

Electing Benefits for the First Time

Purpose

This document explains how to enroll in benefits for employees who are benefits eligible for the first time (new hire, recent transfer/promotion to a benefits eligible position, etc).

Please visit <https://intranet.uchicago.edu/benefits-and-career/benefits> for more information about benefit plan(s) in which you would like to enroll.

Supporting Documentation

If you are adding beneficiaries or dependents, you must provide social security numbers, dates of birth, and addresses for those individuals. Proof of relationship is required for all dependents. Accepted documents include:

- Spouse/Civil Union Partner: marriage or civil union certificate
- Child: birth certificate or adoption documents
- For military veteran dependents ages 26 through 30, the Certificate of Release or Discharge from Active-Duty document is also required.

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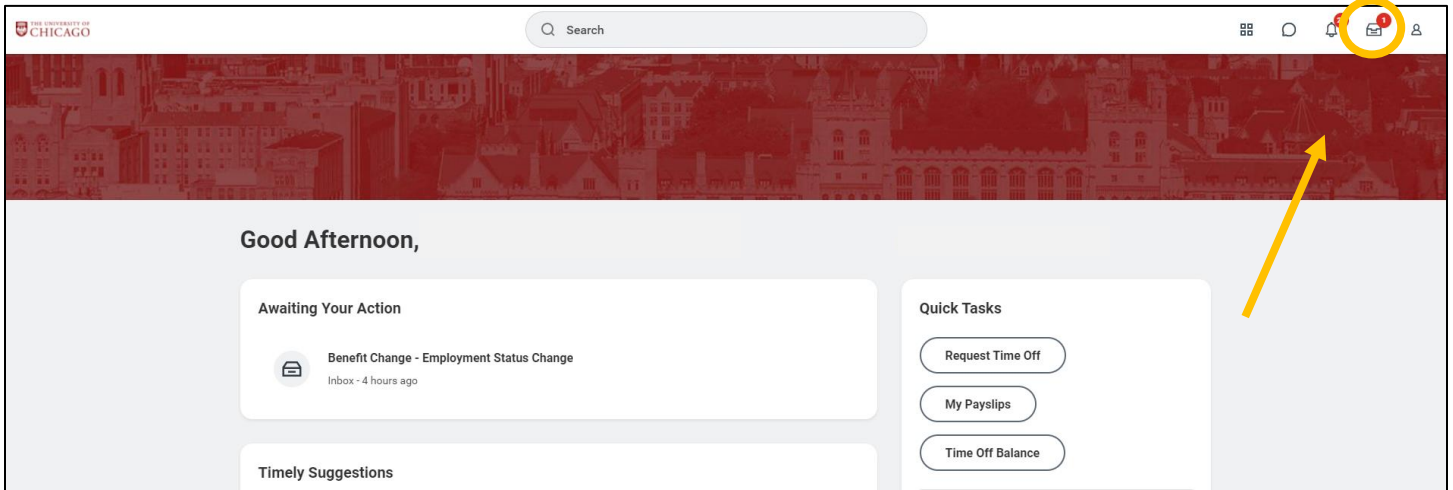
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Keep in Mind

