

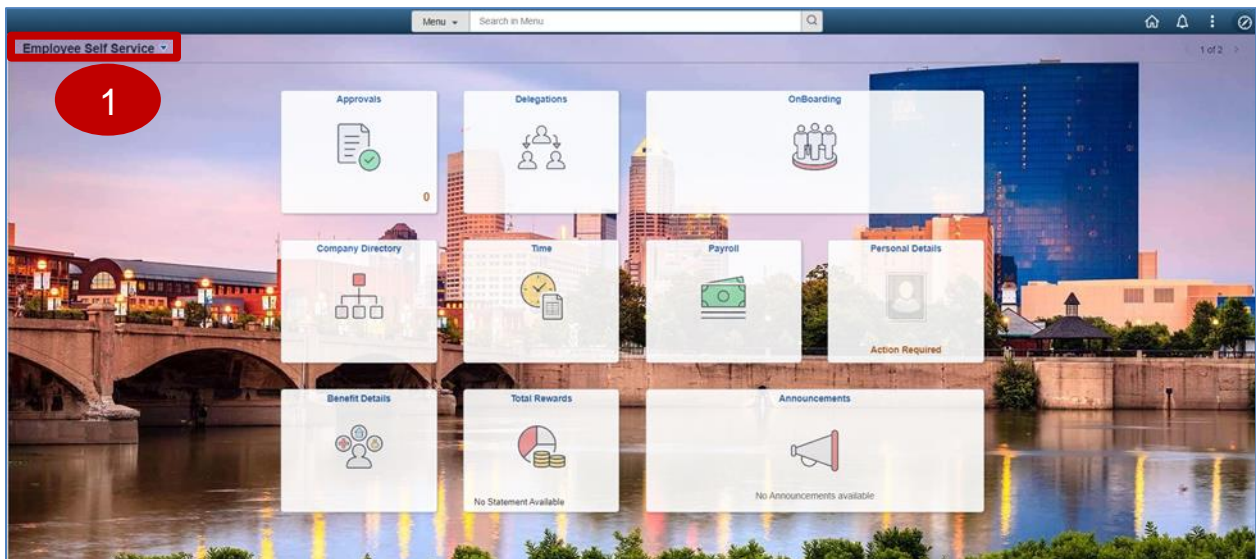
Benefits New Hire Enrollment

This job aid provides an overview for New Hire Benefit Enrollment and will discuss the following benefit plans:

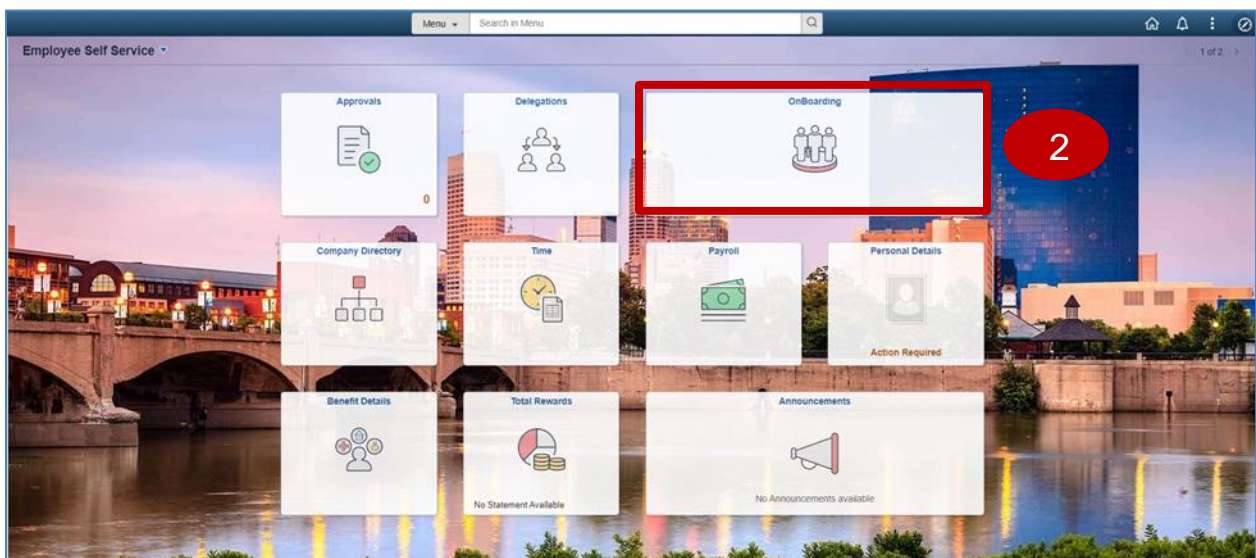
- **Navigation page 2**
- **New Benefits Enrollment..... page 5**
- **(NTUA) Non-Tobacco Use Agreement..... page 6**
- **Medical page 7**
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1. Log into PeopleSoft and **Navigate** to **Employee Self Service** from the homepage.

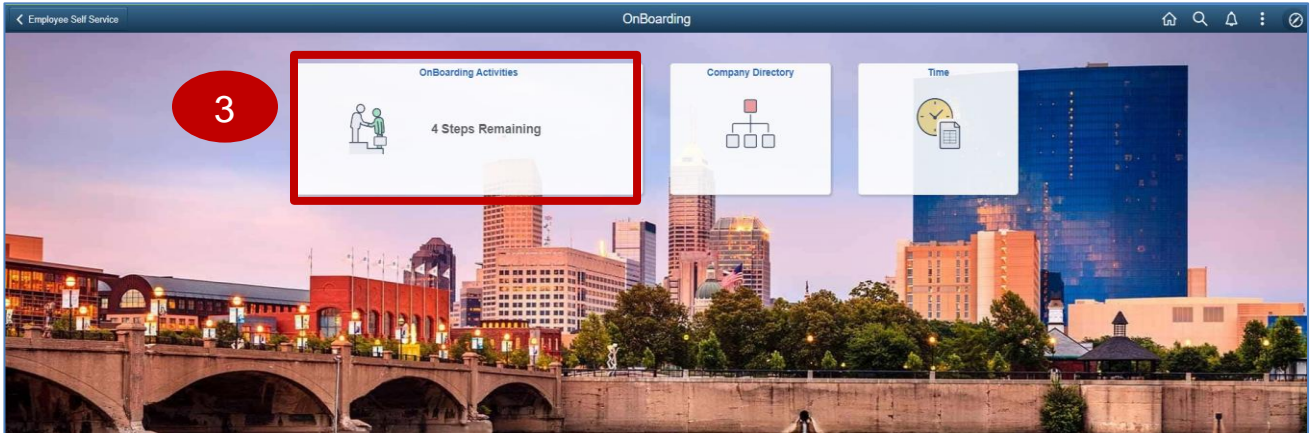


2. **Select** the **Onboarding** tile.

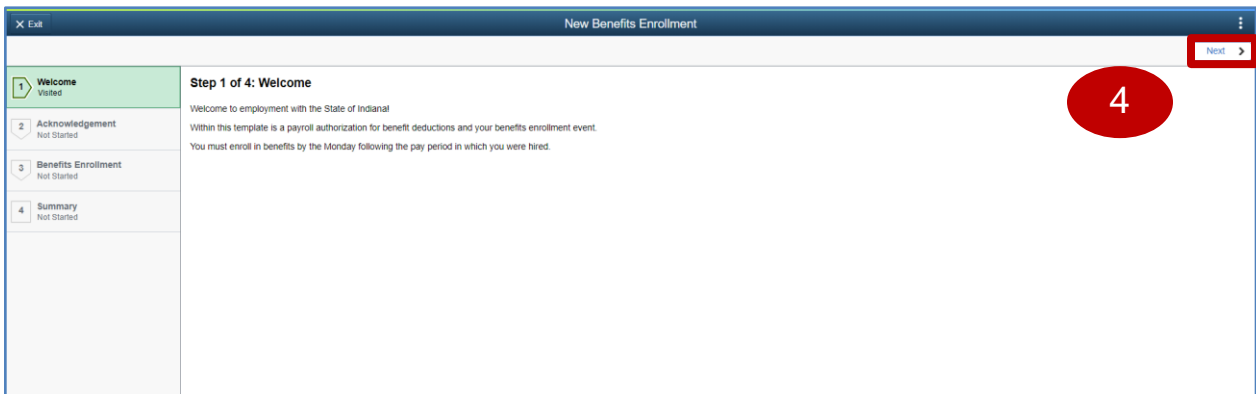


PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

3. Select the **Onboarding Activities** tile.



4. The **New Benefits Enrollment** page displays. Read the **Welcome** message and **select** the **Next** button.



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5. The **Acknowledgement** page displays. Read Acknowledgement and Health Savings Account Eligibility. **Check** the “**I have read and agree to the terms**” box then **select Save**.

