

# Bellin Health Benefits Enrollment Instructions

## Open Enrollment October 1-16, 2010

For benefit eligible employees (regular part-time and full-time)

Access Bellin Health's benefit enrollment online at [www.benefitsconnect.net/bellin](http://www.benefitsconnect.net/bellin)

Online enrollment with Benefits Connect is simple, secure, and can be completed from any computer with Internet access. After enrolling online, you will have online access to your benefit information 24 hours a day. For your security, Benefits Connect is 128-bit encrypted and password protected. Follow the steps below to access the system and complete your enrollment.

### What you need to get started

During the enrollment process you will be asked to provide basic information.

- Your social security number (only the last six digits needed)
- Dates of birth and social security numbers for dependents (social security number is required for dependents being enrolled in the Medical insurance by the Centers of Medicare and Medicaid)

### User Name and Password

To begin, log on to the Internet. Type in the following address in the address bar:  
<http://www.benefitsconnect.net/bellin>. The screen shown below should display:

The screenshot shows the Bellin Health login page. At the top right, it says "Today is July 14, 2009" and "You are not logged in". The main heading is "bellin health". Below this, a message states: "Benefit enrollment or changes to current benefits must be completed within 30 days of hire date/status change or life event." Another message says: "If you have forgotten your password and do not have an email address, please contact Bellin Human Resource Management at 445-7240". There are two input fields: "Username" and "Password". A "LOGIN" button is next to the password field. A link says "Forgotten your username or password? Click here." Annotations with arrows point to the input fields: one points to the Username field with the text "First six letters of last name, first initial, last four numbers of social security number", and another points to the Password field with the text "Last six numbers of social security number".

Your **user name** is the first six letters of your last name, followed by your first initial and the last four numbers of your social security number, all lowercase letters and no spaces. (If last name is less than 6 letters use full last name, followed by your first initial plus last 4 digits of social security number.)

The **initial password** for the system is the last six numbers of your social security number (without dashes).

#### **Example:**

Employee Name: Matt Sample  
Social Security Number: 949-12-1234  
User Name: samplem1234  
Password: 121234

Click **enter** when complete, to continue on.

*Note: Everyone's user name and password have been reset to the above default. If you would like to change your password, please see "Change Your Password" section after you have completed your enrollment.*

## User Agreement

Read through the agreement and click **continue** to move on with the enrollment process.

## Logging Off and Saving

If you need to log off before completing enrollment, any data you entered will be saved. The next time you log on, you will be taken directly to the last saved screen.

Always make sure to *log out* upon completing any action on the system.

## Entering Personal Information

After your initial login, the system will take you to the **Personal Information** section. Complete all fields. If you make any changes, you will need to complete "Effective Date" (you may use current date).

Click **save & continue** to proceed to the next screen.

### PERSONAL INFORMATION

Please edit/view your profile information.

**Click the "save" button at the bottom of the page after you've entered the profile information. Fields in bold are required.**

#### General Information

First Name

Middle Initial

Last Name

Social Security No.

Government Visa No.  for international employees

Gender  ▼

Date of Birth  date in format, mm/dd/yyyy

#### Contact Information

Street Address

Street Address 2

City

State  ▼

Note: To go back to a previous screen, click the **back** button.

## Verify Employment Information

Read through and verify that your employment information is accurate.

Once complete, click **save & continue**.

## Entering Emergency Contact Information

Enter your primary contact information (all bolded fields are required). A secondary contact is optional.

Once complete, click **save & continue**.

## Entering Dependent Information

The **Dependent Information** initial screen will display:

### Entering Dependents:

- To enter a spouse, click on **click here** under the Spouse heading.
- Enter information in the appropriate fields. Click **save** when complete.
- To enter a child, click on **click here** under the Children heading.
- Enter information in the appropriate fields. Click **save** when complete.
- Note: You must indicate if your child is age 19+ and enrolled as a full-time student in the School Information field in order for them to be eligible for health and dental benefits.
- Note: Enter only those dependents that you wish to enroll for coverage. Different coverage can be applied to different dependents. This will be covered on the Elections screen.
- When finished entering dependents, click **save & continue**.

