

# Open Enrollment Benefit Event - Employee Self Service

## Overview

You will go through a Benefit Open Enrollment event once a year to elect Benefits for the coming year payroll deductions. You can choose Plans appropriate for your Benefit Group or you can elect to waive any or all of the Plans. At the end of the Enrollment, you will have a confirmation statement with an **electronic signature** to show and confirm your elections.

***Disclaimer:** The benefit plans and rates included in these screenshots are NOT current and are for example purposes only. All examples contain fictitious characters and are not based on real people*

## NIS Policies

The tasks in this documentation provide end users with the tools to enter data and collect data in NIS. It is the responsibility of the agencies to comply with State Statutes, Federal Rules and Regulations, and State policies. For further information concerning State Statutes and policies, please refer to both internal agency resources and the Department of Administrative Services website: <http://www.das.state.ne.us/>.

## NIS Definitions

|   |   |
|---|---|
| Beneficiary   | An entity (person or trust) who will receive death benefits and is designated as Primary (first to receive death benefits, all or a portion) or Secondary (receives a portion of the death benefits, or the total in case the Primary is deceased.) |
| Deduction   | A specific amount of money reducing your paycheck to pay for a benefit you elect and receive as a State employee.   |
| Dependent   | An employee's spouse or child(ren) to be provided benefits coverage under the State employee insurance program.   |
|  | Drop Down Arrow – provides a list of options available to be entered into field.  |
| ESS   | Employee Self Service – allow employees to control specific personal information.   |
|  | Help Icon – provides clarification and instructions on a specific screen.   |
| NIS   | Nebraska Information System – an integrated computer database that connects major business functions within Nebraska State government.  |

|  |  |
|--|--|
| <p><b>Roles:</b><br/>         BU #0008</p>                 | <p>Roles Icon – allows you to see different menus depending on your security access within NIS.</p>  |
| <p>Tax ID</p>  | <p>Social Security Number</p>  |
| <p><b>BD09170414145895</b><br/>         (example only)</p> | <p>Transaction Number – generated by NIS identifying an employee’s completion of the Open Enrollment process. This number will be used to track your benefit elections in case there are any future questions.</p> |
| <p>User ID</p>   | <p>Your unique log-in ID allowing access to NIS.</p>   |
| <p>Password</p>  | <p>Your unique 6-10 character password allowing access to NIS.</p>   |
| <p>Waiver</p>  | <p>An election indicating that an employee does not wish coverage for that plan.</p>   |

## Navigation

Employee Self Service > Agency # - (Agency Name) > Self Service Choices > Employee Benefits > Open Enrollment

## Steps

Start this instruction from the following webpage: [www.nis.ne.gov](http://www.nis.ne.gov)

1. Click on the **Sign on to NIS** button.

**ORACLE**  
JD EDWARDS ENTERPRISEONE

User ID:   
Password:

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2. Type in **Your unique User ID** and press **Tab** on your keyboard. Type in **Your unique password**, and click the **Sign In** button.

 If this is the first time you have signed in since your password was reset, you will be asked for an "old" password. Enter the password that was most recently provided to you by your agency's authorized agent. You will then need to enter a "new" password twice.

 If you receive a "Do you want to display the nonsecure items?" warning, click Yes.

PeopleSoft

EnterpriseOne Menu

Open Applications: You have no running applications.

Roles: BU #0008

- Submit Job
- View Job Status
- State of Nebraska
- My System Overview
- Work With Work Center
- Help

Welcome!

The EnterpriseOne Menu contains several links to the applications. These links will always be at the left of your screen, no matter what application you are using. You can also hide the menu when you need more space for your work.

3. Click on the **Roles** drop down arrow and choose your **ESS Role**.

 If you have no other job responsibilities in NIS (NIS is only used for Employee Self Service), you will not have a drop down arrow next to Roles. Skip to step 5.



4. Click the **double right arrow** to the right of the Roles drop down menu.
5. Click the **State of Nebraska** menu.
6. Click the **Employee Self Service** Menu.



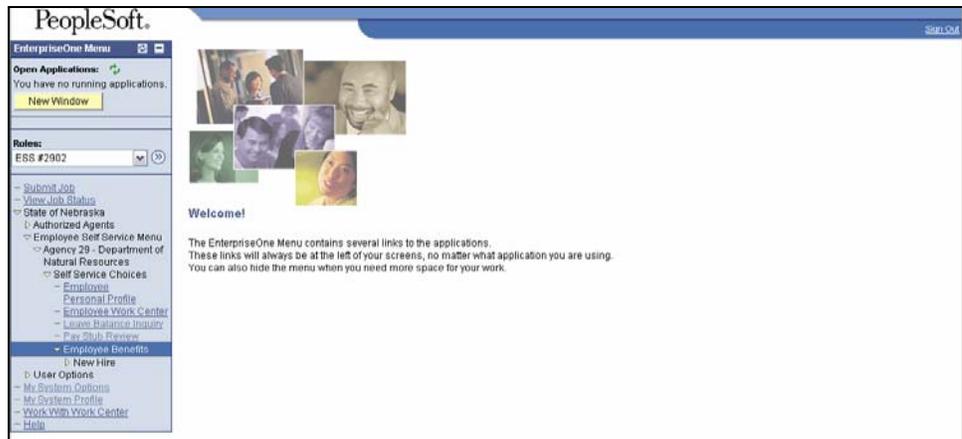
7. Click the **Agency** menu.



8. Click the **Self Service Choices** menu.



9. Click the **Employee Benefits** menu.



10. Click on **Open Enrollment** to begin the application.

J D E D W A R D S
Self Service Director - Self-Service Director

DEBBIE MILLER  
 Salary: XXXXXXXX  
 Birth Date: XXXXXXXX

**Welcome to the State of Nebraska's 2005 Employee Open Enrollment Process!**

Please read through your copy of the Benefits Edition of the Statehouse Observer prior to enrolling for your 2006 benefits. The Statehouse Observer is also online at: [www.das.state.ne.us/personnel/benefits](http://www.das.state.ne.us/personnel/benefits).

Have the following types of personal information available regarding your dependent(s) and beneficiaries:

- Birth Date
- Disability Information (if applicable)
- Student Status (if applicable)
- Trust Name & Date (if applicable as a Beneficiary)
- Tax ID Number (**Social Security Number**)

You will be guided through a number of steps which allow you to make elections for 2006 benefits through Employee Self Service. Below, is a list of the steps to be completed. An arrow to the left of the screen name indicates the next step to be completed.

**At any time during this process you can select the EXIT button at the bottom of the screen to exit the program. Your changes will only be saved when you have completed the entire process through, clicked "I Accept", and received a Final Confirmation Statement with a transaction number.**

Clicking on the help icons (identified by yellow question marks), will provide answers to some of the questions you may have during this process. If you have additional questions, please contact your Agency's Human Resources Department for further information.

Regarding Dependent(s) Information: Once your Dependent information has been entered, NIS begins tracking history on this field. Once history is attached, this information CANNOT be deleted, past and/or non-participating Dependent information will appear.

**"It is the responsibility of each State of Nebraska employee to review their pay stubs to ensure that the proper benefit premium(s) and benefit plan(s) are being deducted from their pay. Any missed premium(s) or refund will be paid back, regardless of fault. If you find an error, contact your Human Resource department immediately."**

**EMPLOYEE PERSONAL INFORMATION**

The following two screens will display your personal information. If there are errors with your personal information (such as a misspelling of your name), contact your Agency Human Resources department and they will make the necessary correction. Employees can now change their own address information if necessary. The change will not appear until the Open Enrollment files have been processed. If your address information is to change immediately, contact your agency HR staff to make the change for you.

Click "Next" to begin the Open Enrollment process and to proceed to the next screen throughout the process.

Open Enrollment

- Employee Personal Information
- Employee Phone Numbers
- Current Elections
- Dependent List
- Health
- Beneficiary List
- Life Insurance
- Flexible Spending Accounts
- Preview Benefit Changes
- Accept Benefit Changes
- Final Benefit Confirm. Stmt.

Exit
<< Previous
Next >>

11. Read the instructions to help you process your open enrollment request and click the **Next >>** button when ready to proceed. The Employee Personal Information window appears.

The screenshot shows the 'Employee Information' tab in the PeopleSoft Open Enrollment system. The employee name is 'JOE, G I'. The fields are as follows:

|                 |                                  |
|-----------------|----------------------------------|
| Mailing Name    | JOE, G I                         |
| Employee Number | 3485182                          |
| Tax ID          | 89855555                         |
| Supervisor      | RICHTERS, JILL M                 |
| Business Unit   | 28061012 ADMINISTRATIVE SERVICES |

Buttons at the bottom include 'Exit', '<< Previous', and 'Next >>'. A yellow question mark icon is visible in the top right corner of the form area.