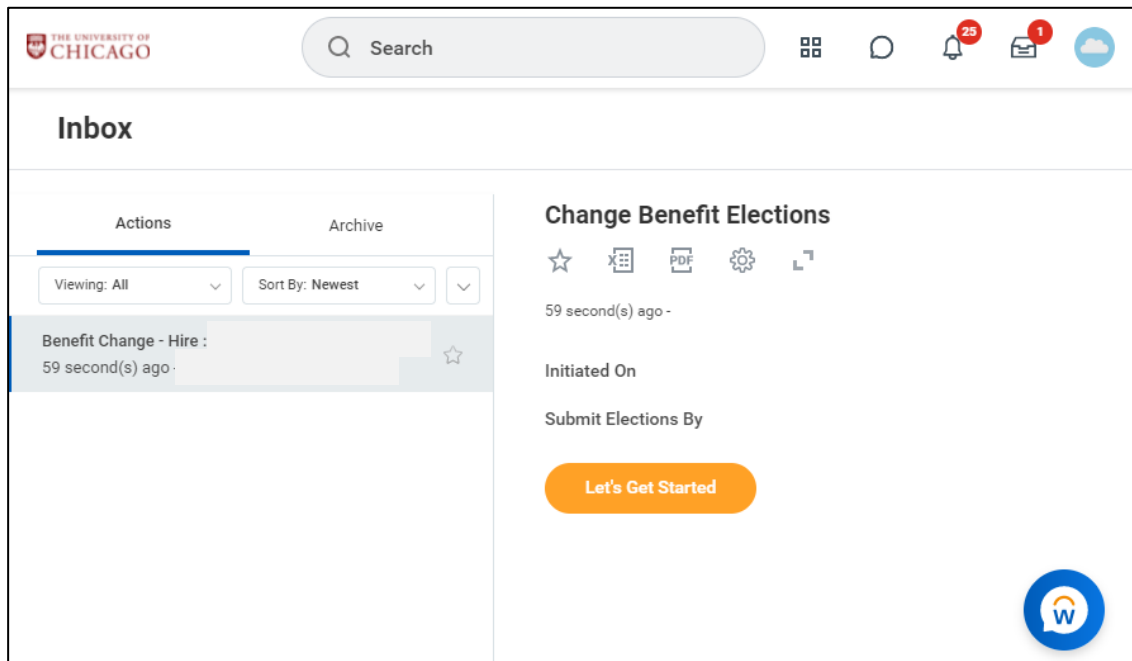
- You have **31 days** from the date that you become benefits eligible to enroll in benefits.
- If you do not enroll within the 31-day window, your next opportunity to enroll in benefits is during Open Enrollment, or if you experience a qualifying life event.
- You may not elect coverage as an employee AND receive coverage as a dependent if both you and your spouse or partner are employed by the University.

Steps to Enroll in Benefits

1. Log in to [Workday](#) using your CNet ID and Password.
2. From the Home page, click on the inbox icon in the top right corner.
 - a. You may need to click “x” to remove the message over the inbox icon.



3. Select the **Benefit Change – Hire** or **Benefit Change – Employment Status Change** inbox task on the left side of the screen. Then click the **Let's Get Started** button.



Health Care

4. If applicable, make updates to your Medical, Dental, and/or Vision elections by clicking **Enroll** on the appropriate card.

The screenshot shows the 'Hire' page with a 'Health Care and Accounts' section. It contains six cards: Medical Waived, Dental Waived, Vision Waived, Health Savings Account Waived, Healthcare FSA Waived, and Dependent Care FSA Waived. Each card has an 'Enroll' button at the bottom. A yellow box highlights the 'Enroll' button on the 'Medical Waived' card, with a yellow arrow pointing to it from above.

5. Select the radio button next to **Select** for the Health Care plans you would like to enroll in. Click the **Confirm and Continue** button to proceed to the next screen, where you can add your dependents if necessary.
- a. Note the displayed cost of plans assumes coverage for Employee Only.

The screenshot shows the 'Medical' page with a 'Plans Available' section. It displays a table with four items, each with a radio button for 'Select' or 'Waive'. The 'Waive' option is selected for all items. Below the table are two buttons: 'Confirm and Continue' (orange) and 'Cancel' (gray).

