2010 Benefit Open Enrollment

Article ID: 11122009 Date Revised: 11-12-09 Application(s): Logos.NET eSuite: eBenefits

Description

This article will explain how to complete the City of Auburn Benefit Open Enrollment process through eSuite. This is required for all full-time City employees.

Solution/How To

 Using the City intranet, click on eSuite (Employee Self Service by Logos.NET) under Application Links. Got to the Intranet at <u>http://intranet.ci.auburn.in.us</u>

Application Links

- Logos.NET (Public Administration Suite)
- Kronos Workforce Central (Time & Attendence)
- Logos.NET *!*TEST*!*
- Logos.NET *!*TEST II*!*
- DocuShare (Document Archive)
- Business Objects InfoView (Reporting & Business Intelligence)
- eSUITE (Employee Self Service by Logos.NET)

This will take you to the HR "Emp	oloyee Login" page			
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City of Auburn eServ Powered by New World Systems	vices HR Portal			
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Nu Pi cr Fc If	eed a login? ease send an email to eServices@ci.auburn.in.us edentials orgot password? you forgot your password you can reset it using eset Password	and ask for your login the link below.		
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 Log-in with your City network username. The initial password is auburn (all lowercase) followed with your employee number. For example: Username = tsmiller, password = auburn1230 or auburn470. Once logged in you will come to this screen. (If you do not know your employee number, log into Kronos and look on the Time Stamp screen, or on a previous paycheck. Your employee number is listed there.)



 Here is where you will reset your password. This password is not linked to anything else, and does not expire. We recommend using a password that you will not forget. Since your windows password expires every month, we do not recommend using your current windows password.

- Now, click on << MY HR >> tab and then << DEPENDENTS >>. <u>This is very important!</u> All dependents covered by the City health insurance plan will be listed here. If you do not have dependents and no dependents are listed on the screen, click <u>here</u> to begin the Open Enrollment Process
- If you need to add a dependent, click **<< ADD A NEW DEPENDENT >>** which will take you to the following screen

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- Enter the information <u>including</u> the Date of Birth (mm/dd/yyyy). Then click **<<Submit Changes>>**. This process places the dependent in "pending status" until it is approved by the payroll clerk.
 - <u>NOTE:</u> The dependents entered here have no bearing on dependents for tax purposes. These are only dependents that are covered under the City health insurance plan.
- If the information for your dependent is incorrect or the Date of Birth is missing, click << EDIT >> on the right under options.
- If you have dependents listed that <u>will not</u> be covered by the City health insurance plan, click <<DELETE>> on the right under options. A pop-up will come up asking you to confirm the deletion.

Click the <<Delete>> button.

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- If you make any changes to your dependents while you are completing the open enrollment process, we suggest sending an email right away to <u>tmshipe@ci.auburn.in.us</u> and Cc: <u>tsmiller@ci.auburn.in.us</u>. We can process the pending change right away. You will receive an automated email response when the change is complete.
 - Note: A dependent is deleted from the City Health Insurance Plan effective the date they are no longer a student, or the date of graduation, or age 19-23 years and no longer a student.

• Next, click the **<< BENEFIT ENROLLMENT>>** link to begin the enrollment process.

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City of Auburn eServices Benefit Enrollment
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Pre-Enrolment Welcome Message Welcome Message
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CATEGORY YOUR COST V Medical S39.09 V Flex - Medical S19.23 V Flex - Child Care S0.00
TOTAL COST (PER PAYCHECK) \$58.32 Finish
Submit & Complete Enrollment
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Click <<CONTINUE TO ENROLLMENT>>

• Select the medical Insurance plan that fits for you for 2010.

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Finish	Emp + Spouse	\$343.96	\$85.9	
Submit & Complete Enrollment	Employee Only	\$156.35	\$39.(
Print Confirmation Statement	C Family	\$484.68	\$121.:	
	If you do not wish to enroll in a plan I would like to decline coverage 	n at this time, plese click below: 2	E	
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- If you do not want to enroll in the City health insurance, click the radio button below to decline coverage. Click <Save>.
- The amounts listed under Your Cost per Paycheck are only withheld the first and second paychecks in a month. If there are three checks in a month, it is not withheld on the third.
- This will take you to the <u>Flex Medical Enrollment</u>. Enter the annual amount that you want to contribute. Notice on the right side it will tell you how much will be withheld each pay check. This amount is withheld every paycheck.
- If you are <u>not participating</u> in the Flex medical or childcare plans, you must click the **<<Decline coverage>>** box.
 - Note: This takes the place of the form that a lot of employees refer to as "the form that you sign whether or not you want a flex account".



- Click <<Save and Continue>>
- This will take you to the Flex Child Care Enrollment. Either enter an annual amount or click the Decline Coverage box.
- Listed on the left side of the page are your current selections along with how much will be withheld each
 paycheck. <u>Note:</u> There are two months in 2010 where there are three paychecks. Those months ONLY
 the flex amounts will be deducted.

• Under the section on the left side, click Print Confirmation Statement. This will allow you to review all of your current selections.



- Review this screen prior to submitting your selections. Verify that your insurance plan is correct, and that any covered dependents are listed under Medical. (the example above is employee only coverage. If you have dependents, they will be listed)
- Close the confirmation window. You do not need to print at this time. Once you submit your information, then you can print the screen.





•	Congratulations!	Now,	print your	Confirmation	Statement.
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HOME MY HR BENEFIT ENROLL	IENT REQUEST FOR ACTION LOGOUT			
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Pre-Enrolment Welcome Message Plan Documents	Congratulations! Your benefit elections have been successfully submitted to your HR department. You may browse your elections by not make changes at this time.			
Enrollment CATEGORY YOUR COST Medical \$39.09	PRINT CONFIRMATION STATEMENT			
Flex - Medical \$19.23 Flex - Child Care \$0.00 TOTAL COST (PER PAYCHECK) \$58.32				
Finish				
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- If you have any questions regarding this process, please contact Patsy Fuller, Tina Shipe or Tyson Miller
- Also feel free to navigate the other areas of MY HR tab. This will be a place to go to make any changes in the future for bank drafting, change of address, dependent changes, contacts, etc. You can also view past paychecks and other information. This will also be where you can submit help tickets to IS.