12. Review your personal information on the **Employee Information** tab and click **Next >>**.

-  The fields on this tab are grayed out and cannot be changed. Contact your HR representative to make any necessary changes.
-  Click the **Yellow Question Mark** to receive help instructions about this screen. Click **Previous** to return to the Employee Information tab, or click **Next >>** to proceed to the Employee Address tab.

**Employee Personal Information**

The following information will help you to complete this step.

All grayed out areas in your personal and address information cannot be changed. If there are errors in this information, contact your Agency Human Resources department to make the appropriate changes.

-  The Exit button is used to end the open Enrollment process completely. The changes made thus far will not be saved.

The screenshot shows the 'Employee Address' tab in the PeopleSoft Open Enrollment system. The employee name is 'JOE, G I'. The address fields are as follows:

|                |                   |
|----------------|-------------------|
| Address Line 1 | 123 ANYWAY STREET |
| City           | LINCOLN           |
| State          | NEBRASKA          |
| Postal Code    | 68555             |

There is a checkbox for 'Same Address for Dependents' which is currently unchecked. Buttons at the bottom include 'Exit', '<< Previous', and 'Next >>'. A yellow question mark icon is visible in the top right corner of the form area.

13. On the **Employee Address** tab, review your address information.

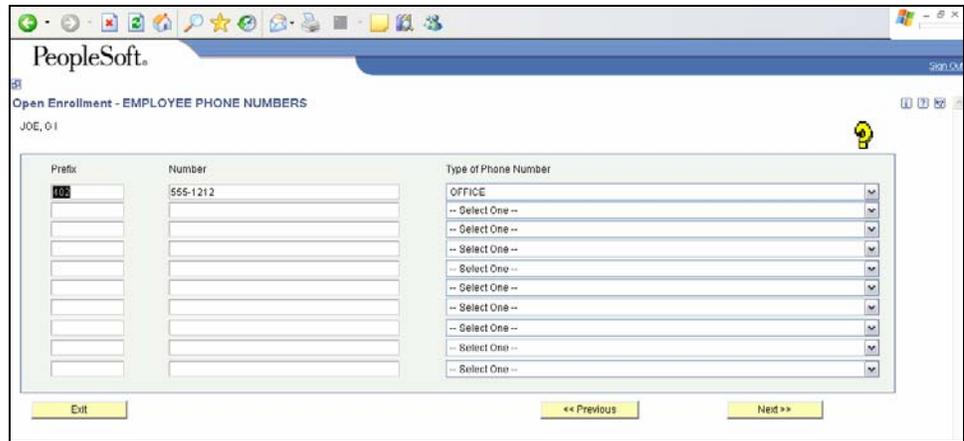
-  Address information cannot be changed during Open Enrollment.

14. Click the **Next >>** button to return to the Self Service Director window.



15. Read the instructions for the next step, Employee Phone Numbers.

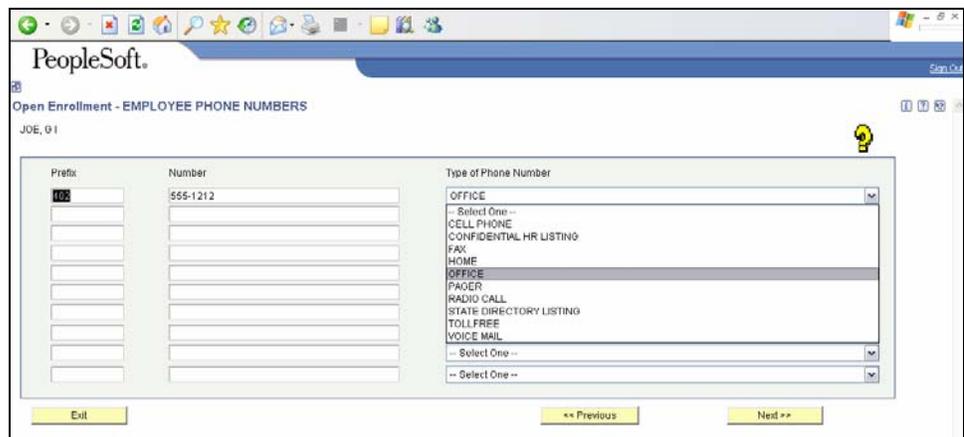
16. Click the **Next >>** button. The Employee Phone Numbers window appears.



17. Complete the following fields:

- a. Prefix (Area Code)
- b. Number - number must be entered without any punctuation (i.e.: hyphen, parenthesis, etc.)

18. Click on the **Drop Down Arrow** in the Type of Phone Number field to see available options.



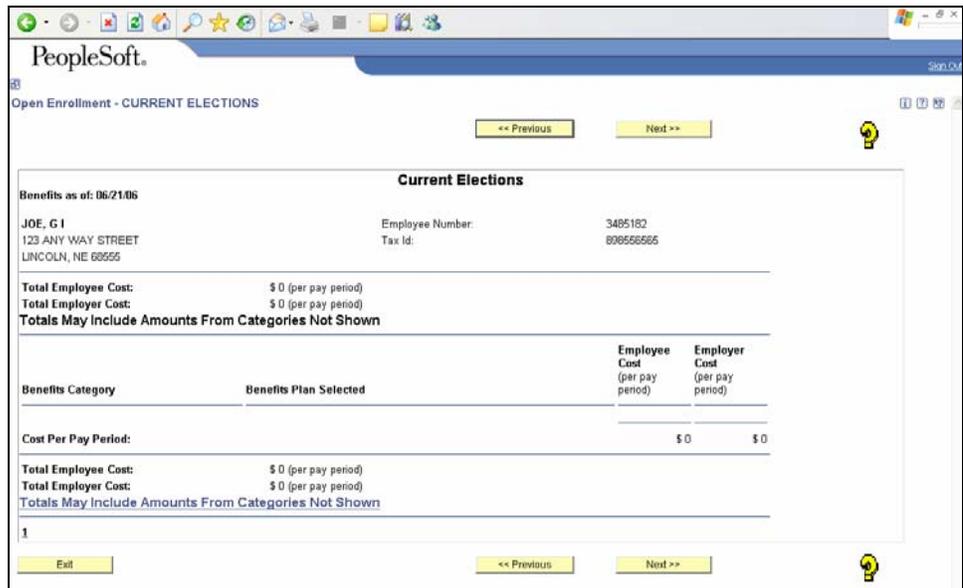
19. Click on **the appropriate** Type of Phone Number to enter it in this field.

 You are able to add up to 10 phone numbers.

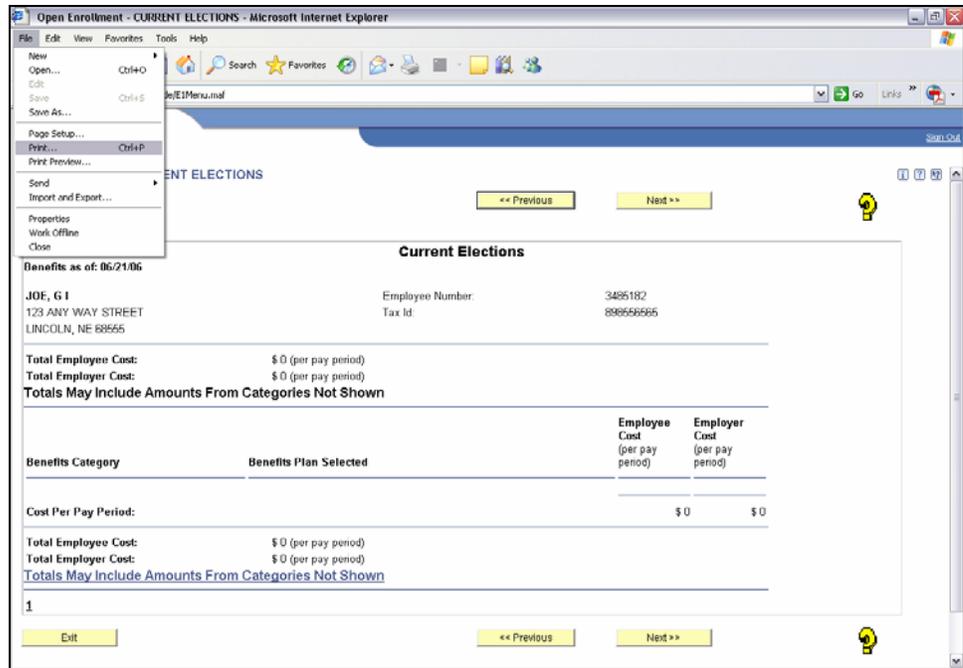
20. Click the **Next >>** button to return to the Self Service Director window.