Step 2 of 4: Acknowledgement

Benefit Election Acknowledgements & Payroll Deduction Authorization

1. I authorize payroll deductions for the purpose(s) I indicate in this electronic open enrollment process. This assignment of wages shall remain in effect until termination of employment or until coverage terminates and payroll deductions are cancelled.
2. I acknowledge that I will be bound by these benefit elections until the next open enrollment period or until I experience a qualifying event.
3. I will select the appropriate option on the Non-Tobacco Use Agreement. (Does not include Indiana State Police and Conservation & Excise plans)
4. Persons whom I enroll as eligible dependents meet the criteria for eligibility and I acknowledge that I will be required to submit proof of their eligibility.
5. If I receive State contributions to my Health Savings Account that I was not eligible to receive, I authorize Old National Bank to withdraw the erroneous contribution from my account and issue a refund to the State of Indiana.
6. I will confirm correctness of my benefit elections and Non-Tobacco Use Agreement (Does not include Indiana State Police and Conservation & Excise plans) election before submission of these electronic enrollment elections and assignment of wages.

Health Savings Account Eligibility

If you elect to enroll in a Health Savings Account, you are acknowledging the following:

1. You may not be enrolled in other medical coverage, such as another health insurance plan, unless it is a Qualified High Deductible Health Plan.
2. You may not be enrolled in Medicare at any time, including Part A. Keep in mind - If you begin receiving Social Security monetary benefits prior to age 65, Part A is automatic when you turn age 65. If you decide to take Social Security benefits after age 65, you will be enrolled in Part A of Medicare and it may backdate. Also, if you receive Social Security Disability benefits, you may be enrolled in Medicare Part A.
3. You may not be covered by Medicaid, HIP or Tricare.
4. You have not used VA benefits for anything other than preventive services in the past three months.
5. You cannot be claimed as a dependent on another person's tax return. Note: this does not include filing jointly with a spouse.
6. You may not have, or be eligible to use, a general purpose flexible spending account (FSA). Note: this does not include a limited purpose flexible spending account.

I have read and agree to the terms

Save

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6. Then **select** the **Next** button.

Step 2 of 4: Acknowledgement

Benefit Election Acknowledgements & Payroll Deduction Authorization

1. I authorize payroll deductions for the purpose(s) I indicate in this electronic open enrollment process. This assignment of wages shall remain in effect until termination of employment or until coverage terminates and payroll deductions are cancelled.
2. I acknowledge that I will be bound by these benefit elections until the next open enrollment period or until I experience a qualifying event.
3. I will select the appropriate option on the Non-Tobacco Use Agreement. (Does not include Indiana State Police and Conservation & Excise plans)
4. Persons whom I enroll as eligible dependents meet the criteria for eligibility and I acknowledge that I will be required to submit proof of their eligibility.
5. If I receive State contributions to my Health Savings Account that I was not eligible to receive, I authorize Old National Bank to withdraw the erroneous contribution from my account and issue a refund to the State of Indiana.
6. I will confirm correctness of my benefit elections and Non-Tobacco Use Agreement (Does not include Indiana State Police and Conservation & Excise plans) election before submission of these electronic enrollment elections and assignment of wages.

Health Savings Account Eligibility

If you elect to enroll in a Health Savings Account, you are acknowledging the following:

1. You may not be enrolled in other medical coverage, such as another health insurance plan, unless it is a Qualified High Deductible Health Plan.
2. You may not be enrolled in Medicare at any time, including Part A. Keep in mind - If you begin receiving Social Security monetary benefits prior to age 65, Part A is automatic when you turn age 65. If you decide to take Social Security benefits after age 65, you will be enrolled in Part A of Medicare and it may backdate. Also, if you receive Social Security Disability benefits, you may be enrolled in Medicare Part A.
3. You may not be covered by Medicaid, HIP or Tricare.
4. You have not used VA benefits for anything other than preventive services in the past three months.
5. You cannot be claimed as a dependent on another person's tax return. Note: this does not include filing jointly with a spouse.
6. You may not have, or be eligible to use, a general purpose flexible spending account (FSA). Note: this does not include a limited purpose flexible spending account.

I have read and agree to the terms

Next

6

User ID [REDACTED] Name [REDACTED]
Time Stamp: 03/23/2022 9:40:54AM

Update by [REDACTED] Date/T [REDACTED]

Save

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- The **New Benefits Enrollment** page displays. From here you can start to see the benefits you may wish to enroll in. Each employee's benefit selection may be different from employee to employee.

Note: Below are examples of plans that may not apply to you and the plan descriptions shown may be different from your plan descriptions.

- Select** the applicable **Benefit Plan** tile you wish to enroll in from the **New Benefit Enrollment** page.

*Note: You should **select** the benefit tiles you are wishing to change in order of left to right, top to bottom. Until you submit your elections, your status will be **Pending Review**.*

The screenshot shows the 'New Benefits Enrollment' page. On the left sidebar, a red circle with the number '8' is positioned next to the 'Benefits Enrollment' step, which is currently 'In Progress'. The main content area is titled 'Step 3 of 4: Benefits Enrollment'. It includes an 'Enrollment Summary' section with a 'Status Pending Review' box highlighted in red. Below this, there are several 'Benefit Plans' tiles, each showing current status, new wave status, and pay period cost. The tiles are: Non-Tobacco Use Agreement, Medical, Health Savings Account, Dental, Vision, and Health FSA. Each tile has a 'Review' button at the bottom.

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(NTUA) Non-Tobacco Use Agreement

1. Select the **Non Tobacco Use Agreement** tile.
2. Select the **Plan Name** you wish to enroll in under the **Enroll in Your Plan** section from the **Non-Tobacco Use Agreement** page. Then, select **Done**.

Note: If you decline the Non-Tobacco Use Agreement, your next opportunity to accept the agreement will be during Open Enrollment for the effective date of January 1st. If you accept the Non-Tobacco Use Agreement for the current plan year and later wish to revoke your acceptance of the Non-Tobacco Use Agreement, please complete the Life Event for revoking your Non-Tobacco Use Agreement.

Non-Tobacco Use Agreement (NTUA)

1. I agree to abstain from using any tobacco products during this plan year.
2. I understand that to receive the reduction in premium, I may be subject to cheek swab tests for cotinine (an alkaloid in tobacco and metabolite of nicotine), and I agree to submit to such testing. A positive test result creates a rebuttable presumption of tobacco use and breach of this agreement. Refusal to submit to testing constitutes a breach of this agreement.
3. I understand and agree if I accept this agreement and later use tobacco, my employment will be terminated for breach of this agreement and inappropriately taking the \$35.00 bi-weekly premium reduction.
4. The only exception to the job loss penalty is if I revoke this agreement by calling the Benefits Hotline or logging into PeopleSoft and completing the self-service process to revoke my agreement prior to using any tobacco product.
5. Only proof of use of an FDA approved Nicotine Replacement Therapy product will be accepted as evidence to rebut the presumption of tobacco use that constitutes breach of this agreement. FDA approved medications for smoking cessation can be found here: [Vaping and e-cigarette products are not legitimate, FDA approved nicotine replacement therapy products.](#)
6. If I breach or revoke this agreement, I agree to repay the State of Indiana for each \$35.00 bi-weekly premium reduction I received this plan year.
7. For enforcement of this agreement, I consent to the release of cotinine test results to management representatives of my employer. Otherwise, disclosure of the cotinine test results are restricted consistent with the Notice of Indiana State Employee Group Insurance Plan - Privacy Practices, <http://www.in.gov/spd/files/HIPAA-Privacy-Notice.pdf>.

