

New Hire Benefit Enrollment



People ▪ Service ▪ Business

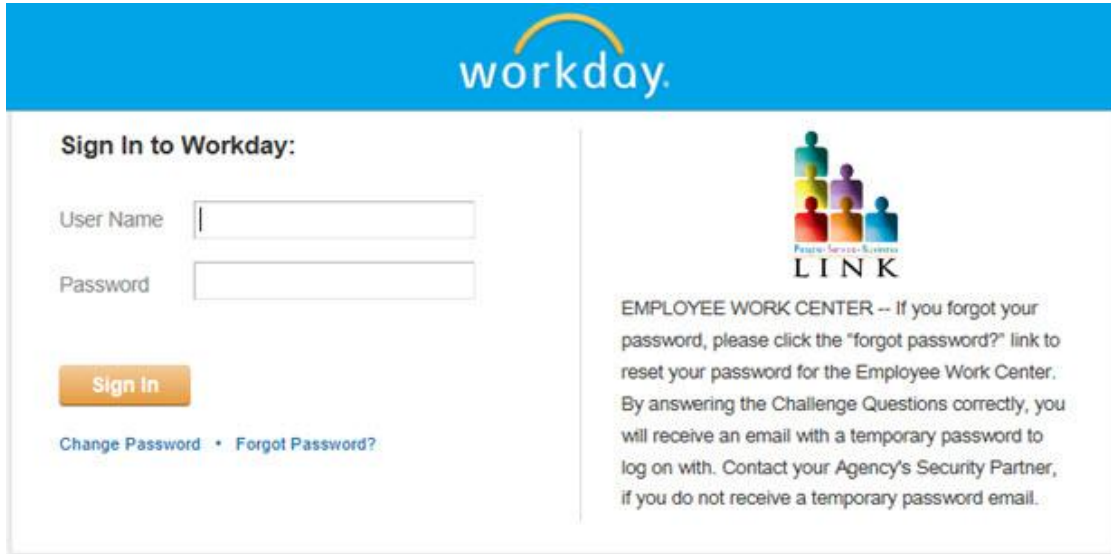
LINK

Table of Contents:

| | |
|---|----|
| Log in to the Employee Work Center | 3 |
| Complete Your Benefits | 3 |
| Medical, Dental and Vision Benefits | 4 |
| Dependents | 5 |
| Dependent/Medical Flex Plans | 7 |
| Life Insurance Plans | 8 |
| Beneficiaries | 8 |
| Select W-2 Elections | 9 |
| Submit your Benefit Elections | 9 |
| LINK Help Desk Contact Information | 10 |

Log in to the Employee Work Center

1. Type your User Name and Password.
2. Click **Sign In** (or press Enter).



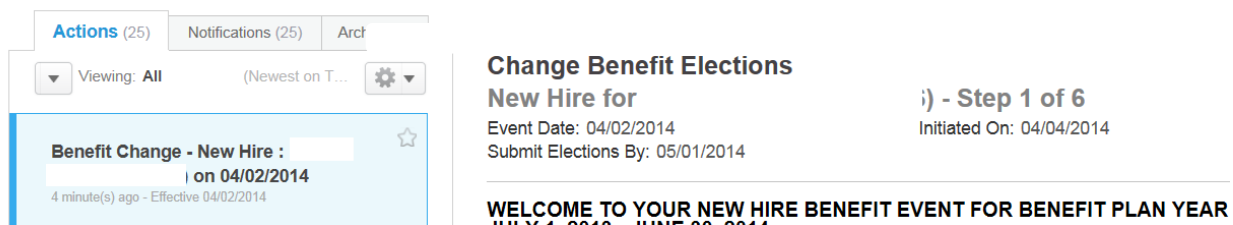
Complete Your Benefits

3. Click the **Ok, Get Started** button.
4. In the upper right-hand corner of the screen, click the tray that looks like an inbox, and then click **View Inbox**.



5. Your Inbox will open and you will have: **Benefit Change –New Hire** (your name, Employee ID and your hire date).

Inbox



6. Click **Benefit Change - New Hire: (name, Emp ID) on [hire date]** and a new window will open.

New Hire Benefit Enrollment

- Read all of the information on Step 1. You must scroll to the section of this page that says **Health Care Elections** to **Elect** your coverage for Medical, Dental, and Vision.