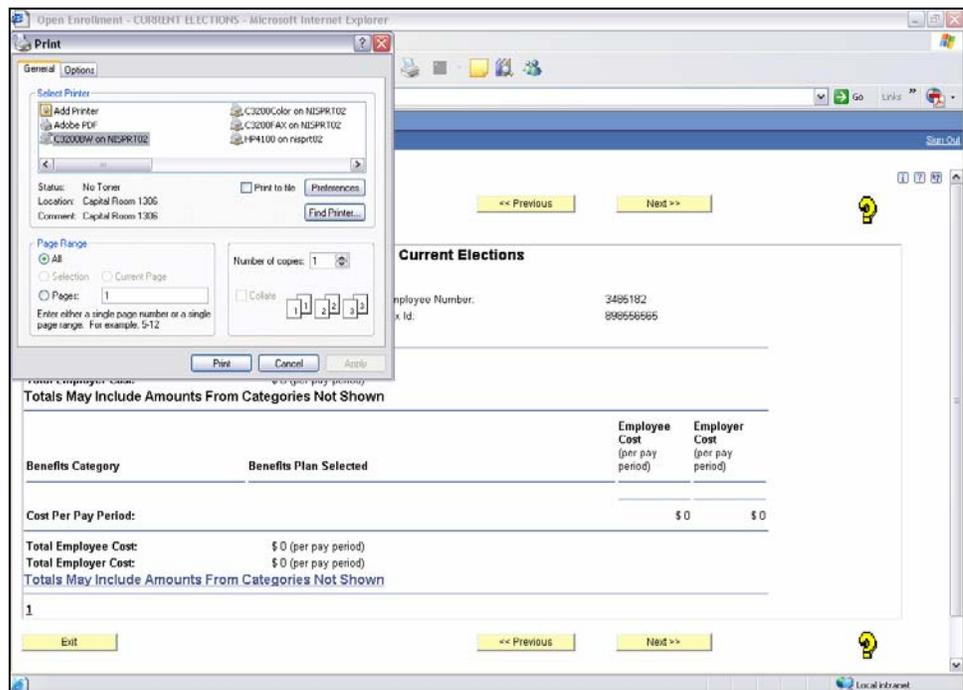
21. Read the information and click the **Next >>** button. The Current Elections window appears.



22. This is an example of the Current Elections screen. Review your current benefit information.



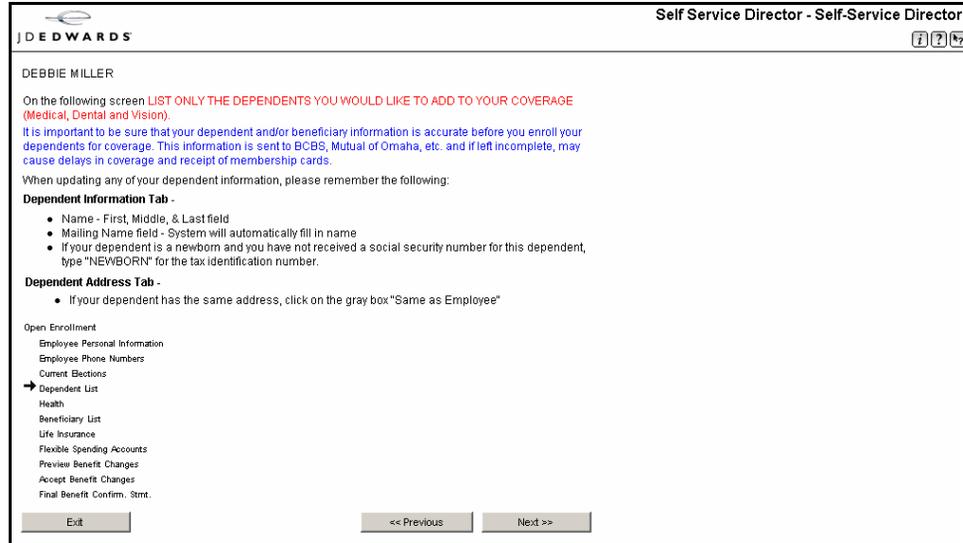
23. Click **File**, **Print** from the browser toolbar to print a copy of your Current Elections.



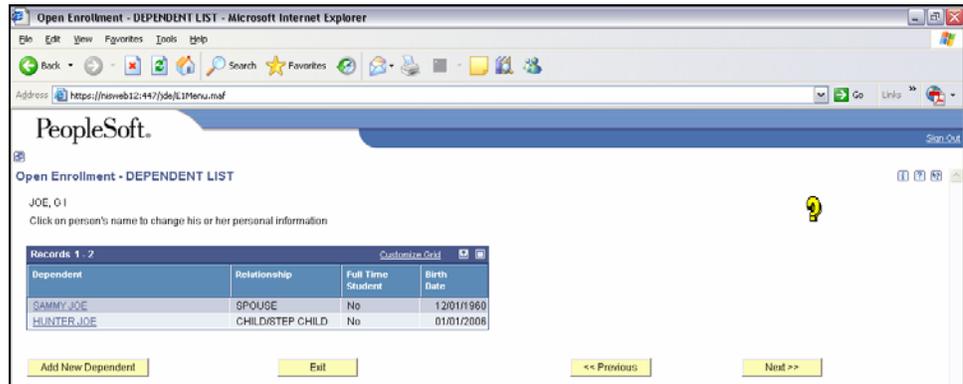
24. Click **Print** to produce a paper copy of your Current Elections.

 You can use this paper copy to compare your benefit deductions from last year to this year's benefit choices presented in the State House Observer, on the DAS Benefits website, or from the Benefit Vendors themselves.

25. Click the **Next >>** button to return to the Self Service Director window.



26. Read the information and click the **Next >>** button. The Dependent List window appears.



27. Information entered during or since last year's Open Enrollment period will appear in the Dependent List. If no changes need to be made, click **Next**. The Self Service Director window appears.

-  To modify the Dependent, click directly on the Dependent's name.
-  To add a dependent that you would like to cover and receive benefits, click the **Add New Dependent** button.
-  Dependents cannot be deleted during the Open Enrollment process. If you do not wish for a dependent to receive benefits, remove the coverage in the next steps.

Self Service Director - Self-Service Director

J D E D W A R D S

DEBBIE MILLER

**HEALTH**

The next step is Benefit elections. Compare the information provided in the StateHouse Observer to your printed Current Elections to assist you in making your benefit elections for 2006.

**IMPORTANT TIP:** Please click on **every** box (medical, dental, and vision) for **you** the employee, which allows you to either elect coverage or waive (not enroll) in that particular plan. For your dependent(s) coverage, only click on the benefit box you are enrolling your dependent(s) in.

**DEFINITIONS OF COVERAGE**

- Single Membership - Provides coverage to the employee only
- 2 Party Membership - Coverage for the employee and legal spouse. Common law marriages are only recognized if the marriage occurred in a state which allows such and then only if the employee provides acceptable proof
- 4 Party Membership - Provides coverage to the employee and any number of eligible dependent children **but excludes coverage for the spouse.**
- Family Membership - Provides coverage for the employee, spouse and any number of eligible dependent children. Common law marriages are only recognized if the marriage occurred in a state which allows such and then only if the employee provides acceptable proof.

**HEALTHCARE OPTIONS**

Blue Cross / Blue Shield NE BlueChoice  
 Blue Cross / Blue Shield NE BlueSelect  
 Mutual of Omaha PPO **Metro-Only & Non-Metro Plan**  
 Mutual of Omaha HMO **Metro-Only Plan**  
 Mutual of Omaha POS **Metro-Only Plan**  
 Mutual of Omaha Preferred Provider Network Only **Non-Metro Plan**  
 Mutual of Omaha Mutually Preferred POS **Non-Metro Plan**

**METRO-ONLY PLANS:**  
 For the Mutual of Omaha HMO and POS Plans you must reside in one of the counties below and MUST select a Primary Care Physician (PCP).  
**Nebraska:** But, Butler, Cass, Colfax, Cuming, Dakota, Dixon, Dodge, Douglas, Fillmore, Johnson, Lancaster, Madison, Otoe, Saline, Sarpy, Saunders, Seward, Stanton, Thurston, Washington, and Wayne.  
**Iowa:** Buena Vista, Carroll, Cherokee, Clay, Crawford, Harrison, Ida, Mills, Monona, O'Brien, Plymouth, Pottawattamie, Sac, Sioux, and Woodbury.