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
☐ Select ☒ Waive	Blue Cross Blue Shield HDHP Maroon Savings Choice	\$82.00	\$659.14
☐ Select ☒ Waive	Blue Cross Blue Shield HMO Illinois	\$77.00	\$431.27
☐ Select ☒ Waive	Blue Cross Blue Shield PPO Maroon Plan	\$183.00	\$668.29
☐ Select ☒ Waive	University of Chicago Health Plan HMO UCHP	\$90.00	\$589.15

6. Indicate the Coverage Level (i.e. Employee Only, Employee + Spouse, etc) in the **Coverage** prompt box.

The screenshot shows the 'Medical - University of Chicago Health Plan HMO UCHP' page. Under the 'Dependents' section, there is a prompt to 'Add a new dependent or select an existing dependent from the list below.' A yellow box highlights the 'Coverage' dropdown menu, which is open, showing a list of coverage options: Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family, Employee + Domestic Partner, Employee + Domestic Partner + Child(ren), Employee + Civil Union Partner, and Employee + Civil Union Partner + Child(ren). A yellow arrow points to the 'Coverage' dropdown menu from the right.

7. If you are listing a dependent for the first time, click the **Add New Dependent** button.

- It is recommended that you select the **Use as Beneficiary** checkbox to avoid duplicate entries of dependents, should you decide later to designate them as a beneficiary under the Life Insurance plans.

The screenshot shows the 'Add My Dependent From Enrollment' dialog box. It has two radio buttons: 'Use an Existing Beneficiary or Emergency Contact' and 'Create Dependent'. The 'Create Dependent' radio button is selected. Below the radio buttons, there is a checkbox labeled 'Use as Beneficiary' which is checked. At the bottom, there are 'OK' and 'Cancel' buttons. The text 'Click OK to add dependents.' is displayed above the buttons.

8. The following information is required to create a new dependent: First Name, Last Name, Relationship (Spouse, Child, etc), Date of Birth, Gender, National ID, Address, and Phone Number. Click **Save**.

- If you do not enter the Social Security Number for your dependent, you must provide a reason the SSN is not available to continue with your elections.

Add My Dependent From Enrollment

Name

Country *

x United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

MM/DD/YYYY

Age (empty)

Gender *

Citizenship Status

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

National IDs

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

Add

Address

Use Existing Address

Country *

x United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Use Existing Phone

Country Phone Code

x United States of America (+1)

Phone Number *

Phone Extension

Email Address

Click the **Use Existing Address** prompt box to auto-fill the address fields for dependents living at the same address

Save

Cancel



9. Once you have added all dependents you wish to cover, make sure to select the checkbox next to each of their names so that they will be covered under the plan.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * X Employee + Family

Plan cost (Monthly) \$246.00

Add New Dependent

4 items

Select	Dependent	Relationship	Date of Birth
☒		Child	
☒		Child	
☒		Spouse	
☒		Child	

10. Click **Save**. Repeat for Dental and Vision if desired. You will not need to create a new dependent once you have added your dependent for the first time.

Health Savings Account

11. If you selected the Blue Cross Blue Shield HDHP Maroon Savings Choice Plan and would like to enroll in a Health Savings Account (HSA), click **Enroll** on the Health Savings Account card.

Hire

Projected Total Cost (Monthly)
\$7.92

Health Care and Accounts



Medical
Waived

Enroll



Dental
Waived

Enroll



Vision
Waived

Enroll



Health Savings Account
Waived

Enroll



Healthcare FSA
Waived

Enroll



Dependent Care FSA
Waived

Enroll

- For each calendar year, the University will contribute up to \$500 (\$250 if enrolled after July 1) to the HSA for those enrolled as individuals or up to \$1,000 (\$500 if enrolled after July 1) for those enrolled with dependents. No employer contribution will be made for employees who become benefits eligible in December.
- The IRS limits the amount that can be contributed each year to your HSA, including the University's contribution and your own contributions. The current contribution limits are displayed on the [Health Savings Account](#) page of the UChicago Intranet.
- Employees may not elect both an HSA and the traditional Healthcare Flexible Spending Account. Employees enrolled in the Maroon Savings Choice Plan may elect both the HSA and the Limited Purpose Flexible Spending Account, which may be used for **Dental and Vision expenses ONLY**.
- HSA elections will be effective on the **first day of the month following** the benefits eligibility date.

12. Select the radio button next to **Select** for the HSA plan you wish to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.