Health Care Elections 8 items

| | Benefit Plan | * Elect / Waive | Coverage | Enroll Dependents | Employee Cost |
|--|--|---|----------|-------------------|---------------|
| | Medical - United Health Care High Deductible Plan | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | | |
| | Medical - United Health Care PPO Consumer Focused Health Plan (HSA Eligible) | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | | |
| | Medical - United Health Care Regular Plan | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | | |

Medical, Dental and Vision Benefits

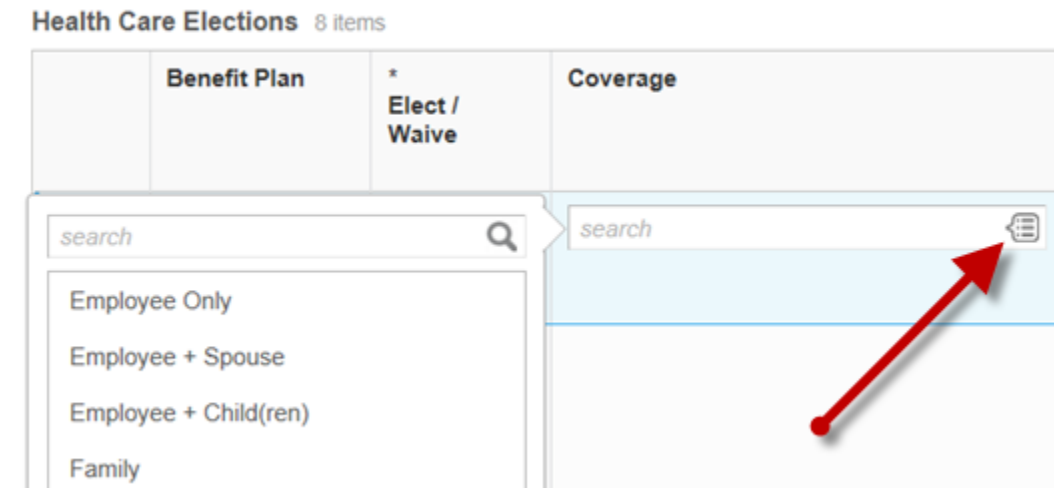
- Select the medical plan in which you wish to enroll; click the **Elect** button next to the plan.

NOTE: IF YOU WANT ADDITIONAL INFORMATION ABOUT THE PLAN OR TO ACCESS THE PROVIDER WEBSITE, CLICK THE GLOBE ICON NEXT TO THE PLAN DESCRIPTION OR PROVIDER WEBSITE UNDER THE RIGHT COLUMNS ON THIS PAGE. CLICK THE LINK FOR "CLICK HERE FOR PLAN RATES" ABOVE THE HEALTH CARE ELECTIONS TO GET THE PLAN RATES.

- Once you elect a plan, you must select one of the following coverages. Click the prompt icon under the **Coverage** column (unless a coverage is not included in the plan):
 - Employee Only** (includes just employee).
 - Employee + Spouse** (includes just employee and spouse).
 - Employee + Child(ren)** (includes just employee and child[ren]).

NOTE: STEPCHILDREN CAN BE COVERED ONLY IF ENROLLED IN THE FAMILY TIER OF COVERAGE.

 - Family** (includes employee, spouse, and child[ren]).

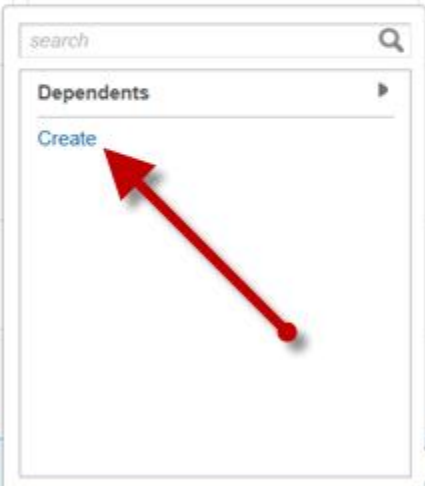


Dependents

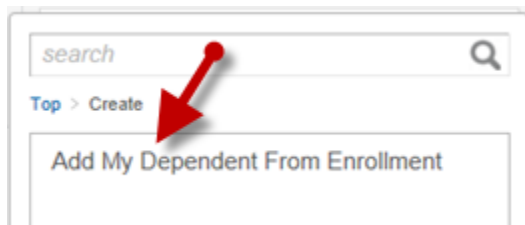
1. To **Enroll Dependents**, click the tablet shaped search prompt icon in the **Enroll Dependents** column. This might include adding your dependents to the system. If you already have your dependents in the Employee Work Center when you click expand, the dependents will appear in a list from which you can choose.
3. If you need to create dependents, click the link for **Create**.