\*If you reside in a county from the above list and DO NOT choose a Primary Care Physician (PCP), Mutual of Omaha will assign one for you.

**NON-METRO PLANS:**  
 For the Preferred Provider Network Only Plan and Mutually Preferred POS Plan  
 You must reside in one of the counties listed below and DO NOT need to select a Primary Care Physician (PCP).  
**Nebraska:** Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Cedar, Chase, Chiemi, Cheyenne, Clay, Custer, Dawes, Dawson, Deuel, Dundy, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Scotts Bluff, Sheridan, Sherman, Sioux, Thayer, Thomas, Valley, Webster, Wheeler, and York

Open Enrollment  
 Employee Personal Information  
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 Preview Benefit Changes  
 Accept Benefit Changes  
 Final Benefit Confirm. Stmt.

Exit << Previous Next >>

28. Read the information and click **Next >>**. The Health window appears. NIS is retrieving your benefits information; this may take a few seconds.

PeopleSoft

Open Enrollment - HEALTH

JOE, O I

Total Deductions Per Pay Period 0.00

Check on the coverage you would like to provide for yourself and your dependents.

| Name       | Relationship | MEDICAL                  | DENTAL                   | VISION                   |
|------------|--------------|--------------------------|--------------------------|--------------------------|
| JOE, O I   | Self         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SAMMIE JOE | SPOUSE       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recalculate  
 Exit << Previous Next >>

29. Ensure that all check boxes to the right of Self are checked. Click on each of the check boxes to the right of the people for whom you would like to provide Medical, Dental, and Vision coverage.

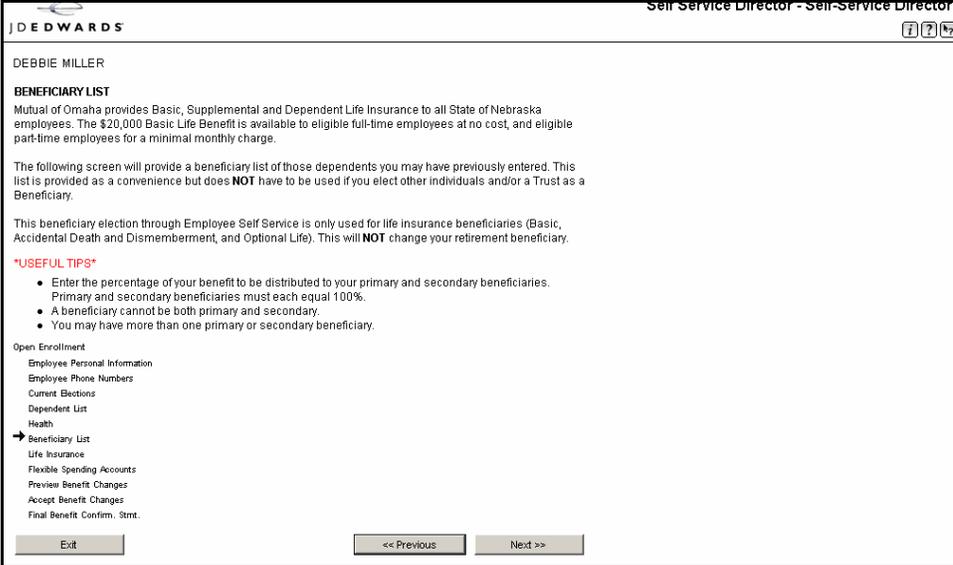
 All check boxed to the right of Self must be checked. If coverage is not desired, the waiver must be selected when electing coverage on the upcoming screens.

30. Choose Health/Medical, Dental, and/or vision insurance coverages on the screens that follow.

 To find a Primary Care Physician (PCP), if required for the benefit plan selected, click into the PCP field and click the visual assist (magnifying glass icon). Choose the appropriate PCP and click Select. For more detailed instructions, please see the [Find a Primary Care Physician instructions](#).

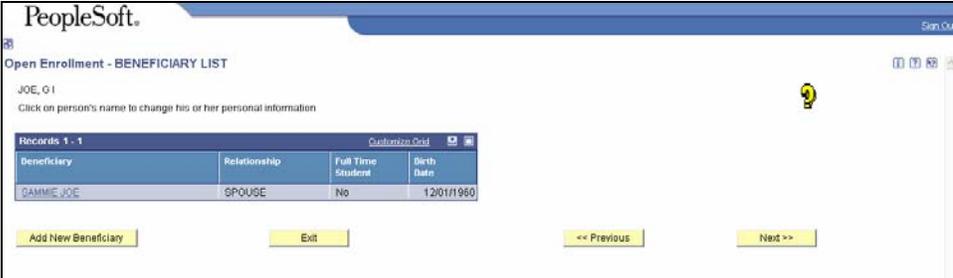
 If you would like to continue with coverages from the previous year for you and all dependents listed, simply click **Next**. The Self Service Director window appears.

31. Click **Next>>**. The Self Service Director window appears.



The screenshot shows the "Self Service Director - Self Service Director" window for user DEBBIE MILLER. The main heading is "BENEFICIARY LIST". Below this, there is explanatory text about Mutual of Omaha's insurance benefits and a warning that the screen is for life insurance beneficiaries only. A section titled "\*USEFUL TIPS\*" lists three points: 1. Enter the percentage of your benefit to be distributed to your primary and secondary beneficiaries. Primary and secondary beneficiaries must each equal 100%. 2. A beneficiary cannot be both primary and secondary. 3. You may have more than one primary or secondary beneficiary. A navigation menu on the left includes "Open Enrollment", "Employee Personal Information", "Employee Phone Numbers", "Current Elections", "Dependent List", "Health", "Beneficiary List" (which is selected and highlighted with a mouse cursor), "Life Insurance", "Flexible Spending Accounts", "Preview Benefit Changes", "Accept Benefit Changes", and "Final Benefit Confirm. Stmt.". At the bottom, there are three buttons: "Exit", "<< Previous", and "Next >>".

32. Read the information and click the **Next >>** button. The Beneficiary List window appears.



The screenshot shows the "PeopleSoft" interface for "Open Enrollment - BENEFICIARY LIST" for user JOE, 01. It includes a note: "Click on person's name to change his or her personal information". Below this is a table with columns: "Beneficiary", "Relationship", "Full Time Student", and "Birth Date". The table contains one row for "SAMMIE JOE" with relationship "SPOUSE", "No" for full-time student, and birth date "12/01/1960". At the bottom, there are four buttons: "Add New Beneficiary", "Exit", "<< Previous", and "Next >>".

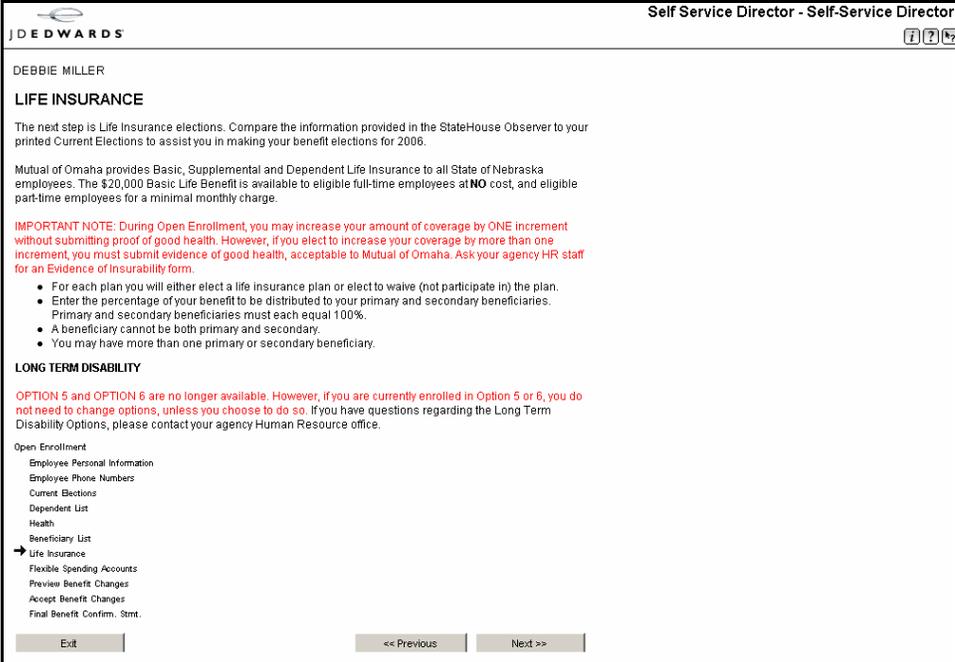
| Beneficiary | Relationship | Full Time Student | Birth Date |
|-------------|--------------|-------------------|------------|
| SAMMIE JOE  | SPOUSE       | No                | 12/01/1960 |

33. The existing Dependent List automatically appears on the initial Beneficiary List to choose from. Additional beneficiaries can be added to this list by clicking the **Add New Beneficiary** button on this screen. This process is similar to Adding a New Dependent.