13. On the next screen, indicate the amount you would like to contribute to your HSA Per Paycheck or Annually. The remaining field will calculate automatically based on your entry. Click **Save**.

Contribute

Per Paycheck

Annual

Remaining Paychecks

9

Minimum Annual Amount: \$1.00

Maximum Annual Amount: \$6,200.00

Summary

Contribution (Monthly)	\$65.00
Total Annual HSA Contribution	\$270.00

Flexible Spending Account

14. If you would like to enroll in a Flexible Spending Account, click **Enroll** on the appropriate FSA card.

Health Care and Accounts

Medical

Waived

Enroll

Dental

Waived

Enroll

Vision

Waived

Enroll

Health Savings Account

Waived

Enroll

Healthcare FSA

Waived

Enroll

Dependent Care FSA

Waived

Enroll

- A Flexible Spending Account is a “use it or lose it” benefit. The Healthcare FSA plan allows you to rollover a limited amount of unused FSA funds remaining on December 31 to the following year. **Any balance in the HCFSA remaining will be forfeited.** The Dependent Care FSA plan does not allow carryover. **Unused funds in the DCFSA at the end of the plan year grace period (March 15 of the following year) will be forfeited.**
- The Limited Purpose Spending Account is only available for employees enrolled in the Blue Cross Blue Shield Maroon Savings Choice Plan and may only be used to pay for **Dental and Vision** expenses not covered by insurance.
- The Dependent Care Flexible Spending Account allows you to save pre-tax funds to reimburse yourself for eligible dependent care or elder care expenses, such as daycare or after-school programs for your children under the age of 13.
 - **DCFSA is NOT for payment of your dependents’ eligible health care expenses.**

15. Select the radio button next to **Select** for the FSA plan you wish to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.
16. On the next screen, indicate the amount you would like to contribute to your FSA Per Paycheck or Annually. The remaining field will calculate automatically based on your entry. Click **Save**.

Contribute

Per Paycheck

Annual

Remaining Paychecks

10

Minimum Annual Amount: \$250.00

Maximum Annual Amount: \$2,750.00

Summary

Contribution (Monthly)	\$108.33
Total Annual Contribution	\$500.00

Basic Life Insurance

17. No action is required to enroll in the Basic Life Insurance plan.
 - a. The University pays the full cost of Basic Life Insurance coverage equal to one times your salary, to a maximum of \$50,000. You are automatically enrolled on your date of hire or benefits-eligible date. You will not be able to make changes to Basic Life Insurance.
18. To designate one or more beneficiaries for the Basic Life Insurance plan, click **Manage** on the Basic Life Insurance card.

Insurance and Retirement

Basic Life Insurance

Sun Life To a Maximum of \$50,000 (Employee)

Coverage

1 X Salary

Manage

Supplemental Life Insurance

Waived

Enroll

Spouse Life Insurance

Waived

Enroll

Child Life Insurance

Waived

Enroll

Personal Accident Insurance

Waived

Enroll

Basic Long Term Disability Insurance

Sun Life (Only Employee Paid Coverage Displays) (Employee)

Cost (Monthly)

\$7.92

Coverage

60% of Salary

Manage

19. The Basic Life Insurance plan will be selected with no option to waive. Click the **Confirm and Continue** button at the bottom of the screen.
20. Use the Plus (+) radio button under Beneficiaries to add one or more beneficiary persons or trusts.
- a. If you checked the **Use as Beneficiary** box when creating your dependent(s), they will be available to select. Otherwise, use Add New Beneficiary or Trust to create a new beneficiary person or trust.

Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)

Projected Total Cost (Monthly)
\$300.39

Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiary

+

Existing Beneficiary Persons

Existing Trusts

Add New Beneficiary or Trust

Search

Percentage

0

- b. You may add as many beneficiary persons or trusts as you wish, but the sum of Percentages must be equal to 100% for both Primary and Secondary Beneficiaries.