Health Care Elections 8 items

| | Benefit Plan | * Elect / Waive | Coverage | Enroll Dependents |
|--|--|---|----------|-------------------|
| | Medical - United Health Care High Deductible Plan | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | | |
| | Medical - United Health Care PPO Consumer Focused Health Plan (HSA Eligible) | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | |
| | Medical - United Health Care Regular Plan | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | |
| | Medical - United Health Care Wellness Plan | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | |
| | Dental - Ameritas Basic Option | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | | |



4. To create new dependents, click **Add My Dependent From Enrollment**.



5. If you want to use the dependent you are creating as a beneficiary, click **Yes**. If not, click **No**.

Add My Dependent From Enrollment

6) ...

Use your new dependent as a beneficiary?

- Yes
 No

OK

Cancel

New Hire Benefit Enrollment

- Once you have made your choice, click **OK**.
- The window to create your dependent will open. Once you complete the information, the dependent will be added to the coverage you had previously elected. Fields with a red asterisk (*) are required.

Add My Dependent From Enrollment

Name

Country * United States of America

First Name *

Middle Name

Last Name *

Personal Information

Relationship * search

Date of Birth *

Age

Gender * select one

Citizenship Status search

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Address

Use Existing Address

Country United States of America

Address Line 1 2309 WAVERLY RD

Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Area Code 402

Phone Number 610-2336

- After completing, click **OK**.

NOTE: CLICK THE TABLET SHAPED SEARCH PROMPT ICON NEXT TO "USE EXISTING ADDRESS" IN THE ADDRESS SECTION IF THE DEPENDENT'S ADDRESS IS THE SAME AS YOU, THE EMPLOYEE.

NOTE: YOU WILL NEED TO CLICK THE ADD BUTTON IN THE NATIONAL IDS SECTION TO ADD THE DEPENDENT'S SOCIAL SECURITY NUMBER. IF YOU DO NOT ADD THE SOCIAL SECURITY NUMBER, YOU WILL RECEIVE THIS MESSAGE WHEN TRYING TO SUBMIT THE PLAN:

MESSAGE: IF YOUR DEPENDENT IS A NEWBORN AND DOES NOT HAVE A SOCIAL SECURITY NUMBER, SELECT THE REASON ID IS NOT AVAILABLE BUTTON, AND ENTER THE "NOT ARRIVED" IN THE TEXT FIELD.

- Complete the process above for any additional dependents.
- Select the dental plan and vision plan in which you wish to enroll, and click **Elect** next to the plans.

NOTE: IF YOU WANT ADDITIONAL INFORMATION ABOUT THE PLAN OR TO ACCESS THE PROVIDER WEBSITE, CLICK THE GLOBE ICON NEXT TO THE PLAN DESCRIPTION OR PROVIDER WEBSITE UNDER THE RIGHT COLUMNS ON THIS PAGE. CLICK THE LINK FOR "CLICK HERE FOR PLAN RATES," ABOVE THE HEALTH CARE ELECTIONS TO GET THE PLAN RATES.

NOTE: YOU WILL ENTER THE COVERAGE AND DEPENDENTS THE SAME WAY AS YOU DID FOR THE MEDICAL PLAN. YOUR DEPENDENTS SHOULD BE LISTED FOR YOU WHEN YOU CLICK THE BLUE SEARCH PROMPT ICON UNDER ENROLL DEPENDENTS.

New Hire Benefit Enrollment

11. Click **Continue**.

- If you elected the **Medical - United Health Care PPO Consumer Focused Health Plan (HSA Eligible)**, you have the option to enroll in the Health Savings Account (HSA) through Optum Bank. You can **Elect** to enroll or you can **Waive** this option.