 When adding a beneficiary who is **not** also a dependent, "UNAVAILABLE" may be entered in the Tax ID field. A birth date is required for beneficiaries. (Enter dates in DDMMYY format. Ex. October 2, 2007 would be entered 100207.)

 Beneficiaries cannot be deleted during the Open Enrollment process. If you do not wish for a beneficiary to receive benefits, remove the coverage in the next steps.

34. Click **Next >>** to return to the Self-Service Director.



**Self Service Director - Self-Service Director**

DEBBIE MILLER

**LIFE INSURANCE**

The next step is Life Insurance elections. Compare the information provided in the StateHouse Observer to your printed Current Elections to assist you in making your benefit elections for 2006.

Mutual of Omaha provides Basic, Supplemental and Dependent Life Insurance to all State of Nebraska employees. The \$20,000 Basic Life Benefit is available to eligible full-time employees at **NO** cost, and eligible part-time employees for a minimal monthly charge.

**IMPORTANT NOTE:** During Open Enrollment, you may increase your amount of coverage by ONE increment without submitting proof of good health. However, if you elect to increase your coverage by more than one increment, you must submit evidence of good health, acceptable to Mutual of Omaha. Ask your agency HR staff for an Evidence of Insurability form.

- For each plan you will either elect a life insurance plan or elect to waive (not participate in) the plan.
- Enter the percentage of your benefit to be distributed to your primary and secondary beneficiaries. Primary and secondary beneficiaries must each equal 100%.
- A beneficiary cannot be both primary and secondary.
- You may have more than one primary or secondary beneficiary.

**LONG TERM DISABILITY**

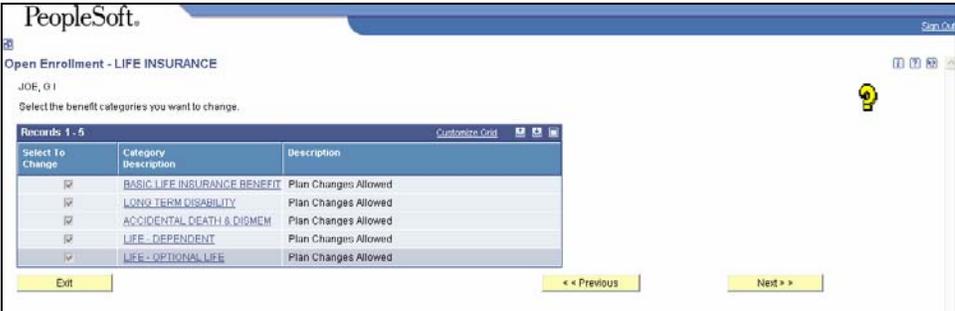
OPTION 5 and OPTION 6 are no longer available. However, if you are currently enrolled in Option 5 or 6, you do not need to change options, unless you choose to do so. If you have questions regarding the Long Term Disability Options, please contact your agency Human Resource office.

Open Enrollment

- Employee Personal Information
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- Beneficiary List
- Life Insurance
- Flexible Spending Accounts
- Preview Benefit Changes
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- Final Benefit Confirm. Stmt.

Exit << Previous Next >>

35. Read the information and click the **Next >>** button. The Life Insurance window appears.



PeopleSoft

Open Enrollment - LIFE INSURANCE

JOE, G1

Select the benefit categories you want to change.

| Select To Change                    | Category Description         | Description          |
|-------------------------------------|------------------------------|----------------------|
| <input checked="" type="checkbox"/> | BASIC LIFE INSURANCE BENEFIT | Plan Changes Allowed |
| <input checked="" type="checkbox"/> | LONG TERM DISABILITY         | Plan Changes Allowed |
| <input checked="" type="checkbox"/> | ACCIDENTAL DEATH & DISMEM    | Plan Changes Allowed |
| <input checked="" type="checkbox"/> | LIFE - DEPENDENT             | Plan Changes Allowed |
| <input checked="" type="checkbox"/> | LIFE - OPTIONAL LIFE         | Plan Changes Allowed |

Exit << Previous Next >>

36. All available Life Insurance plans appear and are already checkmarked (in order to elect them or select the waiver).

37. Click the **Next >>** button. The Elect Coverage window appears.

PeopleSoft®

Open Enrollment - Elect Coverage

Employee Name

[BASIC LIFE INSURANCE BENEFITS](#)

Total Deductions Per Pay Period 47.00  
A selection is required. You must select only one of the available plans.

Records: 1 - 2

| Elect                    | Plan                         |
|--------------------------|------------------------------|
| <input type="checkbox"/> | BASIC LIFE MONTHLY INSURANCE |
| <input type="checkbox"/> | WAIVER - BASIC LIFE          |

Recalculate Exit < Previous Next >

38. To continue with your current coverage, simply click Next. To make changes to your coverage, either elect one of the benefit plan(s) or waive the benefit by clicking the check box to the left of the Plan.

Reminder: The Basic Life Insurance policy does not involve an employee payment unless you are a part time eligible employee, so no rate is listed.

If you choose to waive any of the benefits, you will proceed to the next benefit until you are finished choosing Life Insurance and Disability. Long Term Disability and Dependent Life will not have you assign beneficiaries.

39. Click the **Next >>** button. The Beneficiary Enrollments window appears.

PeopleSoft®

Open Enrollment - Beneficiary Enrollments

JOE, O I

[BASIC LIFE MONTHLY INSURANCE](#)

Enter the percentage of your benefit you would like distributed to your primary and secondary beneficiaries.

Upon your death, your primary beneficiary will receive your benefits. If your primary beneficiary does not outlive you, your secondary beneficiary will receive your benefits.

- A beneficiary cannot be both primary and secondary.
- You may have more than one primary or secondary beneficiary.

Records: 1 - 1

| Beneficiary | Relationship | Primary % | Secondary % |
|-------------|--------------|-----------|-------------|
| SAMMIE JOE  | SPOUSE       |           |             |

View/Add Beneficiary Exit << Previous Next >>

40. If you chose to elect a benefit plan, on Beneficiary Enrollments, you will apply percentages to each of your beneficiaries to total 100% for the Primary Beneficiary and (if applicable) 100% for the Secondary Beneficiary.

The View/All Beneficiary link takes you back to the Beneficiary List screen to allow you to enter any additional beneficiaries you would like to include on the list.

41. Click the **Next >>** button.

PeopleSoft  
Open Enrollment - Elect Coverage

Employee Name  
LONG TERM DISABILITY

Total Deductions Per Pay Period 47.00  
A selection is required. You must select only one of the available plans.

| Elect                    | Plan                                     | Plan Cost |
|--------------------------|--|-----------|
| <input type="checkbox"/> | OPTION 1 L.T.D. 3 Month, 60%, Monthly    | 30.95     |
| <input type="checkbox"/> | OPTION 2 L.T.D. 6 Month, 60%, Monthly    | 22.93     |
| <input type="checkbox"/> | OPTION 3 L.T.D. 9 Month, 60%, Monthly    | 19.66     |
| <input type="checkbox"/> | OPTION 4 L.T.D. 4 Month, 50%, Monthly    | 16.02     |
| <input type="checkbox"/> | OPTION 5 L.T.D. 7 Month, 65.66%, Monthly | 58.97     |
| <input type="checkbox"/> | OPTION 6 L.T.D. 6 Month, 65.66%, Monthly | 36.76     |
| <input type="checkbox"/> | WAVEP - LONG TERM DISABILITY             | 0.00      |

Recalculate  
Exit

<< Previous      Next >>

42. To continue with your previous year coverage, simply click **Next**.

PeopleSoft  
Open Enrollment - Elect Coverage

Employee Name  
ACCIDENTAL DEATH & DISMEM

Total Deductions Per Pay Period 47.00  
A selection is required. You must select only one of the available plans.

| Elect                    | Plan                          | Plan Cost |
|--------------------------|-------------------------------|-----------|
| <input type="checkbox"/> | MONTHLY ACC DEATH & DISMEMBER | 0.10      |
| <input type="checkbox"/> | WAVE ACC DEATH & DIS          | 0.00      |

Recalculate  
Exit

<< Previous      Next >>

43. To continue with your previous coverage, click **Next >>**.

PeopleSoft  
Open Enrollment - Beneficiary Enrollments

JOE, G1  
MONTHLY ACC DEATH & DISMEMBER

Enter the percentage of your benefits you would like distributed to your primary and secondary beneficiaries.

