

ONLINE OPEN ENROLLMENT DIRECTIONS

STEP 1:

Go to <u>http://myut.utoledo.edu</u> and **LOG-IN**.



STEP 2:

On the Employee tab, under Benefits Information, select 2017 Open Enrollment.



STEP 3:

LOG-IN to Open Enrollment with your UTAD and Password.

HOME	ADMISSION COLLEGES & PROGRAMS ATHLETICS DIRECTIONS & MAPS ABOUT UT A-Z LIST MEDICAL CENTER
THE UN	IVERSITY OF TOLEDO 📑 🖻 🛅
WELCOME Instructions Healthy U Campaign	Open Enrollment
	User Name . Password
	Log In

If you have questions, please contact Benefits at Benefits@utoledo.edu or call 419-530-4747.

STEP 4:

Please answer the self-identification questions regarding Veteran, Disability, and Healthy U (if you are not currently a member). Then, please read this very important information and **CLICK CONTINUE.**

HOME	ADMISSION COLLEGES & PROGRAMS ATHLETICS DIRECTIONS & MAPS ABOUT UT A-Z LIST MEDICAL CENTER							
THE U	VERSITY OF TOLEDO							
WELCOME Instructions	Open Enrollment							
Healthy U Campaign	Welcome to The University of Toledo Benefits Open Enrollment. Employees have the opportunity to elect or make changes to their benefits during Open Enrollment.							
	Important Deadline:							
	• Complete online process no later than 11:59pm on Monday, October 31, 2016							
	Once you have completed your online enrollment, please click on the "Submit to HR" link at the bottom. You will receive a "Congratulations, you successfully submitted your 2017 healthcare elections" message. If you do not receive this message, your open enrollment did not get submitted. You will need to review your elections and correct any errors that appear in red. Once you have successfully submitted, you will receive a confirmation email summary in your University email.							
	Please press "Continue" below to begin.							
	Continue							
	If you have questions, please contact Benefits at Benefits@utoledo.edu or call 419-530-4747.							

STEP 5:

Review 2016 benefit summary, verify address for accuracy, and then CLICK BEGIN 2017 OPEN ENROLLMENT.

HOME	ADMISSION COLLEGE	ES& PROGRAMS ATHLETICS	T UT A-Z LIST MEDICAL CENTER	
THE UN	IVERSITY OF	F TOLEDO		_f 💟 🗃
WELCOME	Open Enrol	lment		Log Out
Instructions				
Healthy U Campaign	Employee Name	Date of Birth Social Security M	lumber Rocket Number	
	Rocket, Rocky	12/01/1982 *****5679	R0000001	
	Hiring Location	University Email Address	Office Phone Number	
	Main Campus Acade	mic Rocky.Rocket@utoledo.edu	419-5304747	
	Home Address		Home Phone Number	
	2801 W Bancroft St	Toledo OH 43606	419-5304747	

If the address and phone information above is not correct, please click here to be redirected to your myUT Portal, log in and update your information in Employee Self Service.

Employee Elections for 2016

Medical			Dental	Vision		
Paramount H	ealthcare Emplo	yer Selec	Selected	Selected		
				W. C.		
Flexible Spe	nding Account	Election	Annual E	lection Amoun		
Healthcare F	SA	Selected	\$ 900.00			
Dependent (are FSA	Waived	\$0			
Health Savin	gs Account					
Election	Election Annual Employee Amo					
Not Available	Not Available					

Election Summary for 2016

Name	Relationship to Employee	Date of Birth	Gender	Social Security Number	Medical	Dental	Vision
Rocky Rocket	Self	12/01/1982	М	*****5679	Paramount Healthcare Employer Select	Selected	Selected
Sarah Rocket	Wife	01/01/1985	F		Yes	Yes	Yes
Robbie Rocket	Child	02/01/2015	М		Yes	Yes	Yes

Begin 2017 Open Enrollment Print Exit

If you have questions, please contact Benefits at Benefits@utoledo.edu or call 419-530-4747.