Notice: If your physician determines abstaining from the use of tobacco is not medically appropriate, a reasonable alternative standard will be made available for the incentive.
You must accept or decline the Non-Tobacco Use Agreement in order to elect a medical plan.
Note: If you previously declined the Non-Tobacco Use Agreement for the current plan year, your next opportunity to accept the agreement will be during Open Enrollment for the effective date of January 1st.
If you previously accepted the Non-Tobacco Use Agreement for the current plan year and wish to revoke your acceptance to the Non-Tobacco Use Agreement, please complete the Life Event for revoking your Non-Tobacco Use Agreement.

▼ Enroll in Your Plan

Listed are options available to you. Select the help icon next to each plan option to see details of the plan.

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Declined Non-Tobacco Agreement Employee Only				\$0.00
Select Accepted Non-Tobacco Agreement Employee Only				\$0.00
✓ Waive				\$0.00

End of procedure

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Medical

1. Select the **Medical plan** tile.
2. The **Medical plan** tile displays.
3. If you wish to enroll dependents and their name is displayed under the **Enroll Your Dependents** section, you may add them by **selecting** the box next to their name.
4. To enroll dependents who are not already listed, **select the Add/Update Dependent** button.

All medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.

When you search for Anthem providers, you will need to select Anthem HealthSync Options POS network on Anthem's website.

It is acknowledged that components of the health plan include state contracted disease management, population health management, and pharmacy benefit managers with whom PHI is shared under the protection of HIPAA Business Associate Agreements.

You must make sure all members of your family you want to have covered are enrolled.

To enroll a dependent onto your health plan, you must check the box next to the dependent's name. Only dependents with a check mark will be covered under your medical plan.

Make sure you carefully review the dependent(s) listed on your summary. Enrolling dependents who are ineligible for medical, dental, or vision insurance will result in your dismissal from employment. Additionally, if a dependent becomes ineligible for coverage, you must report the change within thirty (30) days of the dependent becoming ineligible. Maintaining coverage on a dependent who becomes ineligible during the plan year may result in disciplinary action. Eligibility requirements can be found on the [Benefits Website](#).

It is important that you report ineligible dependents even if it is beyond the 30-day period to minimize recovery of claims. To report an ineligible dependent that exceeds the 30-day period, please call the Benefits Hotline for assistance at 317-232-1157 or toll free at 877-248-0007.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update, or add a new dependent.

You have no dependent registered.

Add/Update Dependent 4

▼ **Enroll in Your Plan**

The Employee Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
<input type="button" value="Select"/> CDHP1 Before Tax Requires enrollment to Non-Tobacco Use Agreement Declined Non-Tobacco Agreement	\$71.00		\$243.12	\$71.00
<input type="button" value="Select"/> CDHP1 NTUA Discount Before Tax Requires enrollment to Non-Tobacco Use Agreement Accepted Non-Tobacco Agreement	\$36.00		\$243.12	\$36.00
<input type="button" value="Select"/> CDHP2 Before Tax Requires enrollment to Non-Tobacco Use Agreement Declined Non-Tobacco Agreement	\$84.44		\$256.08	\$84.44

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5. Select the **Add Individual** button.

Dependent and Beneficiary Information
<p>Dependent/Beneficiary Corrections/Changes If you need to change the name, social security number, relationship, or date of birth of a current Dependent/Beneficiary record, please contact your benefit administrator as listed below. DO NOT add the dependent a second time. This causes a duplicate record.</p> <p>Adult children Children may be covered under the State of Indiana's medical, dental, vision, and dependent life insurance plans until the end of the month of their 26th birthday (Except for ISP Sworn Life Insurance, which covers children under dependent life until their 23rd birthday. Coverage from age 19-23 requires annual certification). To be eligible for this coverage children do not need to be financially dependent on their parents for support, claimed as a dependent on the parents' tax return, residents of the parents' household, residents of Indiana, enrolled as a student, or unmarried. Spouses of dependent children (deemed "Children-in-law") and grandchildren are not eligible for this coverage. Enrollment for adult children is not automatic.</p> <p>Disabled Dependent If you wish to enroll a disabled dependent (non-spouse) onto your plans who is over the age of 26 and meets the definition of a disabled dependent, please call your benefit administrator within 30 days of the qualifying event.</p> <p>Social Security numbers Please have your dependents' Social Security number(s) ready before you begin your enrollment. State Personnel Dept plans require your spouse's Social Security number while Social Security numbers are required for all dependents when enrolled under the State Police, Conservation Officers, or Excise Officers plans.</p> <p>Under the Affordable Care Act, large employers are required to request dependent Social Security numbers for use in completing IRS forms 1094-C and 1095-C. If you do not provide your dependents' Social Security number, the IRS may be unable to match the information you provide on your tax return. This may result in receiving an inquiry from the IRS or being liable for a shared responsibility payment. If it is identified that PeopleSoft has an incorrect name or Social Security number on file for either you or one of your dependents, you will be required to provide documentation to your benefit administrator to correct your record.</p> <p>Benefit Administrator Contact Information</p> <p>State Personnel Dept Plans: > Call the Benefits Hotline at 317-232-1167 or toll free at 877-248-0007 > Eligibility requirements for SPD insurance plans can be found on the Benefits website. http://www.in.gov/spd/2709.htm</p> <p>Indiana State Police Employees: > Contact the Human Resources Division 317-232-8275 or toll free 800-622-4995 > Eligibility requirements for Indiana State Police Health Care Plans can be found on the State Police website. https://www.in.gov/sphuman-resources-information</p> <p>Indiana Conservation Officer Employees: Contact Human Resources at 317-232-4193 Indiana State Excise Police Employees: Contact Human Resources at 317-234-6521</p> <p>No data exists</p> <p>Add Individual</p>

6. The **Add Individual Dependent/Beneficiary Information** page displays. Select the **Add Name** button.

Cancel	Add Individual Dependent/Beneficiary Information	Save
<p>If you want to edit the dependent's SSN (Social Security Number), please contact:</p> <p>Benefits Hotline 317-232-1167</p> <p>Indiana State Police Employees 317-232-8275 1-800-622-4995 toll-free outside Indianapolis</p> <p>Indiana Conservation Officer Employees 317-232-4193</p> <p>Indiana State Excise Police Employees 317-234-6521</p> <p style="text-align: right;">* Indicates required field</p> <p>Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 4/21/2023.</p> <p>Name</p> <p>Add Name</p>		

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7. The **Name** page displays in a pop-up window.
8. **Enter** the dependent's **First Name** and **Last Name** in the corresponding fields.
Note: Optionally add the dependent's name prefix, middle name, or name suffix, as applicable.
9. **Select** the **Done** button.

The screenshot shows a 'Name' pop-up window with the following fields and annotations:

- Cancel** button (top left)
- Done** button (top right, circled in red with the number 9)
- Name Format**: English (dropdown menu)
- Name Prefix**: (dropdown menu)
- *First Name**: (text input field, highlighted with a red box and the number 8)
- Middle Name**: (text input field)
- *Last Name**: (text input field, highlighted with a red box)
- Name Suffix**: (dropdown menu)
- Display Name**: (text input field)
- Formal Name**: (text input field)
- Name**: (text input field)

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10. The **Add Individual Dependent/Beneficiary Information** page returns.
11. Within the **Personal Information** section, **complete** the **Date of Birth, Gender, Relationship to Employee, and Marital Status** fields.
12. If needing to change/update the **Address** of the dependent **select** the arrow to update the address for the dependent.

Add Individual Dependent/Beneficiary Information

Name

[Redacted Name]

Personal Information

Date of Birth 04/21/****

*Gender [Dropdown]

*Relationship to Employee [Dropdown]

Dependent

Beneficiary

*Marital Status [Dropdown]

As of MM/DD/YYYY [Calendar]

*Disabled No [Dropdown]

Address

Address	Address Type	Same Address as mine
[Redacted Address]	Home	Same as mine

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13. The **Address** pop up page displays.
14. **Complete** the **Address Type**, **Country**, **Address 1**, **City**, **State**, and **County** fields. Then **select** the **Done** button.