Upon your death, your primary beneficiary will receive your benefits. If your primary beneficiary does not outlive you, your secondary beneficiary will receive your benefits.

- A beneficiary cannot be both primary and secondary.
- You may have more than one primary or secondary beneficiary.

| Beneficiary | Relationship | Primary % | Secondary % |
|-------------|--------------|-----------|-------------|
| SAMMIE JOE  | SPOUSE       |           |             |

View/Add Beneficiary

Exit

<< Previous      Next >>

44. Designate the appropriate beneficiaries and click **Next**. You will return to the Self Service Director window.

PeopleSoft  
Open Enrollment - Elect Coverage  
Employee Name  
LIFE-DEPENDENT  
Total Deductions Per Pay Period 47.10  
A selection is required. You must select only one of the available plans.

| Elect                               | Plan                           | Plan Cost |
|-------------------------------------|--------------------------------|-----------|
| <input type="checkbox"/>            | HIGH OPTIONAL DEPT LIFE 70 & O | 11.32     |
| <input type="checkbox"/>            | HIGH OPTIONAL DEPT LIFE FAMIL  | 4.13      |
| <input type="checkbox"/>            | LOW OPTIONAL DEPT LIFE 70 & OV | 5.66      |
| <input type="checkbox"/>            | LOW OPTIONAL DEPT LIFE FAMIL   | 2.11      |
| <input checked="" type="checkbox"/> | WAIVER OPTIONAL DEPENDENT LIFE | 0.00      |

Recalculate  
Exit

<< Previous      Next >>

45. To continue to your previous coverage, simply click **Next**. There is no need to designate beneficiaries for this plan.

PeopleSoft  
Open Enrollment - Elect Coverage  
Employee Name  
LIFE-OPTIONAL LIFE  
Total Deductions Per Pay Period 47.10  
A selection is required. You must select only one of the available plans.

| Elect                    | Plan                                 | Plan Cost |
|--------------------------|--------------------------------------|-----------|
| <input type="checkbox"/> | 1 X SALARY                           | 8.80      |
| <input type="checkbox"/> | 2 X SALARY                           | 17.60     |
| <input type="checkbox"/> | 3 X SALARY                           | 26.40     |
| <input type="checkbox"/> | FLAT \$5,000 OPTIONAL LIFE INSURANCE | 1.00      |
| <input type="checkbox"/> | WAIVER OPTIONAL LIFE                 | 0.00      |

Recalculate  
Exit

<< Previous      Next >>

46. To continue to your previous coverage, simply click **Next**.

PeopleSoft  
Open Enrollment - Beneficiary Enrollments  
JOE, O1  
1 X SALARY  
Enter the percentage of your benefit you would like distributed to your primary and secondary beneficiaries.  
Upon your death, your primary beneficiary will receive your benefits. If your primary beneficiary does not outlive you, your secondary beneficiary will receive your benefits.  
• A beneficiary cannot be both primary and secondary.  
• You may have more than one primary or secondary beneficiary.

| Beneficiary | Relationship | Primary % | Secondary % |
|-------------|--------------|-----------|-------------|
| SAMMIE JOE  | SPOUSE       |           |             |

View/Add Beneficiary

Exit      << Previous      Next >>

47. Designate the appropriate beneficiaries and click **Next**.

Self Service Director - Self-Service Director

J D E D W A R D S

DEBBIE MILLER

**FLEXIBLE SPENDING ACCOUNTS**

Flexible spending accounts (FSA) are designed to allow employees to pay out-of-pocket (unreimbursed) medical and dependent care expenses using pre-tax dollars each Plan Year (January 1 - December 31).

- **Medical Flexible Spending Account** - Employee may be reimbursed for eligible medical, dental and vision expenses not covered or reimbursed by insurance. Please refer to DAS State Personnel/Benefits website or IRS Publication 502 for complete list of eligible expenses. The minimum annual election for the Medical FSA is \$120 and the maximum allowed is \$3,000 each Plan Year.
- **Dependent Care Flexible Spending Account** - Employees may be reimbursed for dependent care expenses incurred in order for the employee to work, look for work or attend school full-time, and if married, employee's spouse to work, look for work or attend school full-time. Please refer to DAS State Personnel/Benefits website or IRS Publication 503 for complete list of eligible expenses. The minimum annual election for the Dependent Care FSA account is \$72 and the maximum allowed is \$5,000 each Plan Year (\$2,500 if married and filing separate tax returns).

If electing a Flexible Spending Account (Dependent Care and/or Medical) enter the rate per **PAY PERIOD**.

**24=Bi-weekly pay periods, 12=Monthly pay periods**

The minimum and maximum pay period contributions are:

|           | Dependent Care Reimbursement Account |                       | Medical Care Reimbursement Account |                       |          |
|-----------|--------------------------------------|-----------------------|------------------------------------|-----------------------|----------|
|           | Minimum Per Payperiod                | Maximum Per Payperiod | Minimum Per Payperiod              | Maximum Per Payperiod |          |
| Monthly   | \$6.00                               | \$416.66              | Monthly                            | \$10.00               | \$250.00 |
| Bi-Weekly | \$3.00                               | \$208.33              | Bi-Weekly                          | \$5.00                | \$125.00 |

Open Enrollment

- Employee Personal Information
- Employee Phone Numbers
- Current Elections
- Dependent List
- Health
- Beneficiary List
- Life Insurance
- Flexible Spending Accounts
- Preview Benefit Changes
- Accept Benefit Changes
- Final Benefit Confirm. Stmt.

Exit << Previous Next >>

48. Click **Next**.

PeopleSoft

Open Enrollment - FLEXIBLE SPENDING ACCOUNTS

JOE, O I

Select the benefit categories you want to change.

| Select To Change                    | Category Description | Description          |
|-------------------------------------|----------------------|----------------------|
| <input checked="" type="checkbox"/> | FLEX DEPENDENT       | Plan Changes Allowed |
| <input checked="" type="checkbox"/> | FLEX MEDICAL         | Plan Changes Allowed |

Exit << Previous Next >>

49. Flexible Spending Accounts (or their waivers) **MUST BE RE-ELECTED** during Open Enrollment no matter what you have in the previous year. The deduction amount per pay period must also be indicated.

50. Click **Next>>**.

PeopleSoft

Open Enrollment - Elect Coverage

Employee Name

FLEX DEPENDENT

Total Deductions Per Pay Period 55.00

A selection is required. You must select only one of the available plans.

| Elect                    | Plan                           | Enter Amount or Rate |
|--------------------------|--------------------------------|----------------------|
| <input type="checkbox"/> | DEPEND CARE REIMB ACCT-ST PLAN |                      |
| <input type="checkbox"/> | WAVE FLEX DEPENDENT CARE       |                      |

Recalculate

Exit << Previous Next >>

51. Click the appropriate **check box**, indicate the appropriate pay period rate (if necessary), and click **Next >>**. You will return to the Self Service Director window.

52. Click the **Next >>** button to review your pending benefit elections.

| Benefits Category             | Benefits Plan Selected           | Employee Cost (per pay period) | Employer Cost (per pay period) |
|-------------------------------|----------------------------------|--------------------------------|--------------------------------|
| MEDICAL BENEFITS              | 2 PRY BLUESELECT HEALTH INS MNT  | \$ 0                           | \$ 0                           |
| DENTAL                        | Dental Insurance Single_Monthly  | \$ 35.00                       | \$ 0                           |
| VISION BENEFITS               | Vision Insurance_Single_Monthly* | \$ 12.00                       | \$ 0                           |
| BASIC LIFE INSURANCE BENEFITS | BASIC LIFE MONTHLY INSURANCE     | \$ 0                           | \$ 1.40                        |
| LONG TERM DISABILITY          | WAVER - LONG TERM DISABILITY     | \$ 0                           | \$ 0                           |
| ACCIDENTAL DEATH & DISMEMB    | MONTHLY ACC DEATH & DISMEMBER    | \$ 10                          | \$ 0                           |
| LIFE_OPTIONAL LIFE            | WAVER_OPTIONAL DEPENDENT LIFE    | \$ 0                           | \$ 0                           |
| LIFE_OPTIONAL LIFE            | 1X SALARY                        | \$ 8.80                        | \$ 0                           |
| FLEX DEPENDENT                | WAVE FLEX DEPENDENT CARE         | \$ 0                           | \$ 0                           |

53. Review your Open Enrollment elections here on the Elections Pending Submission window. If the benefit elections are not correct, you can click on the blue, underlined Benefits Category in question to review/update them.
54. After reviewing your benefits, click the **Submit Your Changes** button at the top or bottom of the screen.
55. On Open Enrollment – Self-Service Director, read the instructions very carefully for accepting your benefit elections.