**dependent information**

Please complete the 7-section enrollment process.

Please enter your dependent information.

**Spouse**

To add spouse information, [click here](#).

**Children**

To add a child dependent, [click here](#).

**back** **save & continue**

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### Editing Dependents:

- To edit a dependent's information, click the **pencil icon** next to the dependent you want to edit, make changes, and click **save**.
- When you are finished entering dependent information, click **save & continue**.

## Making Benefit Plan Elections

Next, the system will display the **Benefit Plan Enrollment** section. Each benefit and your options will be displayed one-by-one.

### Health Plan:

- Note: If the **Current Medical Plan Election** screen does not appear, contact Human Resources at (920) 445-7240.

Available Medical Plan	Coverage	Cost
<input checked="" type="radio"/> <b>2010 UHC Choice Plus Level 1</b> <a href="#">View Plan Outline of Benefits</a> Eligible on 01/01/2010 Elected coverage effective on 01/01/2010 Cost is deducted on pre-tax basis  Cost is deducted on a pre-tax basis	<input checked="" type="checkbox"/> LOLA [employee] <input checked="" type="checkbox"/> Seth [child]	54.03
<input type="radio"/> <b>Employee waives enrollment in the available Medical plan</b>		

- For information about a plan, click **View Plan Outline of Benefits**.
- To enroll in Bellin’s Health Plan, click the radio button next to **2010 UHC Choice Plus Level 1**.
- Note: Participants will be elevated to Level 2 or Level 3 (Bellin’s enhanced plans) when Human Resources receives notification of qualification.
- Click applicable boxes under the **Coverage** heading to select individuals for coverage under this plan.
- To waive coverage, check the radio button next to **Employee Waives Enrollment in the available Medical plan**.
- When you are finished entering your Health Plan elections, click **save & continue**.

### Other Benefit Elections:

- Note: Depending on your status, you may have additional benefit screens such Voluntary Long-Term Disability to complete.
- To enroll in a plan, click the radio button next to the appropriate plan, and select the dependents for coverage under the plan.
- To waive coverage, check next to **Employee Waives Enrollment** line.
- For information about a plan, click **View Plan Outline of Benefits**.
- For plans provided by Bellin Health at no cost to you, enrollment is already checked.
- If applicable, indicate the amount for which you would like to enroll.
- Please verify when you have completed your elections that you have either enrolled or waived each benefit in your “Election Summary.” An example is located to the right.
- Click **save & continue** after each benefit selection.

Note: If you are enrolled in Dental Insurance in 2009, you should see a Benefit Enrollment Screen for 2010 Dental Insurance. If this does not come up for you, please contact Human Resources at (920) 445-7240.

\*Benefit calculations are based on base rate and FTE (Full-Time Equivalent).

**Election Summary**  
 Costs shown are as of 7/14/2009

**Medical**  
 \$

**2000 Plus**

**Dental**  
 [ENROLLED] \$5.98

**Short-term Disability**  
 [ENROLLED] \$0.00

**Voluntary Long-term Disability**  
 [WAIVED]

**Basic Life and AD&D**  
 [ENROLLED] \$0.00

**Medical FlexSpend**  
 [WAIVED]

**Work-related Dependent Care FlexSpend**  
 [WAIVED]

**Bi-weekly Payroll Deduction**  
 \$

# Assigning a Beneficiary for Life and AD&D Insurance

The Life and AD&D insurance, provided to you by Bellin Health, requires you to assign one or more primary beneficiaries, and one or more contingent beneficiaries. In the event of the death of the insured, the dollar benefit would go to the primary beneficiaries. If all primary beneficiaries are deceased, the contingent beneficiaries would receive the proceeds.