*Note: If dependents address is the same **select** the **Same as mine** button.*

Cancel Address Done

Same as mine No

Address Type Home

*Country United States

*Address 1

Address 2

Address 3

City

State

*Postal/Zip

*County

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15. The **Add Individual Dependent/Beneficiary Information** page returns.
16. **Select Add National ID** button.

Address

Address	Address Type	Same Address as mine
[Redacted]	Home	Same as mine

National ID

No National ID exists.

Add National ID 16

17. The **National ID** page displays in a pop-up window.
18. Complete the **Country**, **National ID Type**, and **National ID** fields for the dependent.
19. **Select the Done** button.

National ID

Cancel Done

*Country United States

National ID Type Social Security Number

*National ID

Primary Yes

18 19

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20. The **Add Individual Dependent/Beneficiary Information** page returns.

21. **Select** the **Add Phone** button.

The screenshot shows a form with several sections. At the top, there is a 'National ID' section with a '+' icon. Below that is a table with columns: Country, National ID Type, National ID, and Primary. The first row contains 'United States', 'Social Security Number', a redacted ID, and a checkmark. Below the table are sections for 'Phone' and 'Email'. The 'Phone' section shows 'No data exists' and an 'Add Phone' button, which is highlighted with a blue rectangle. A blue circle with the number '21' is placed over the 'Add Phone' button. The 'Email' section also shows 'No data exists' and an 'Add Email' button.

23. **Select** “**Yes**” for the **Same as mine** field or specify a different number.

*Note: If phone number is different from the employee, **select** the **same as mine** button to show as “No” and update **Number** field with the appropriate phone number.*

24. **Select** the **Done** button when finished.

The screenshot shows a 'Phone Number' dialog box with a 'Cancel' button on the left and a 'Done' button on the right. The 'Same as mine' field is a toggle switch set to 'Yes', highlighted with a red circle containing the number '24'. Below it is a 'Type' dropdown menu set to 'Mobile'. The 'Number' field is a text input field containing a redacted number, highlighted with a red rectangle and a red circle containing the number '23'. Below the 'Number' field is an 'Extension' field. At the bottom, the 'Preferred' field is a toggle switch set to 'Yes'.

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25. The **Add Individual Dependent/Beneficiary Information** page returns.

26. **Select** the **Add Email** button.

Phone

+
No data exists

Number	Extension	Phone Type	Same as Mine	Preferred	
[REDACTED]		Home	✓	✓	>

Email

No data exists

Add Email

26

27. The **Email Address** page displays in a pop-up window.

28. **Select** the **Email type** and **enter** the applicable **Email Address** using the corresponding fields.

29. **Select** the **Done** button.

Cancel **Email Address** 29 Done

28 *Email Type [dropdown]

*Email Address [input]

Delete

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30. The **Add Individual Dependent/Beneficiary Information** page returns.

31. **Select the Save** button.

32. The **Individual Dependent/Beneficiary Information** page returns.

33. **Select the X** button to return to the **Medical** Plan page.

Note: The same general process of Adding/Updating a dependent can be followed for other benefit plans.

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34. **Select** the dependent you wish to enroll by checking the box next to their name under the **Enroll Your Dependents** section. Then **select** the applicable **Medical** plan.
35. Next **select** the **Done** button.

Medical Done

All medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. When you search for Anthem providers, you will need to select Anthem HealthSync Options POS network on Anthem's website. It is acknowledged that components of the health plan include state contracted disease management, population health management, and pharmacy benefit managers with whom PHI is shared under the protection of HIPAA Business Associate Agreements. You must make sure all members of your family you want to have covered are enrolled. To enroll a dependent onto your health plan, you must check the box next to the dependent's name. Only dependents with a check mark will be covered under your medical plan. Make sure you carefully review the dependent(s) listed on your summary. Enrolling dependents who are ineligible for medical, dental, or vision insurance will result in your dismissal from employment. Additionally, if a dependent becomes ineligible for coverage, you must report the change within thirty (30) days of the dependent becoming ineligible. Maintaining coverage on a dependent who becomes ineligible during the plan year may result in disciplinary action. Eligibility requirements can be found on the [Benefits Website](#). It is important that you report ineligible dependents even if it is beyond the 30-day period to minimize recovery of claims. To report an ineligible dependent that exceeds the 30-day period, please call the Benefits Hotline for assistance at 317-232-1167 or toll free at 877-248-0007.

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update, or add a new dependent.

Dependents	Relationship
<input type="checkbox"/> Dep2 Dep2	Child

Add/Update Dependent

Enroll in Your Plan

The Employee Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select CDHP1 Before Tax Requires enrollment to Non-Tobacco Use Agreement Declined Non-Tobacco Agreement	\$71.00	\$243.12	\$243.12	\$71.00
Select CDHP1 NT/UA Discount Before Tax Requires enrollment to Non-Tobacco Use Agreement Accepted Non-Tobacco Agreement	\$36.00	\$243.12	\$243.12	\$36.00
Select CDHP2 Before Tax Requires enrollment to Non-Tobacco Use Agreement Declined Non-Tobacco Agreement	\$84.44	\$256.08	\$256.08	\$84.44

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Health Savings Account

1. Select the **Health Savings Account** tile.
2. Select the desired **Plan Name** that matches your medical plan under the **Enroll in Your Plan** section.
3. Enter the desired **Annual Contribution** you would like to make for your **Health Savings Account**. Then, select **Done**.

*Note: Below the **Annual Contribution** box you will determine how much you desire to contribute from the details listed. The system will calculate your maximum contribution based on the employer annual contribution amount. To verify your bi-weekly amount, select **Done**, then view the HSA tile on the **Benefit Enrollment Overview** page.*

Health Savings Account

HSA Plans allow you to invest tax-free money towards current and future medical payments.

Health Savings Account Eligibility:

If you elect to enroll in a Health Savings Account, you are acknowledging the following:

1. You may not be enrolled in other medical coverage, such as another health insurance plan, unless it is a qualified CDHP.
2. You may not be enrolled in Medicare at any time, including Part A. Remember - If you begin receiving Social Security monetary benefits prior to age 65, Part A is automatic when you turn age 65. If you receive Social Security Disability benefits, you may be enrolled in Medicare Part A.
3. You may not be covered by Medicaid, HIP or Tricare.
4. You cannot be claimed as a dependent on another person's tax return. Note: this does not include filing jointly with a spouse.
5. You may not have, or be eligible to use, a general-purpose flexible spending account (FSA). Note: this does not include a limited purpose flexible spending account.

Do you currently have a Health Savings Account?
If you have an active Health Savings Account with UMB Bank, you do not need to open another account. Deposits will be made to your existing account. If you want to contribute in addition to the State's portion, you may designate an amount below in the contribution section.

Do you need to enroll in a Health Savings Account for the first time?
To enroll in the HSA and receive the State's contributions, you must first click on the select button next to the corresponding HSA/CDHP option. The tax status shown below references the CDHP that you have enrolled in.

To create an account, you must complete an on-line application at UMB Healthcare Services/enrollment portal, [UMB Bank](#). Select "Enroll for a new HSA" near the upper left of the page. Enter the Enrollment Verification # THA0001 and the State's employer code (100366) in the two blank fields. Then click "Open My Account Now" and continue with the simple online opening process.

You can "front load" or fully fund your HSA immediately once your HSA is in effect, provided you do not exceed the annual maximum amount. To avoid any taxes and/or penalties, please review [IRS Publication 969](#) on the Benefits Website.

Please select an option. Once selected, a check mark will appear next to your choice. Note: some options are grayed out as your HSA allocation must match the medical plan selected.

▼ **Enroll In Your Plan**

Plan Name

Select	CDHP1 HSA Before Tax Requires enrollment to Medical CDHP1 Before Tax
✓	CDHP1 HSA NTUA Before Tax Requires enrollment to Medical CDHP1 NTUA Discount Before Tax

▼ **Contribution Amount**

You may enter your total elected annual contribution amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

The annual contribution amount to your health savings account must always be equal to or more than your current employee year to date contribution. Therefore, if you have already contributed to your health savings account for the year but now wish to change your annual contribution to \$0, your annual contribution must equal your current employee year to date contribution which is listed on the screen.