Self Service Director - Self-Service Director

J D E D W A R D S

DEBBIE MILLER

### ACCEPT BENEFIT CHANGES

The next step is to either (a) Accept your elections, (b) click "previous" to view the confirmation statement again and make changes, or (c) exit the Open Enrollment event.

**IMPORTANT REMINDER** If you do not click the "I ACCEPT" button and receive a confirmation number before you leave the enrollment site, your elections **have not** been saved.

If you accept the elections, record the Transaction Number which is found directly underneath the FINAL CONFIRMATION STATEMENT heading. This number can be used by your Agency Human Resources department to verify your Open Enrollment event changes.

To print a copy of your Final Confirmation Statement, select the file, print from your browser menu bar.

On the following screen, you will either click on the "I accept" button or click the "previous" button to continue changing benefit coverage. Once you have clicked on the "I accept" button, additional changes cannot be made. The "I accept" is an electronic legal signature for the following:

- This Application can only be changed or revoked during the Plan Year if I have a status change as defined in the Plan or if I am no longer eligible to participate. The new election must be consistent with my status change and must be made within 30 days of the status change.
- This Application will automatically be changed or canceled, if necessary to comply with the Internal Revenue Code or if required benefit contributions increase or decrease.
- If I elect Medical, Dental, Vision or Flexible Spending Accounts, coverage will automatically be part of the Section 125 plan.
- For any State Temporary employee, Section 125 does not apply.
- AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL INFORMATION: On behalf of myself and anyone enrolled on or added to this application, I authorize any health care professional or entity to give the health carrier or any of their designees, any and all records or information pertaining to medical history or services rendered to me or my dependents for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purposes. I also authorize on behalf of myself or my dependents the use of a Social Security Number for purpose of identification. The information provided on this application is accurate and complete. I understand and agree that any omissions or incorrect statements knowingly made by me or my dependents on this application may invalidate my and/or my dependent's coverage. I HEREBY REQUEST THE ABOVE ELECTED COVERAGE AND AUTHORIZE THE REQUIRED PAYROLL REDUCTIONS from my salary, continuing until this agreement is amended or terminated.

**Be sure to record the Transaction Number listed which is found directly underneath the Final confirmation Statement heading. This number can be used by your Agency Human Resources department to verify your Open Enrollment event changes. It is the responsibility of each State of Nebraska employee to review their pay stubs to ensure that the proper benefit premium(s) and benefit plan(s) are being deducted from their pay. Any missed premium(s) or refund will be paid back, regardless of fault. If you find an error, contact your Human Resource department immediately.**

Open Enrollment

- Employee Personal Information
- Employee Phone Numbers
- Current Elections
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- Health
- Beneficiary List
- Life Insurance
- Flexible Spending Accounts
- Preview Benefit Changes
- Accept Benefit Changes
- Final Benefit Confirm. Stmt.

Exit << Previous Next >>

56. Read the instructions carefully and click the **Next >>** button. The Open Enrollment – Acceptance Form appears.

PeopleSoft.

Open Enrollment - Acceptance Form

Do you authorize Human Resources to update your records with the changes you have made?

Click the "Previous" button to view the confirmation statement again.

I accept

Exit << Previous

✏ If for any reason you would like to go back and change any of your elections, click the **<< Previous** button.

57. Click the **I accept** button to accept your benefits.

✏ Clicking the **I accept** button saves all information entered into the Benefits Open Enrollment event. You may decide to update/make changes to this information during the Open Enrollment period.

58. Read the information and click the **Next >>** button. The Final Benefit Confirm. Stmt window appears.

| Benefits Category  | Benefits Plan Selected                  | Employee Cost (per pay period) | Employer Cost (per pay period) |
|--|---|--------------------------------|--------------------------------|
| MEDICAL BENEFITS<br><i>Covered Dependents:</i><br>SAMMIE JOE                 | 2 PRTY BLUESELECT HEALTH INS MNT        | \$ 0                           | \$ 0                           |
| DENTAL   | Dental Insurance Single, Monthly        | \$ 35.00                       | \$ 0                           |
| VISION BENEFITS  | Vision Insurance, Single, Monthly*      | \$ 12.00                       | \$ 0                           |
| BASIC LIFE INSURANCE BENEFITS<br><i>Covered Beneficiaries:</i><br>SAMMIE JOE | BASIC LIFE MONTHLY INSURANCE            | \$ 0                           | \$ 1.40                        |
| LONG TERM DISABILITY   | Primary: WAIVER - LONG TERM DISABILITY  | \$ 0                           | \$ 0                           |
| ACCIDENTAL DEATH & DISMEM  | Primary: MONTHLY ACC DEATH & DISMEMBER  | \$ 10                          | \$ 0                           |
| LIFE - DEPENDENT   | Primary: WAIVER OPTIONAL DEPENDENT LIFE | \$ 0                           | \$ 0                           |
| LIFE - OPTIONAL LIFE<br><i>Covered Beneficiaries:</i><br>SAMMIE JOE          | Primary: 1 X SALARY                     | \$ 8.80                        | \$ 0                           |

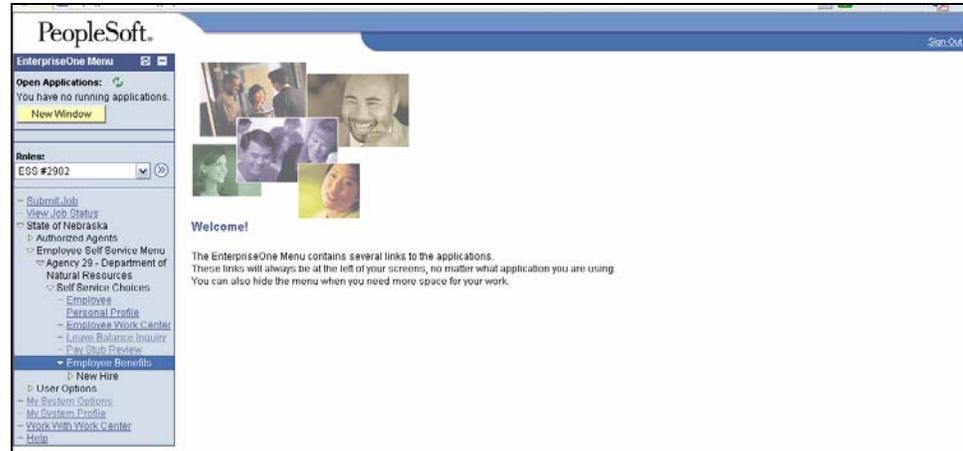
59. Review and record your **Transaction Number** that is at the top of your Final Confirmation Statement.

 The **Transaction Number** is very important to have after the Open Enrollment period. It may be used to track the elections that you have made in the Open Enrollment process.

60. It is very important that you print your **Final Confirmation Statement**.

61. Click **File, Print** from the browser toolbar to print a copy of your **Final Confirmation Statement**.

62. Click **Print** to produce a paper copy of your final Confirmation Statement.
63. Scroll to the bottom of the page and click the **Next >>** button to end the Benefits Open Enrollment Process.
64. You will return to the menu.

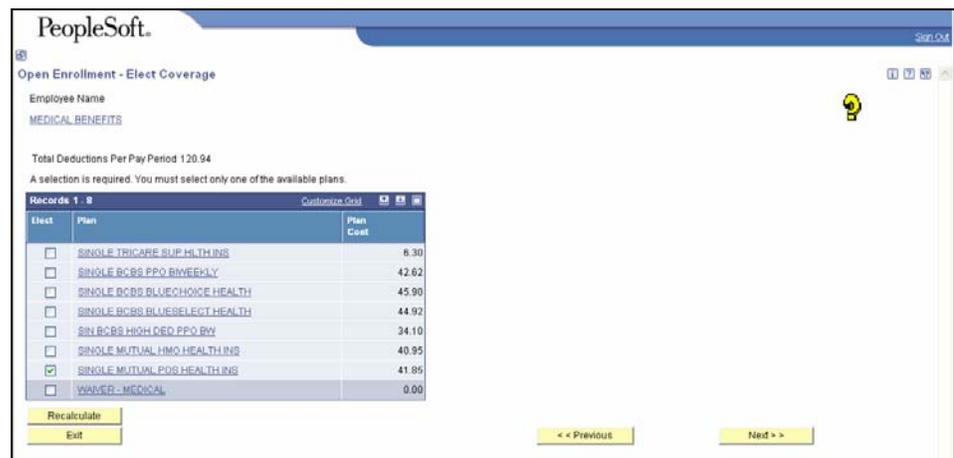


65. Click Sign Out to exit NIS.

## Find a Primary Care Physician

Some medical benefit plans require that a Primary Care Physician (PCP) be designated. If one is not designated by the employee, the insurance provider will choose one for the employee.