Health Savings Account Plan Dependencies

Health Savings Election

| Benefit Plan | *Elect / Waive | Contribution Range (Annual) |
|--|---|--|
| HSA<=54 - OptumHealth HSA Bank Health Savings Plan for Employees age 54 or younger | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | Your number of remaining periods for the year 24 How much do you want to contribute for the total year? 0.00 How much do you want to contribute (Semi-monthly)? 0.00 |

Continue

Save for Later

Go Back

Cancel

- If you elected another Medical Plan, the page will open but you cannot make any changes.

12. Click **Continue**.

Dependent/Medical Flex Plans

Before you can proceed through the enrollment for Dependent or Medical Flex plans, you must enter the remaining number of pay periods for the current benefit year. This information will be given to you by the HR Partner. If you are Monthly or Bi-weekly will determine the remaining deductions override number you will enter.

- On the **Spending Account Elections** screen, you must enter the remaining number of pay periods in the **Remaining Deductions Override** box.

Remaining Payroll Deductions 0
Remaining Deductions Override 4

Spending Account Elections 2 items

| Benefit Plan | *Elect / Waive | Contributions | Supporting Information |
|--|---|---|--|
| Dependent Care Flex - ASI Dependent Flex | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | Your number of remaining periods for the year 4 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute (Semi-monthly)? 0.00 | Minimum Contribution (Annual) \$72.00 Maximum Contribution (Annual) \$5,000.00 Provider Website ASI |
| Medical Flex - ASI Medical Flex | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | Your number of remaining periods for the year 4 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute (Semi-monthly)? 0.00 | Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$2,500.00 Provider Website ASI |

Continue Save for Later Go Back Cancel

- After you enter the remaining number of pay periods, if necessary, the enrollment for Dependent or Medical Flex plans will open for your elections.
- If you elect one of these plans, you must complete one of the following fields (once you complete one, the other field will automatically calculate):
 - How much do you want to contribute for the total year?
 - How much do you want to contribute per paycheck (Semi-monthly)?


NOTE: IF YOU WANT ADDITIONAL INFORMATION ABOUT THE PLAN OR TO ACCESS THE PROVIDER WEBSITE, CLICK THE GLOBE ICON NEXT TO THE PLAN DESCRIPTION OR PROVIDER WEBSITE UNDER THE RIGHT COLUMNS ON THIS PAGE.

New Hire Benefit Enrollment

Remaining Payroll Deductions 0
Remaining Deductions Override 4

Spending Account Elections 2 items

| Benefit Plan | *Elect / Waive | Contributions | | Supporting Information |
|--|---|--|------|--|
| Dependent Care Flex - ASI Dependent Flex | <input checked="" type="radio"/> Elect <input type="radio"/> Waive | Your number of remaining periods for the year | 4 | Minimum Contribution (Annual) \$72.00 Maximum Contribution (Annual) \$5,000.00 Provider Website ASI |
| | | Your estimated contributions made this year | 0.00 | |
| | | How much do you want to contribute for the total year? | 0.00 | |
| | | How much do you want to contribute (Semi-monthly)? | 0.00 | |
| Medical Flex - ASI Medical Flex | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | Your number of remaining periods for the year | 4 | Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$2,500.00 Provider Website ASI |
| | | Your estimated contributions made this year | 0.00 | |
| | | How much do you want to contribute for the total year? | 0.00 | |
| | | How much do you want to contribute (Semi-monthly)? | 0.00 | |



15. After clicking either elect or waive, click **Continue**.

Life Insurance Plans

1. Select any additional life insurance plans you wish to elect (other than the defaulted \$20,000 Basic Life plan for every Permanent, Full-Time State employee).
2. Click Continue.

NOTE: IF YOU WANT ADDITIONAL INFORMATION ABOUT THE PLAN OR TO ACCESS THE PROVIDER WEBSITE, CLICK THE GLOBE ICON NEXT TO THE PLAN DESCRIPTION OR PROVIDER WEBSITE UNDER THE RIGHT COLUMNS ON THIS PAGE.


NOTE: AS A NEW HIRE, YOU CAN SELECT ANY OPTION ON THE OPTIONAL SUPPLEMENTAL LIFE – AETNA 0.5 - 5 X SALARY (EMPLOYEE) COVERAGE. HOWEVER, DURING OPEN ENROLLMENT, YOU CAN ONLY GO UP ONE INCREMENT, UNLESS YOU COMPLETE AN ELIGIBILITY FORM. ELIGIBILITY FORMS ARE AVAILABLE FROM YOUR AGENCY'S HUMAN RESOURCES OFFICE.