STEP 6:

This is the screen where your changes will be made. Complete elections for 2017. To elect/change medical, dental and/or vision coverage, use the corresponding **ELECT/CHANGE** button.

Medical			Dental	Vision	
Paramount	Healthcare En	nployer Selec	t Elected	Electe	
Elect/Cha	ending Acco	here to see	2017 PR	EMIUN	
Healthcare	FSA	Waived	\$0		
Dependent Care FSA		Waived	\$0		
Elect/Cha	ings Account	t			
Election	Annual Err	ployee Am	ount		
Not Available Not Available					

Employee Elections for 2017

STEP 7:

Complete dependent elections for 2017. Under Dependent Elections, use the corresponding Elect/Change button to make the appropriate changes. If you are adding a spouse or domestic partner on your Paramount ES or OBA/Frontpath plan, you will need to **SELECT** the **ELECT/CHANGE** button next to the corresponding name to complete the Spousal/Domestic Partner Healthcare Eligibility Affidavit. If your spouse/domestic partner is employed outside UT, you must print the hard copy of the Spousal/Domestic Partner Healthcare Eligibility Partner Healthcare Eligibility Affidavit from the link in the Portal and his/her employer must complete the bottom of the form before it is returned to the Benefits Department (See step 8)

If you are adding a dependent over the age of 19, you will need to **SELECT** the corresponding **ELECT/CHANGE** button to complete the adult child certification.

	Name	Relationship to Employee	Date of Birth	Gender	Social Security Number	Medical	Dental	Visior
	Rocket, Rocky	Self	12/01/1982	М	*****5679	Y	Y	Y
Elect/Change	Rocket, Sarah	Wife	01/01/1985	F		Y	Y	Y
Elect/Change	Rocket, Robbie	Child	02/01/2015	М		Y	Y	Y

If you have questions, please contact Benefits at Benefits@utoledo.edu or call 419-530-4747.

STEP 8 (if applicable):

If you cover a spouse or domestic partner on your Paramount ES or OBA/Frontpath plan, you will need to complete the eligibility information seen below. If your spouse or domestic partner is employed anywhere other than UT, a Spousal/Domestic Partner Eligibility Affidavit will be displayed for you. Select "Click Here" to print, complete section A and B, then have your spouse or domestic partner's employer complete section C of the affidavit and return to HR by October 31, 2016. After you have printed this document, **CLICK SAVE**.



STEP 9:

CLICK OK to submit your enrollment. Your changes will not be submitted until this step is complete.



STEP 10:

Once you have submitted your selections to HR, you have completed your 2017 Open Enrollment Election. You will receive a confirmation message indicating you have successfully completed your enrollment. In addition, a summary will be emailed to your University of Toledo email address and you will have the option to **PRINT** a copy of your benefit elections. If applicable, return the completed Spousal/Domestic Partner Eligibility Affidavit from your spouse or domestic partner's employer by <u>October 31, 2016</u>.

Open Enrollment

You have enrolled in the following benefits for 2017

Medical:	Elected
Plan Elected	Medical Mutual CDHP
Covered Employee / Dependents	Rocket, Rocky / Rocket, Sarah / Rocket, Robbie
Your Per Pay Premium	\$136.71
Adult Child Premium (if applicable)	
Domestic Partner Premium (if applicable)	
University Per Pay Premium	\$546.82

Dental:	Elected
Covered Employee / Dependents	Rocket, Rocky / Rocket, Sarah / Rocket, Robbie
Your Per Pay Premium	\$14.96
Domestic Partner Premium (if applicable)	
University Per Pay Premium	\$59.83

Vision:	Elected
Covered Employee / Dependents	Rocket, Rocky / Rocket, Sarah / Rocket, Robbie
Your Per Pay Premium	\$1.87
Domestic Partner Premium (if applicable)	
University Per Pay Premium	\$7.46