Start this instruction from the Open Enrollment - Elect Coverage window.



1. Choose the appropriate medical plan and click **Next**. If a PCP is required for this plan, the Primary Care Physician window will appear.

PeopleSoft

Open Enrollment - Primary Care Physician

DORENNE K MCKAY

SINGLE MUTUAL POS HEALTH INS

Below is a list of dependents that require a Primary Care Physician Number:

| Name            | Benefit Plan                 | PCP Number |
|-----------------|------------------------------|------------|
| DORENNE K MCKAY | SINGLE MUTUAL POS HEALTH INS |            |

Exit << Previous Next >>

- Click into the PCP number field in the grid. The Visual Assist (or magnifying glass icon ) appears in the PCP Number field in the grid, indicating that a searchable list of codes entered into this field is available. The PCP Number is a **3-DIGIT NUMBER** internally assigned by NIS. Click the **Visual Assist Icon**.

PeopleSoft

Select User Define Code

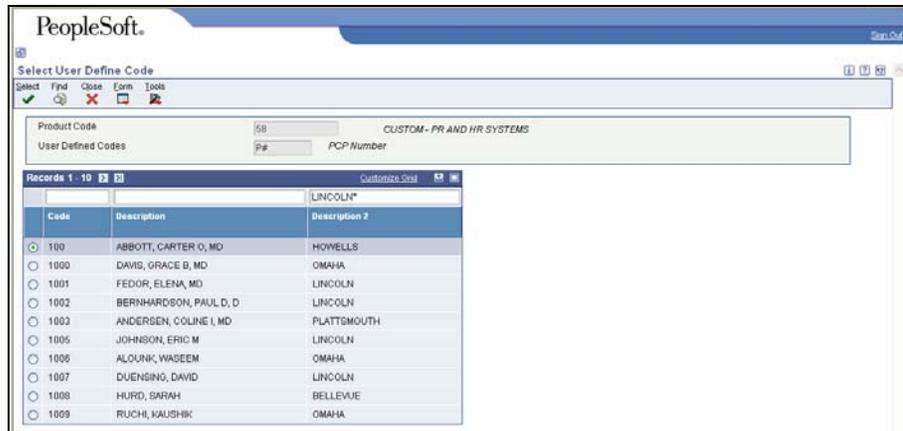
Product Code: 58 CUSTOM - PR AND HR SYSTEMS

User Defined Codes: pg PCP Number

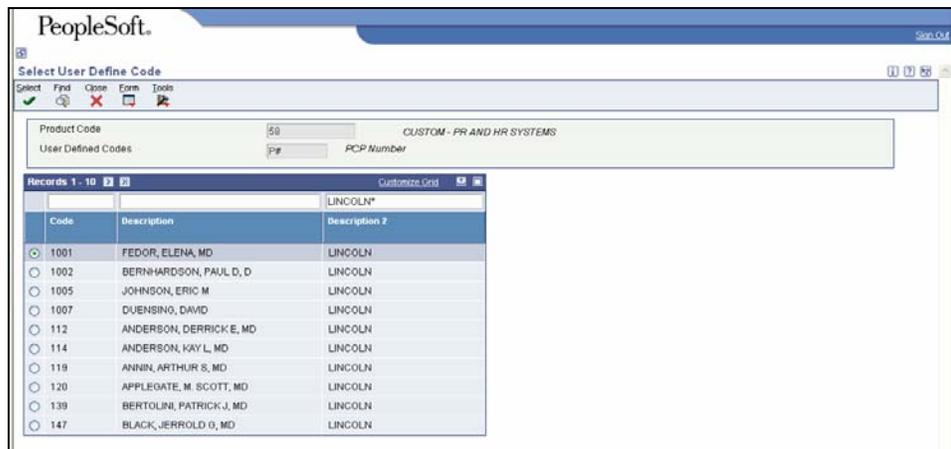
| Code | Description            | Description 2 |
|------|------------------------|---------------|
| 100  | ABBOTT, CARTER O, MD   | HOWELLS       |
| 1000 | DAVIS, GRACE B, MD     | OMAHA         |
| 1001 | FEDOR, ELENA, MD       | LINCOLN       |
| 1002 | BERNHARDSON, PAUL D, D | LINCOLN       |
| 1003 | ANDERSEN, COLINE I, MD | PLATTSMOUTH   |
| 1005 | JOHNSON, ERIC M        | LINCOLN       |
| 1006 | ALOUNK, WASEEM         | OMAHA         |
| 1007 | DUENSING, DAVID        | LINCOLN       |
| 1008 | HURD, SARAH            | BELLEVUE      |
| 1009 | RUCHI, KAUSHIK         | OMAHA         |

Exit << Previous Next >>

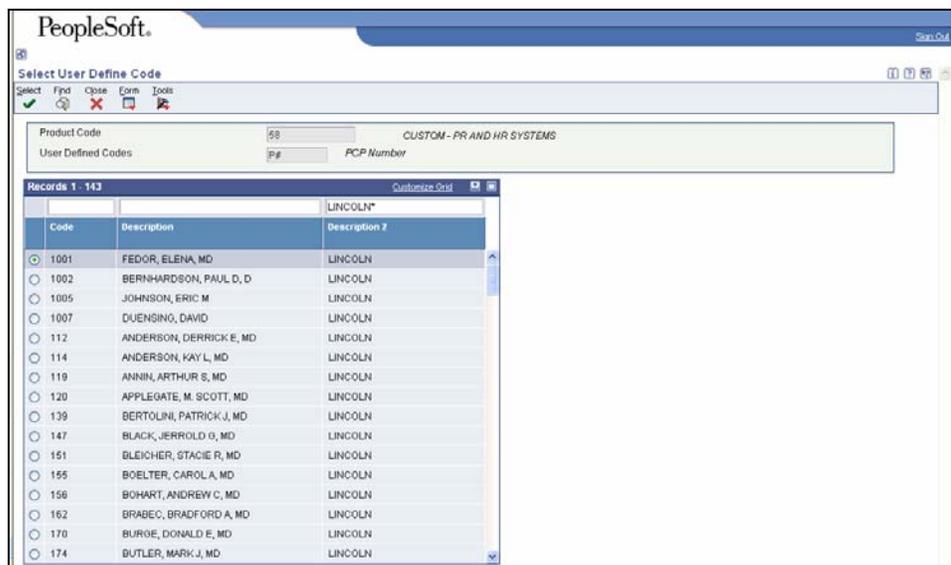
- This grid provides a list of PCPs in the insurance carrier network.
- The right arrow next to Records 1-10 () indicates that there are more options available. It does not indicate how many of these options are in this grid. To view all PCPs, click the arrow with a line behind it () to view the entire list in the grid.
- The Query By Example (QBE) line of fields above the column titles allows employees to search for a specific entry in that column.
- Type **LINCOLN\*** (in ALL CAPS, and followed by an asterisk) in the QBE line to narrow the list to PCPs in Lincoln only. You could also search by the physician's name by entering "Smith\*" (in Title Case, and followed by an asterisk).



7. Click Find.



8. The right arrow next to Records 1-10 indicates that there are more options available. It does not indicate how many of these options are in this grid. To view all PCPs, click the right arrow with the line behind it to populate all records in the grid.



- Click the radio button next to the appropriate PCP and click **Select**. The PCP number will appear in the PCP Number field on the Primary Care Physician window.

PeopleSoft. Sign Out

Open Enrollment - Primary Care Physician

DORENNE K MCKAY

SINGLE MUTUAL POS HEALTH INS

Below is a list of dependents that require a Primary Care Physician Number.

| Records 1 - 1   |                              |            |
|-----------------|------------------------------|------------|
| Name            | Benefit Plan                 | PCP Number |
| DORENNE K MCKAY | SINGLE MUTUAL POS HEALTH INS |            |

Exit      << PREVIOUS      Next >>

- PCPs can be entered into this grid either by clicking on the Visual Assist Icon to see the available options OR by entering the PCP Number in the field if it is already known.
- Click **Next** to continue with Dental, Vision, Life Insurance and Flexible Spending Elections. Return to Step 55.