Beneficiaries

1. You must add the beneficiaries for your life insurance plans. Click the **Plus Icon** to add a beneficiary. Click the **Prompt icon** to add your dependents as beneficiaries. If you do not have any dependents, or wish to add your dependents as beneficiaries, click **Create**.

Beneficiary Designations 0 items

| Benefit Plan | Provider Website | Requires Beneficiary | Beneficiaries | |
|--------------|------------------|-------------------------------------|----------------------|---|
| | | | *Beneficiary | *Primary Percentage / Contingent Percentage |
| | Aetna | <input checked="" type="checkbox"/> | <input type="text"/> | <input type="radio"/> Primary Percentage <input type="text" value="0"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/> |



NOTE: IF YOU DID NOT CHOOSE TO ADD THE DEPENDENT AS A BENEFICIARY WHEN ORIGINALLY CREATING THE DEPENDENT, THEY WILL NOT APPEAR AS A BENEFICIARY ON THIS SCREEN, YOU MUST CREATE THEM.

NOTE: YOU DO NOT HAVE TO INPUT A NATIONAL ID FOR A BENEFICIARY.

NOTE: YOU MUST ASSIGN PRIMARY AND/OR CONTINGENT PERCENTAGE TO YOUR BENEFICIARY. EACH PLAN MUST ADD UP TO 100% FOR PRIMARY AND CONTINGENT. YOU ARE NOT REQUIRED TO HAVE CONTINGENT BENEFICIARIES.

2. Click **Continue**.

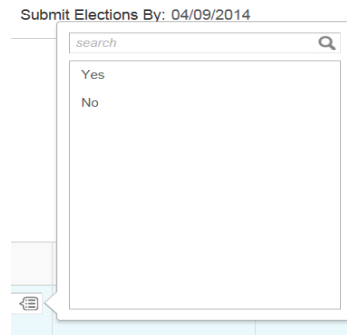
Select W-2 Elections

- You must choose **Elect** to be able to select the option to receive your W-2 electronically or to receive a paper copy. Click **Continue**.

Additional Benefits Elections

| Benefit Plan | *Elect / Waive | Coverage | Amount |
|--|---|----------|--------|
| W-2 Elections - State of Nebraska W-2 Election | <input type="radio"/> Elect <input checked="" type="radio"/> Waive | | |

NOTE: IF YOU CHOOSE ELECT, YOU MUST CLICK THE PROMPT ICON UNDER THE COVERAGE COLUMN, SELECT YES TO RECEIVE YOUR W-2 ELECTRONICALLY OR NO TO RECEIVE A PAPER COPY OF YOUR W-2.



Submit your Benefit Elections

- Review your **Elected Coverages**. The **Employee Cost** and **Employer Contribution** is calculated in the **Total** row at the bottom of the screen.

NOTE: IF YOU ENROLLED IN THE UNITED HEALTH CARE CONSUMER FOCUSED HEALTH PLAN AND ENROLLED IN THE HEALTH SAVINGS ACCOUNT AND YOU ALSO ENROLLED IN THE MEDICAL FLEXIBLE SPENDING ACCOUNT, YOU WILL RECEIVE A RED CRITICAL ERROR. BEFORE YOU WILL BE ABLE TO SUBMIT YOUR NEW HIRE ELECTIONS, YOU WILL HAVE TO USE THE "GO BACK" BUTTON AT THE BOTTOM OF EACH PAGE AND REMOVE ONE ELECTION (EITHER THE MEDICAL FLEX ENROLLMENT OR THE HEALTH SAVINGS ACCOUNT ELECTION). BY FEDERAL GUIDELINES, YOU CANNOT ENROLL IN BOTH. ONCE YOU HAVE CORRECTED ONE ENROLLMENT, CONTINUE FORWARD THROUGH THE NEW HIRE PROCESS AND CLICK THE ELECTRONIC SIGNATURE AT THE BOTTOM OF THE LAST PAGE.