Annual Contribution

Minimum \$0 Maximum \$7750.
Employer Annual Contribution \$1773.66
Employee YTD Contribution \$0
Employee Maximum Contribution \$5976.34

End of Procedure

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Dental

1. **Select** the **Dental** Tile.
2. The **Dental plan** tile displays, **select** the dependent you wish to enroll by checking the box next to their name under the **Enroll Your Dependents** section.
3. If you wish to **Add/Update Dependent** **select** the **Add/Update Dependent** button.

Note: You will need to check mark newly added dependents in order to add them to coverage. If you wish to remove a dependent from coverage, you must uncheck the box next to their name.

4. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
5. After making selections, **select Done** button.

The screenshot shows the 'Dental' enrollment page. It includes a 'Cancel' button at the top left and a 'Done' button at the top right. The page contains several sections: 'Enroll Your Dependents' with a table of dependents, 'Add/Update Dependent' button, and 'Enroll in Your Plan' with a table of plan options. Red callouts are placed over the interface: '2' is over the checkbox for 'Dep2, Dep2'; '4' is over the 'Anthem Dental After Tax' plan option; and '5' is over the 'Done' button.

Dependents	Relationship
<input type="checkbox"/> Dep2, Dep2	Child

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Anthem Dental Before Tax	\$1.32		\$10.38	\$1.32
Select Anthem Dental After Tax		\$1.32	\$10.38	\$1.32
Waive				\$0.00

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Vision

1. **Select** the **Vision** Tile.
2. The **Vision plan** tile displays, **select** the dependent you wish to enroll by checking the box next to their name under the **Enroll Your Dependents** section.
3. If you wish to **Add/Update Dependent** **select** the **Add/Update Dependent** button.

Note: You will need to check mark newly added dependents in order to add them to coverage. If you wish to remove a dependent from coverage, you must uncheck the box next to their name.

4. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
5. After making selections, **select Done** button.

The screenshot shows the 'Vision' enrollment page. At the top, there are 'Cancel' and 'Done' buttons. The main content area includes instructions and a table for dependents. A red circle with the number '3' points to a checkbox next to 'Dep2 Dep2' in the 'Dependents' table. Below this table is an 'Add/Update Dependent' button. Another red circle with the number '4' points to a table of plan options. A third red circle with the number '5' points to a 'Resources' sidebar on the right containing links for 'SPD Benefits Website' and 'Anthem Blue View Vsn Select'.

Dependents	Relationship
<input checked="" type="checkbox"/> Dep2 Dep2	Child

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/> Anthem Blue View Vsn Select BT	\$3.36		\$2.40	\$3.36
<input type="checkbox"/> Anthem Blue View Vsn Select AT		\$3.36	\$2.40	\$3.36
<input type="checkbox"/> Waive				\$0.00

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Health FSA

1. **Select** the **Health FSA** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. **Enter** the desired **Annual Pledge** you would like to make for your **Health FSA** plan. Then, **select Done**.

*Note: Below the **Annual Pledge** box you will determine how much you desire to pledge from the details listed.*

The screenshot shows the 'Health FSA' enrollment page. At the top, there are 'Cancel' and 'Done' buttons. Below the title, there is explanatory text about the FSA and a 'Please Note' regarding contribution limits. A 'Resources' sidebar on the right contains links for 'Benefit Website' and 'FSA'. The main content area is divided into two sections: 'Enroll in Your Plan' and 'Contribution Amount'. In the 'Enroll in Your Plan' section, a red box highlights the 'Plan Name' dropdown menu, which has 'Health FSA' selected. A red circle with the number '2' is placed next to this dropdown. In the 'Contribution Amount' section, a red box highlights the 'Annual Pledge' input field. A red circle with the number '3' is placed next to this field. Below the input field, there is a note: 'Minimum \$26.00 Maximum \$2,850.00' and a button for 'Flexible Spending Account Worksheet'. At the bottom, there is a link to 'Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.'

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Dependent Care FSA

1. Select the **Dependent Care FSA** tile.
2. Select the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Enter the desired **Annual Pledge** you would like to make for your **Health FSA** plan. Then, select the **Done** button.

*Note: Below the **Annual Pledge** box you will determine how much you desire to pledge from the details listed.*

The screenshot shows the 'Dependent Care FSA' enrollment page. At the top left is a 'Cancel' button and at the top right is a 'Done' button. Below the title, there is explanatory text about the FSA and a note that the maximum annual contribution limit is \$5,000. A 'Resources' section on the right contains a 'Benefit Website' link for 'FSA'. The main content is divided into two sections: 'Enroll in Your Plan' and 'Contribution Amount'. In the 'Enroll in Your Plan' section, a table lists 'Dependent Care FSA' with a checkmark and 'Waive' as an option. A red box highlights this table, and a red circle with the number '2' is placed next to it. In the 'Contribution Amount' section, there is an 'Annual Pledge' input field. A red box highlights this field, and a red circle with the number '3' is placed next to it. Below the input field, there is a note: 'Minimum \$26.00 Maximum \$5,000.00'. At the bottom, there is a 'Flexible Spending Account Worksheet' button and a note: 'Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.'

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Basic Life

1. Select **Basic Life** Tile.
2. Select the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.

*Note: Employees with a base annual wage of \$33,000 or less are eligible to have their basic life premiums taken as a before tax deduction (Tax Saver). By selecting the **Basic Life** option below, you will be enrolled in Tax Saver option if you meet the salary requirement. If over the salary threshold, you will be enrolled in after-tax. For employees with an annual wage of \$33,000 or less who wish to enroll in after tax basic life insurance, please select the **Basic Life Non Tax Saver** option.*

3. Review the name(s) displayed under the **Designate Your Beneficiaries** section.
4. If you wish to **Add/Update Beneficiary** select the **Add/Update Beneficiary** button.
5. Select the beneficiary you wish to designate by allocating **New Primary Percentage** next to their name under the **Designate Your Beneficiaries** section.

Note: You will need to allocate percentages to newly added beneficiaries for them to receive proceeds from the policy. If you wish to remove a beneficiary from receiving proceeds from the policy, you must set the percentage next to their name to zero. Each percentage column must equal 100%.

6. After making selections, select the **Done** button.

The screenshot shows the 'Basic Life' enrollment interface. A red circle labeled '2' highlights the 'Enroll in Your Plan' table. A red circle labeled '4' highlights the 'Add/Update Beneficiary' button. A red circle labeled '5' highlights the 'Designate Your Beneficiaries' table. A red circle labeled '6' highlights the 'Done' button in the top right corner.

Enroll in Your Plan

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
<input checked="" type="checkbox"/> Basic Life (\$90,000)	\$2.94	\$2.94	\$2.94	\$2.94
<input type="checkbox"/> Basic Life Non Tax Saver (\$90,000)	\$2.94	\$2.95	\$2.94	\$2.94
<input type="checkbox"/> Waive				\$0.00

Designate Your Beneficiaries

All percents for primary beneficiaries must total 100 and all percents for secondary beneficiaries must total 100. Select the Add/Update Beneficiary button to view, update or add a new beneficiary.

*Primary Allocation Percent

*Secondary Allocation Percent

Beneficiary	Relationship	Current Primary Percentage	Current Secondary Percentage	New Primary Percentage	New Secondary Percentage
Dep Dep	Child			<input type="text" value="0"/>	<input type="text" value="0"/>
Dep2 Dep2	Child			<input type="text" value="0"/>	<input type="text" value="0"/>
Total				0	0

Primary Excess Amount Goes To

Secondary Excess Amount Goes To

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Supplemental Life

1. Select **Supplemental Life** tile.
2. Select the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Review the name(s) displayed under the **Designate Your Beneficiaries** section.
4. If you wish to **Add/Update Beneficiary** select the **Add/Update Beneficiary** button.
5. Select the beneficiary you wish to designate by allocating **New Primary Percentage** next to their name under the **Designate Your Beneficiaries** section.

