,000.00

Primary Beneficiaries (Required *)
You must designate a primary beneficiary for this benefit.

+ Add Beneficiary

Would you like to add secondary beneficiaries? ? No Yes

Voluntary Employee Life
Coverage amount: \$200,000.00

Primary Beneficiaries (Required *)
You must designate a primary beneficiary for this benefit.

+ Add Beneficiary

Would you like to add secondary beneficiaries? ? No Yes

X Add Beneficiary

Select an existing beneficiary from the drop-down menu or enter a new beneficiary's information below.

or create a new one

Name *

Relationship *

Allocation *

Address 1

Address 2

City

State

Zip Code

User Defined Field 1


User Defined Field 2

Add to all benefits

< BACK
Review and Checkout

Add
CANCEL



15. If you would like to add a secondary beneficiary (a person who would receive the benefit if the primary beneficiary were not able to receive the funds), you can select **Yes** on the toggle button for **Would you like to add secondary beneficiaries?** And select **+Add Secondary Beneficiary**.




Employer Provided Life

Coverage amount **\$50,000.00**

Primary Beneficiaries (Required *)
You must designate a primary beneficiary for this benefit.

Spouse Test, Spouse Allocation  

Allocation Total: **100%**

Would you like to add secondary beneficiaries?  No Yes

Secondary Beneficiaries (Optional)

16. Click **Review and Checkout** to finish.

17. After checkout, if you have any additional tasks to complete, you will have a **To-Do List** detailing how to complete these.

Your To-Do List 0 of 5 Complete

- Answer a few short health questions to complete your application for Standard Insurance benefits. >
- Answer a few short health questions to complete your application for Standard Insurance benefits. >
- Upload the required document for Abby Test by **December 31 2024** >
- Upload the required document for Tot Test by **December 31 2024** >
- Upload the required document for Abby Test by **December 31 2024** >

Current Benefits Plan Year Effective from 01/01/2024 to 12/31/2024

Below are your new elections. Benefit elections may be changed during your company's Open Enrollment or if you've had a Qualifying Life Event.

Medical




 Medical/RX/Vision - Employee Health Plan	\$260.00 Per Pay Period	<input type="button" value="View or Change"/>
 Pending Life Event Approval		

18. If you add any dependents to your medical or dental plans, you'll need to provide proof of your relationship to the dependent by providing documentation. The documents must be uploaded to the system. You will choose which dependent you are uploading the document for and then choose the correct type of document, **Birth Certificate** or **Marriage Certificate**. Once you've uploaded the document, click **Submit** and you will see it as pending for review.

Documents Required

These documents provide more details and information on each of the benefits offered to you. Review at any time for clarification on how these benefit plans work.

Required Documents

Spousal Affidavit	Select Document Type:	Select Document Type:
Abby Test	Birth Certificate	Abby Test
Show Description	Tot Test	
 Drag document here or click to browse	Congratulations and best wishes to you and your new spouse! Please provide Proof of Marriage, along with the effective date, to verify this coverage change. All changes must be made within 30 days of the qualifying event date. If you have any questions, please contact the Benefits team at 775-982-4444.	Congratulations and best wishes to you and your new spouse! Please provide Proof of Marriage, along with the effective date, to verify this coverage change. All changes must be made within 30 days of the qualifying event date. If you have any questions, please contact the Benefits team at 775-982-4444.
Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.	 Drag document here or click to browse	 Drag document here or click to browse
The document(s) requested in this section must be submitted by 12 AM EST on 12/31/2024 or else the following elected benefit(s) will be subject to termination: Medical	Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.	Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.
	The document(s) requested in this section must be submitted by 12 AM EST on 12/31/2024 or else the following elected benefit(s) will be subject to termination: Dental, Medical	The document(s) requested in this section must be submitted by 12 AM EST on 12/31/2024 or else the following elected benefit(s) will be subject to termination: Dental, Medical, Voluntary Spouse Life

19. If you've added a spouse to your medical plan, you'll need to complete a spouse affidavit and upload it to the system. On the Spousal Affidavit task, click the **Show Description** link to access the link to the spouse affidavit. Once you've completed the affidavit, print it to a PDF, then upload it.

The screenshot displays a multi-step process for uploading a Spousal Affidavit. At the top, a 'Documents Required' section indicates that the following documents provide more details. Below this, the 'Required Documents' section shows a 'Spousal Affidavit' document for 'Abby Test'. A 'Show Description' link is visible, which leads to a detailed page for the 'Spousal Affidavit' document. This page includes a congratulatory message, instructions to complete the affidavit, and a link to the document: <https://www.skillxpertiseandtechnology.com/SC/kqs2015=0B7B9C10-C4FC-4066-9FC9-3A1EC61050E0&type=SCA>. Below the description, there are two document upload areas, each with a 'Drag document here or click to browse' instruction and a note that files must not exceed 5MB in size. The first upload area is for the 'Spousal Affidavit' and has a deadline of 12 AM EST on 12/31/2024, with a note that failure to submit will result in termination of 'Medical' benefits. The second upload area is for a 'Birth Certificate' and has a deadline of 12 AM EST on 12/31/2024, with a note that failure to submit will result in termination of 'Dental, Medical' benefits. To the left of the second upload area, a list of documents includes 'Birth Certificate', 'Marriage Cert', and 'Birth Certificate'. Below the upload areas, there are buttons for 'Select Document', 'Tot', and 'Birth Ce'. At the bottom, there are 'Submit' and 'CANCEL' buttons. On the right, a 'Pending Review' section shows a document titled 'Birth Certificate.pdf' with 'EDIT' and 'DELETE' options.

20. If you've elected life insurance over the guaranteed issue amount, you will need to complete an Evidence of Insurability form online with The Standard insurance company. Once you click on the Evidence of Insurability task, you can access the link to the online form.