Basic Life Insurance - Sun Life To a Maximum of \$50,000 (Employee)

Projected Total Cost (Monthly)
\$305.13

Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

	Beneficiary	Percentage
+	× Beneficiary Person 1 ...	100

Secondary Beneficiaries 3 items

	Beneficiary	Percentage
−	× Beneficiary Person 2 ...	33
−	× Beneficiary Person 3 ...	33
−	× Beneficiary Person 4 ...	34

Save

Cancel

Supplemental, Spouse, and Child Life Insurance

21. If you would like to elect any additional insurance plans, such as Supplemental Life Insurance, Spouse Life Insurance, Child Life Insurance, or Personal Accident Insurance, click **Enroll** on the appropriate card.

Insurance and Retirement



Basic Life Insurance

Sun Life To a Maximum of \$50,000 (Employee)

Coverage

1 X Salary

View



Supplemental Life Insurance

Waived

Enroll



Spouse Life Insurance

Waived

Enroll



Child Life Insurance

Waived

Enroll



Personal Accident Insurance

Waived

Enroll



Basic Long Term Disability Insurance

Sun Life (Only Employee Paid Coverage Displays) (Employee)

Cost (Monthly)

\$7.92

Coverage

60% of Salary

Manage



Optional Long Term Disability Insurance

Waived

Enroll



Supplemental Retirement Plan

Waived

Enroll



Supplemental Retirement Plan Catch-Up

Waived

Enroll

22. Select the radio button next to **Select** for the insurance plan you would like to enroll in. Click the **Confirm and Continue** button to proceed to the next screen.

Plans Available

Select a plan or Waive to opt out of Supplemental Life Insurance.

1 item

*Selection	Benefit Plan	You Pay (Monthly)
☒ Select ☐ Waive	Sun Life (Employee)	

23. Indicate the coverage level (i.e. 1X Salary, 2X Salary, etc. or \$10,000, \$20,000, etc.) in the **Coverage** prompt box.

Supplemental Life Insurance - Sun Life (Employee)

Projected Total Cost (Monthly)
\$300.39

Coverage

Calculated Coverage

Coverage

Search

☐ 1 X Salary

☐ 2 X Salary

☐ 3 X Salary

☐ 4 X Salary

☐ 5 X Salary

☐ 6 X Salary

☐ 7 X Salary

☐ 8 X Salary

Plan cost (Monthly)

Beneficiaries

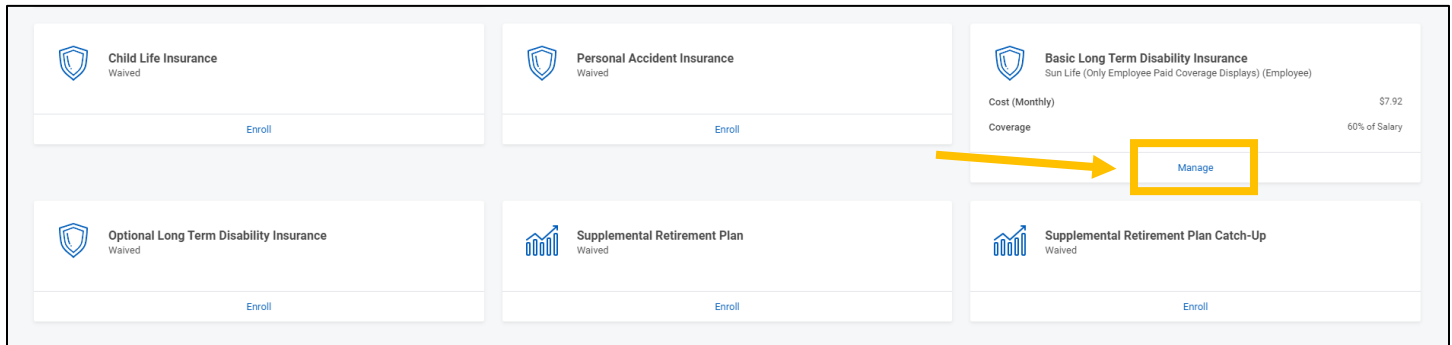
Select an existing or add a new beneficiary. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 0 of 3	
Beneficiary	Percentage
	No Data

24. Use the Plus (+) radio button under Beneficiaries to add one or more beneficiary persons or trusts.
25. Click **Save**.