Note: You will need to allocate percentages to newly added beneficiaries for them to receive proceeds from the policy. If you wish to remove a beneficiary from receiving proceeds from the policy, you must set the percentage next to their name to zero. Each percentage column must equal 100%.

6. After making selections, select the **Done** button.

The screenshot shows the 'Supplemental Life' enrollment page. A red box labeled '2' highlights the 'Enroll in Your Plan' table. A red box labeled '4' highlights the 'Add/Update Beneficiary' button. A red box labeled '5' highlights the 'Designate Your Beneficiaries' table. A red box labeled '6' highlights the 'Done' button in the top right corner.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Supplemental Life - 10K (\$10,000)			\$0.41		\$0.41
Select Supplemental Life - 20K (\$20,000)			\$0.82		\$0.82
Select Supplemental Life - 30K (\$30,000)			\$1.23		\$1.23
Select Supplemental Life - 40K (\$40,000)			\$1.64		\$1.64
Select Supplemental Life - 50K (\$50,000)			\$2.05		\$2.05
Select Supplemental Life - 60K (\$60,000)			\$2.46		\$2.46

Designate Your Beneficiaries

All percents for primary beneficiaries must total 100 and all percents for secondary beneficiaries must total 100. Select the Add/Update Beneficiary button to view, update or add a new beneficiary.

*Primary Allocation

*Secondary Allocation

Beneficiary	Relationship	Current Primary Percentage	Current Secondary Percentage	New Primary Percentage	New Secondary Percentage
Dep Dep	Child			<input type="text" value="0"/>	<input type="text" value="0"/>
Dep2 Dep2	Child			<input type="text" value="0"/>	<input type="text" value="0"/>
Total				0	0

Primary Excess Amount Goes To

Secondary Excess Amount Goes To

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Child Life

1. **Select** the **Child Life** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Then **select** the **Done** button.

Child Life insurance allows you to purchase life insurance for your child(ren). You are the beneficiary of this life insurance. Children are eligible from live birth to the end of the month in which they turn 26 years old. All eligible children are enrolled in the coverage amount you select.

Resources

Life Insurance Plan Summary

Enroll in Your Plan

	Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select	Child Life 5K (\$5,000)		\$0.45		\$0.45
Select	Child Life 10K (\$10,000)		\$0.90		\$0.90
Select	Child Life 15K (\$15,000)		\$1.35		\$1.35
Select	Child Life 20K (\$20,000)		\$1.80		\$1.80
✓	Waive				\$0.00

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Spouse Life

1. **Select** the **Spouse Life** tile.
2. **Select** the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Then **select** the **Done** button.

Spouse Life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.
Spouse Life insurance can be elected as a new hire or in a marriage life event. Outside of those events, you and your spouse would need to apply for coverage through the Evidence of Insurability process with the life insurance company.

▼ Enroll in Your Plan

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Spouse Life Only 5K (\$5,000)		\$0.72		\$0.72
Select Spouse Life Only 10K (\$10,000)		\$1.44		\$1.44
Select Spouse Life Only 15K (\$15,000)		\$2.16		\$2.16
Select Spouse Life Only 20K (\$20,000)		\$2.88		\$2.88
✓ Waive				\$0.00

Resources

- Evidence of Insurability
- Life Insurance Plan Summary

Done

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Voluntary Life

1. Select **Voluntary Life** tile.
2. Select the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Review the name(s) displayed under the **Designate Your Beneficiaries** section.
4. If you wish to **Add/Update Beneficiary** select the **Add/Update Beneficiary** button.
5. Select the beneficiary you wish to designate by allocating **New Primary Percentage** next to their name under the **Designate Your Beneficiaries** section.

Note: You will need to allocate percentages to newly added beneficiaries for them to receive proceeds from the policy. If you wish to remove a beneficiary from receiving proceeds from the policy, you must set the percentage next to their name to zero. Each percentage column must equal 100%.

6. After making selections, select the **Done** button.

The screenshot shows the 'Voluntary AD&D' enrollment screen. It is divided into two main sections: 'Enroll in Your Plan' and 'Designate Your Beneficiaries'.

Enroll in Your Plan: This section contains a table of plan options. A red box highlights this table, with a red circle containing the number '2' next to it.

Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select Voluntary AD/D - 10K (\$10,000)		\$0.09		\$0.09
Select Voluntary AD/D - 20K (\$20,000)		\$0.18		\$0.18
Select Voluntary AD/D - 30K (\$30,000)		\$0.27		\$0.27
Select Voluntary AD/D - 40K (\$40,000)		\$0.36		\$0.36
Select Voluntary AD/D - 50K (\$50,000)		\$0.45		\$0.45
Select Voluntary AD/D - 60K (\$60,000)		\$0.54		\$0.54
Select Voluntary AD/D - 70K (\$70,000)		\$0.63		\$0.63

Designate Your Beneficiaries: This section allows for beneficiary designation. A red box highlights the beneficiary table, with a red circle containing the number '5' to its left. Below the table is an 'Add/Update Beneficiary' button, with a red circle containing the number '4' to its left. A red circle containing the number '6' is located in the top right corner of the entire interface, near the 'Done' button.

All percents for primary beneficiaries must total 100 and all percents for secondary beneficiaries must total 100. Select the Add/Update Beneficiary button to view, update or add a new beneficiary.

*Primary Allocation
 *Secondary Allocation

Beneficiary	Relationship	Current Primary Percentage	Current Secondary Percentage	New Primary Percentage	New Secondary Percentage
Dep Dep	Child			<input type="text" value="0"/>	<input type="text" value="0"/>
Dep2 Dep2	Child			<input type="text" value="0"/>	<input type="text" value="0"/>
Total				0	0

Primary Excess Amount Goes To
 Secondary Excess Amount Goes To

End of Procedure

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Commuter Benefit

1. Select **Commuter Benefit** tile.
2. Select the desired **Plan Name** under the **Enroll in Your Plan** section that you wish to enroll in.
3. Enter the desired **Annual Pledge** you would like to make for your **Commuter Benefit** plan. Then, select the **Done** button.

*Note: Below the **Annual Pledge** box you will determine how much you desire to pledge from the details listed.*

The screenshot shows the 'Commuter Benefit' enrollment form. At the top, there are 'Cancel' and 'Done' buttons. Below the title, there is a paragraph of text explaining the account and a 'Resources' link. The 'Enroll in Your Plan' section contains a table with one row: 'Commuter Benefit Reimbursement' with a checkmark and a 'Waive' button. A red box highlights this row, and a red circle with the number '2' is next to it. Below this, the 'Contribution Amount' section has an 'Annual Pledge' input field, which is also highlighted with a red box. A red circle with the number '3' is next to it. Below the input field, there is a note about the maximum annual pledge and a link to a 'Flexible Spending Account Worksheet'.

Cancel **Commuter Benefit** Done

A Commuter Benefit Reimbursement Account allows you to use pre-tax dollars to pay for work-related commuting expenses. Please review the plan details regarding covered expenses and restrictions on the Benefits website.
Please Note: The maximum monthly contribution limit for the Commuter Benefit Reimbursement Account is \$280.