New Hire Benefit Enrollment

2. Click **Submit**.

| Elected Coverages - 5 items | | | | | | | | | | |
|--|---------------------|----------------------|----------|---------------------|----------------------|--|--|--------------------------------------|--------|--|
| Benefit Plan | Coverage Begin Date | Deduction Begin Date | Coverage | Calculated Coverage | Dependents | Beneficiaries | Employee Cost (Semi-monthly) | Employer Contribution (Semi-monthly) | | |
| Medical - United Health Care Part time Choice Plan | 11/01/2012 | 10/08/2012 | Family | | Jr Hunt Mary Hunt | <input type="checkbox"/> <input type="checkbox"/> | \$667.37 | \$435.73 | | |
| Dental - Ameritas Basic Option | 11/01/2012 | 10/08/2012 | Family | | Jr Hunt Mary Hunt | <input type="checkbox"/> <input type="checkbox"/> | \$33.16 | | | |
| Vision - EyeMed Basic Option | 11/01/2012 | 10/08/2012 | Family | | Jr Hunt Mary Hunt | <input type="checkbox"/> <input type="checkbox"/> | \$6.79 | | | |
| Basic Life - Mutual of Omaha Part Time (Employee) | 11/01/2012 | 10/08/2012 | \$20,000 | \$20,000.00 | | Jr Hunt Mary Hunt | <input type="checkbox"/> <input type="checkbox"/> | \$0.25 | \$0.25 | |
| W-2 Elections - State of Nebraska W-2 Elections | 09/10/2012 | 09/10/2012 | Yes | | | | | | | |
| Total: | | | | | | | 707.57 | 435.98 | | |

3. Scroll down to view your **Waived Coverages** or **Beneficiary Designations**. Click the blue arrow to expand the screen.
4. Carefully read the **Electronic Signature** information and policy statements provided. If you agree to these policies, check the **I Agree** box, and then click **Submit**.

NOTE: YOU ARE REQUIRED TO CHECK "I AGREE" IN ORDER TO CONTINUE. IF YOU DO NOT AGREE, YOU CANNOT MOVE FORWARD.

Electronic Signature

Your name and password are considered your electronic signature and serve as your confirmation of the accuracy of the information submitted. When you mark the "I AGREE" checkbox, you are certifying that you have read and understand the following provisions:

- I understand that health care elections made during this enrollment session are effective July 1, 2012 - June 30, 2013 and remain in effect for the rest of the Benefit Plan calendar year unless I have a qualifying change in status
- I understand that any dependents I have enrolled in health coverage must meet the State of Nebraska's eligibility guidelines. I understand failure or inability to verify my dependent(s) eligibility, for any reason may result in disciplinary action up to and including termination of employment. In addition, any dependent(s) who I fail to verify may be removed from coverage retroactive to the beginning of the Plan Year. If the removal of ineligible and/or not verified dependent(s) results in a change of coverage, premiums will not be refunded
- I understand that stepchildren can only be covered by a Family Tier. (Employees **CAN NOT** elect coverage for stepchildren without covering the biological parent also)
- I understand health and flexible spending deductions are pre-tax while supplemental life insurance deductions are post-tax
- I understand that in the case of a medical emergency, I/dependent(s) should seek treatment at the nearest medical facility or call 911
- I understand that any comments submitted with my benefit(s) election process will not alter or change any benefit(s) election(s) I have made during this process
- I understand that Summary Plan Descriptions/Certificates of Coverage will serve as official source document(s) and prevail over any other plan descriptions
- I understand that I may be subject to life insurance limitations and have made my election(s) accordingly
- I understand that Life insurance increases (subject to evidence of insurability) and decreases as well as beneficiary designations can be made at any time during the year
- I understand that payroll deductions are taken for the pay period in which coverage is effective; retroactive deductions may be taken if the effective date for my enrollment is in the past
- I understand that it is my responsibility to review and understand all information presented in this benefits election process

I Agree

enter your comment

All Comments (0) [Process History](#) [Related Links](#)

Submit
Go Back
Cancel

LINK Help Desk Contact Information

The LINK Help Desk provides assistance for the following programs:

- The Employee Work Center
- The Employee Development Center
- The Recruitment & Selection Center

URL: <https://ciohelpdesk.nebraska.gov/User/>

Email: as.linkhelp@nebraska.gov

Phone: 402.471.6234