Long Term Disability Insurance

26. The Basic Long Term Disability Insurance Plan will default to selected. If you wish to waive this plan, click **Manage** on the Basic Long Term Disability Insurance card.



27. Select the radio button next to **Waive** to waive enrollment in the plan. Click **Confirm and Continue**.

Basic Long Term Disability Insurance

Projected Total Cost (Monthly)
\$300.39

Plans Available

Select a plan or Waive to opt out of Basic Long Term Disability Insurance.

1 item

*Selection	Benefit Plan	You Pay (Monthly)
☐ Select	Sun Life (Only Employee Paid Coverage Displays) (Employee)	\$7.92
☒ Waive		

Confirm and Continue Cancel

28. If you would like to elect the Optional Long Term Disability Plan, you must first waive enrollment in the Basic Long Term Disability plan.
29. Click **Enroll** on the Optional Long Term Disability Insurance card.
30. Select the radio button next to **Select** to enroll in the plan. Click the **Confirm and Continue** button.
31. Click **Save**.

Supplemental Retirement Plan

32. If you would like to contribute to the Supplemental Retirement Plan, click **Enroll** on the appropriate card.
33. Select the radio button next to **Select** to enroll in the plan. Click the **Confirm and Continue** button to proceed to the next screen.
34. Choose to contribute a dollar amount or a percentage of your pay in the **Contribution Type** prompt box. Enter the Amount or Percent you wish to contribute in the designated prompt box. Click **Save**.

Contribute

Enter how much you want to contribute as an amount or a percentage.

Contribution Type *

Contribution (%)

Maximum Percentage: 100

- If you elect Percentage, the contribution is a percent of your gross pay, not a percent of the allowed annual contribution. Do NOT elect 100% unless you intend for your **entire paycheck** to be deposited into your SRP account.
- **Bi-weekly paid employees** will have their contribution amount deducted EACH pay period. Please ignore the Monthly indicator.

Additional Benefits

35. The University provides Additional Benefits at no cost to you. You will not be able to make changes to the Staff & Faculty Assistance Program or Business Travel Accident Insurance.

Review Elections

36. Click **Review and Sign** once you are sure you have made all desired benefit elections.
37. Review Selected Benefits, Dependents, Beneficiaries, and Waived Benefits.
38. Scroll down to the bottom of the page. If you are covering dependents, proof of relationship must be uploaded in the **Attachments** box. Accepted documents include:
 - a. Spouse/Civil Union Partner: marriage or civil union certificate
 - b. Child: birth certificate or adoption documents
 - c. For military veteran dependents ages 26 through 30, the Certificate of Release or Discharge from Active-Duty document is also required.

Attachments

Drop files here

or

Select files

39. Read the Electronic Signature and click the **I Accept** checkbox. Click **Submit**.

Electronic Signature

I hereby apply for participation in the University of Chicago's benefits plan(s) for those benefits for which I am or may become eligible under the terms and conditions of said plan and any present or future amendments thereto, and subject to acceptance of my enrollment.

By selecting the I AGREE button, you certify that:

- You authorize the University of Chicago to deduct from your earnings the required contributions, if any, toward the cost of the plan(s); and
- You cannot change any of your elections for medical, dental, vision, or health and/or dependent care flexible spending accounts until the next open enrollment period, unless you have a qualified life event. Proof of the life event is required and must be submitted within 31 days of the life event effective date.

I Accept ☒

Submit

Save for Later

Cancel



[Click here to enter your comment](#)

40. Click the **View Benefits Statement** button to print your benefit elections for your records.

- Once you click **Submit**, the event will be routed to a Benefits Specialist for approval. You will be able to view your updated benefit elections on your Workday profile once they are approved, as long as the effective date has passed.