Follow the steps below to assign a beneficiary.

- First click on **Click here**.
- Use the drop down arrow to add a beneficiary.
- Note: If the individual you wish to select as the beneficiary is not an available choice in the drop down, enter their information into the fields provided.
- Click the **add** button to add the beneficiary.
- Repeat this process until you have added all the individuals you want listed as beneficiaries.
- Select Basic Life and AD&D from the drop down box, located next to each dependent see example to the right.
- Click **save & continue**.
- Assign your Primary and Contingent beneficiaries and their corresponding percentages (percentages must total 100%) in the columns.
- Click **finished\***.

### beneficiary information

Please complete the 7-section enrollment process.

Please edit/view your beneficiary designations.

**Fields in bold are required.**

**Current Beneficiaries**

Name	Date of Birth	Social Security No.	Relation	Add to Policy
Sherry Sample	10/24/1969	...	Spouse	<div style="display: flex; align-items: center;"> <div style="border: 1px solid gray; padding: 2px;">Select Benefit</div> <span style="margin-left: 5px;">✖</span> </div> <div style="border: 1px solid gray; padding: 2px; margin-top: 2px;">                     Select Benefit                      Basic Life and AD&amp;D                 </div>

**Click here** to add a new beneficiary record.

No existing beneficiary allocations found. Please select a benefit plan type above to add a beneficiary allocation to that policy.

back
save & continue

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### employee administration

#### Beneficiary Information - Sample, Max

**Fields in bold are required.**

**Current Beneficiaries**

Name	Date of Birth	Social Security No.	Relation	Add to Policy
Sherry Sample	10/24/1969	...	Spouse	No Plans Available <span style="float: right;">✖</span>
Molly Sample	5/25/2000	...	Child	No Plans Available <span style="float: right;">✖</span>

\* Beneficiary Info required

**Click here** to add a new beneficiary record.

Below is the list of existing beneficiary allocations.

**Basic Life and AD&D**

Beneficiary Name	Percentage Primary	Contingent
Sample, Sherry	100	0
Sample, Molly	0	100

finished
cancel

Assign the applicable percentages to the Primary and Contingent beneficiaries.

Click **Finished** when complete.

*\*If you do not assign percentages to your beneficiaries before clicking **finished**, the system will show that you have no beneficiaries.*

## Completing Your Enrollment

Once you have completed enrollment for each plan available, the system will display the **Consolidated Enrollment Form** page. This screen will display a summary of the information entered and the benefit elections made.

- To print a copy of this form for your records, click **print**.
- To submit enrollment, click **finish**.

Congratulations you have completed the enrollment process.

Note: **Current Plan Enrollment** refers to your current active benefits.

**Future Plan Elections** refers to benefits that will begin at a future date.

### consolidated enrollment form

Please print this page for your records.

Please review the consolidated enrollment information below. If you need to make changes to any information, please click the link next to the section you wish to edit. When you're finished, please click on the "print", then "finished" button to complete your enrollment.

#### Personal Information [Click here to edit](#)

##### Jane Enrollment

123 Any Street

AnyCity, AnyCounty Co., MN 55555

555-555-5555 [home]

555-555-5555 [work]

**Date of Birth**

**Gender**

**Marital Status**

1/1/1970

Female

Married on 1/1/2001

## Change Your Password

To change your password, follow the steps below:

- Go to **Employee Menu**.
- Click on **Employee Information**.
- Click on **Change Password**.

Tips to help you create a safe and secure password:

- Use at least eight characters.
- Use a random mixture of characters; upper and lower case, numbers, punctuation, spaces, and symbols.
- Don't use a word found in a dictionary, English or foreign.
- Never use the same password twice.

## Print Your Consolidated Enrollment Form

If you would like to print a copy of your enrollment summary, follow these steps:

- Go to the **Employee Menu** screen.
- Go to **Benefit Plan Information**.
- Click on **Consolidated Enrollment Form**.