Resources
Commuter Benefit Reimbursement

Enroll in Your Plan

Plan Name
<input checked="" type="checkbox"/> Commuter Benefit Reimbursement
<input type="checkbox"/> Waive

Contribution Amount

Annual Pledge

Your annual pledge must not exceed \$3,360.00, which is the maximum amount allowed for this account in the current plan year.
[Flexible Spending Account Worksheet](#)

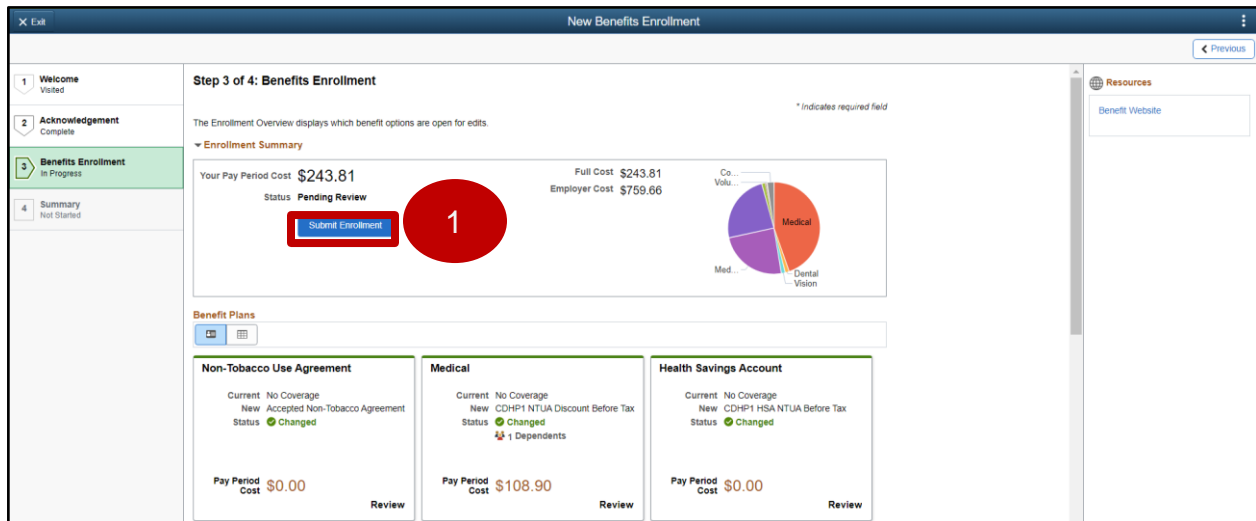
Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

End of Procedure

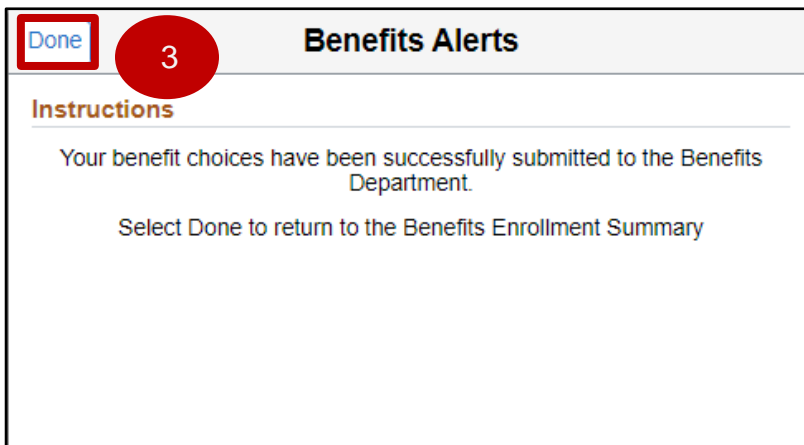
PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

Submit Enrollment

1. Once you have made all your elections, **select** the **Submit Enrollment** button.



2. After submitting your enrollment, the below pop-up message will display.
3. **Select** the **Done** button.



PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

4. On the **Benefit Enrollment** page, **select the Next** button.

The screenshot shows the 'New Benefits Enrollment' page at Step 3 of 4: Benefits Enrollment. The page displays enrollment summary information, including 'Your Pay Period Cost \$243.81', 'Full Cost \$243.81', and 'Employer Cost \$759.66'. A 'Submit Enrollment' button is visible. A red circle with the number 4 highlights the 'Next' button in the top right navigation area.

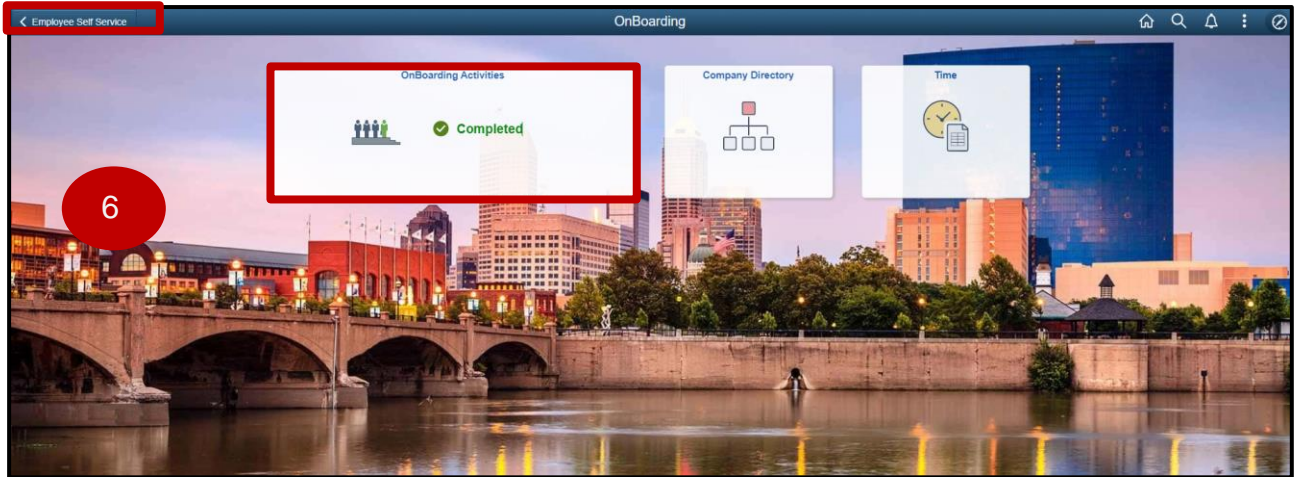
5. To finish enrollment, **select the Complete** button from the **Summary** page.

The screenshot shows the 'New Benefits Enrollment' page at Step 4 of 4: Summary. The page displays a table of steps and their completion status. A red circle with the number 5 highlights the 'Complete' button in the top right navigation area.

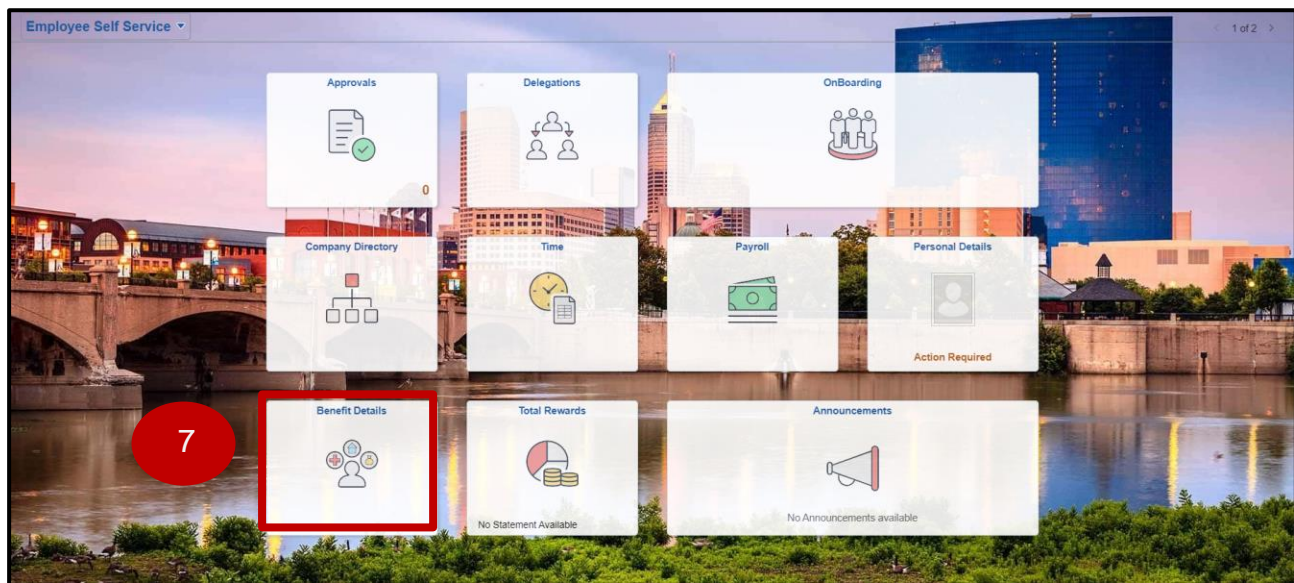
Step	Status	Date Completed	Required	Mark Complete	Go to Step
Welcome	Complete	04/28/2023	No	Completed	Go to Step
Acknowledgement	Complete	04/28/2023	Yes	Completed	Go to Step
Benefits Enrollment	Complete	04/28/2023	Yes	Completed	Go to Step

PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

6. The **Onboarding Activities** tile now shows **Completed**. Select the **Employee Self Service** button.

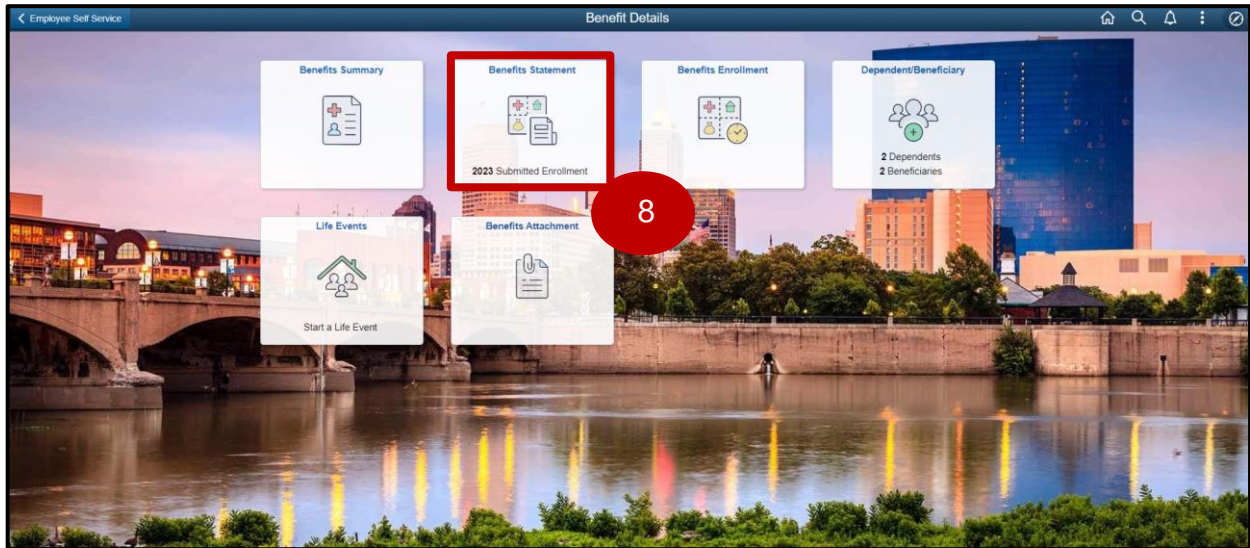


7. **Employee Self Service** page displays. Select the **Benefit Details** tile.

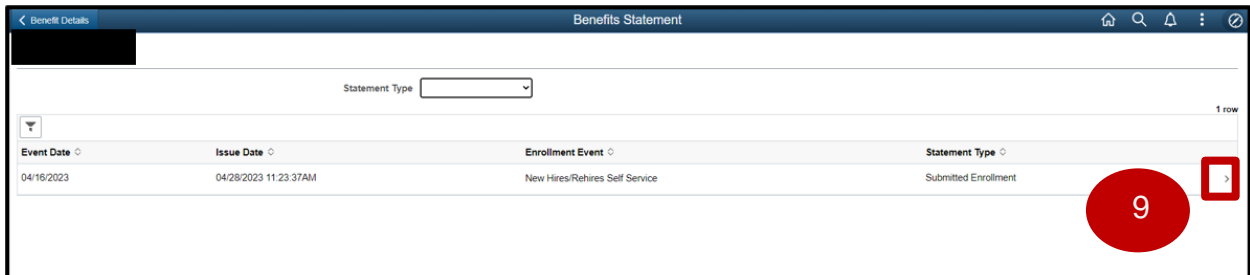


PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

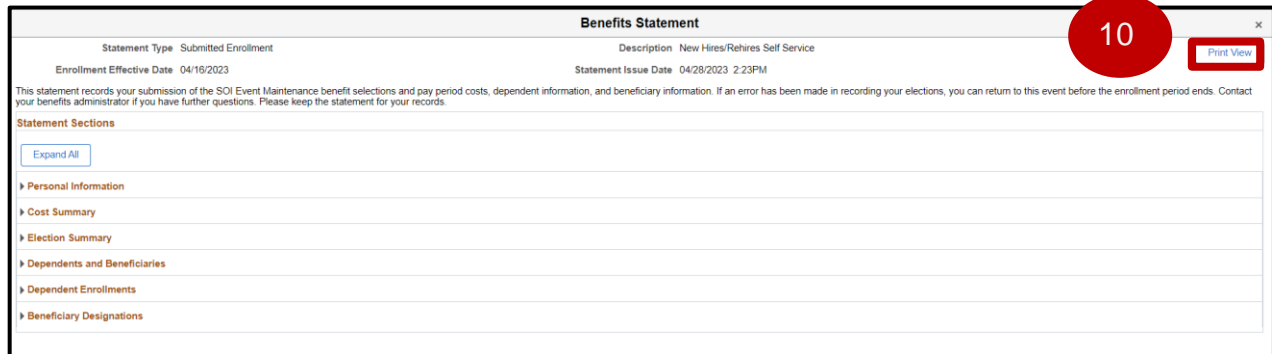
8. The **Benefit Details** page displays. **Select the Benefits Statement** tile.



9. The **Benefits Statement** displays. **Select the arrow** next to the event you wish to review.



10. The **Benefits Statement** displays. **Select the Print View** button.



PeopleSoft Human Capital Management (HCM) Benefits New Hire Enrollment Job Aid

11. The **Elections Preview** displays. Save for your records.

State of Indiana
All FT Employees

ELECTIONS PREVIEW
NEW HIRES/REHIRES SELF SERVICE
Event Date: 04/16/2023

Employee ID: [REDACTED]

This election preview records your benefit selections, costs, dependent information, and beneficiary information as of the time you review this statement. Only benefit plans that can be modified within your current event will be displayed. If you have not submitted your election, you can return to this event before the enrollment period ends. Contact your benefits administrator if you have further questions. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address: 402 W Washington St., Indianapolis, IN 46204
 Mailing Address: [REDACTED]
 Email Address: unknown@noemail.com
 Gender: Female
 Marital Status: Unknown
 Birthdate: 01/01/1989
 Service Date: 04/16/2023

COST SUMMARY	AMOUNT
Your Cost Per Pay Period	\$ 243.81
Full Cost	\$ 243.81
Employer Cost	\$ 759.66

BENEFIT PLAN SUMMARY

Benefit	Coverage	Category / Rate	Your Cost Per Pay Period
Accepted Non-Tobacco Agreement	Enpl/Only		
DHIP1 NTUA Discount Before Tax	Family		\$ 108.90
DHIP1 HSA NTUA Before Tax	Enrolled		
athletes_Prenatal_Postpartum_Tax	Family		\$ 3.42
Anthem Blue View Van Select BT	Family		\$ 3.36
Limited Purpose Health FSA	Enrolled	\$ 1,000.00	\$ 58.82
Dependent Care FSA	Enrolled	\$ 1,000.00	\$ 58.82
Basic Life	Enrolled	\$ 90,000.00	\$ 2.94
Supplemental Life - 10K	Enrolled	\$ 10,000.00	\$ 0.41
Child Life 5K	Enrolled	\$ 5,000.00	\$ 0.45
Spouse Life Only 5K	Enrolled	\$ 5,000.00	\$ 0.72
Voluntary A.D.D. - 10K	Enrolled	\$ 10,000.00	\$ 0.09
Commuter Benefit Reimbursement	Enrolled	\$ 100.00	\$ 5.88
Disability Benefits	Enrolled		

DEPENDENTS / BENEFICIARIES

Name	Date of Birth	Relationship	Marital Status	Dependent	Beneficiary
Dep Dep		Child	Single	Yes	Yes
Dep2 Dep2	02/18/2016	Child	Single	Yes	Yes

DEPENDENTS ENROLLMENTS

Benefit Option	Dependent
DHIP1 NTUA Discount Before Tax	Dep2 Dep2

End of Procedure