


OPEN ENROLLMENT STEPS



Once a year, open enrollment allows you to update your benefit elections. During this period, you will receive a task in your Inbox. Based on your organization's configuration, approvals may be necessary to complete this task. Review this job aid for steps on completing your open enrollment.

SELECT YOUR BENEFITS

From your Home page:

1. Click the **Inbox**  icon.
2. Click the **Open Enrollment Change** task.
3. Click **Let's Get Started**.
4. Click **Manage** to update your medical elections. Click **Enroll** if you are not currently enrolled in a plan.

Health Care and Accounts

 Medical Blue Cross Blue Shield HMO	 Dental Blue Cross Blue Shield DEN CORE
Cost (Monthly) \$194.19	Cost (Monthly) Included
Coverage Employee	Coverage Employee
Manage	Manage

5. Choose **Select** or **Waive** for each Medical election. Your current elections default.
6. Modify your coverage, if needed.
7. Click **Confirm and Continue**.

ADD DEPENDENTS

If you select or modify a benefit plan during open enrollment, you can also add dependents.

After clicking **Confirm and Continue** in the previous step:

1. If a dependent already exists, they are selected automatically.

Dependents

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

Coverage * EE + 1 Dependent

Plan cost (Monthly) \$186.00

[Add New Dependent](#)

1 item ☰ ☐ ↗

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jianyu Liu	Spouse	02/18/1959

2. Click the **Add New Dependent** button to add a new dependent. Complete all required information.

MODIFY DEPENDENTS

From the Dependents section for medical elections:

1. Select the **checkbox** next to the name of your dependents.
2. Click **Save**.

Medical - Blue Cross Blue Shield HMO

Projected Total Cost (Monthly)
\$194.19

Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

Coverage * Employee

Plan cost (Monthly) \$194.19

Add New Dependent

Your Provider ID

Designate the Provider ID (Primary Care Physician) for yourself based on your health care elections. Select the Provider website link to find your doctor's Provider ID.

Health Care Instructions

Provider Website [Blue Cross Blue Shield of MA](#)

General Instructions







- Please make your benefit selections.
- If you do not make a change to this benefit election, your current election will carry over through the next plan year.
- **Once you have made all of your elections please ensure to click "Review and Sign" on the Open Enrollment home screen to finalize all of your elections.**

Please note:

- **All open enrollment elections will be effective July 1, 2021.**
- You will be asked to supply a Social Security Number for all of your dependents, please have that information available.

GO THROUGH EACH BENEFIT ELECTION YOU WANT TO NEWLY ELECT, NEWLY CANCEL OR MODIFY




Health Care and Accounts

 <p>Medical Blue Cross Blue Shield HMO</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Cost (Monthly)</td> <td>\$194.19</td> </tr> <tr> <td>Coverage</td> <td>Employee</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Manage</p>	Cost (Monthly)	\$194.19	Coverage	Employee	 <p>Dental Blue Cross Blue Shield DEN CORE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Cost (Monthly)</td> <td>Included</td> </tr> <tr> <td>Coverage</td> <td>Employee</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Manage</p>	Cost (Monthly)	Included	Coverage	Employee	 <p>Vision Waived</p> <p style="text-align: center; margin-top: 10px;">Enroll</p>
Cost (Monthly)	\$194.19									
Coverage	Employee									
Cost (Monthly)	Included									
Coverage	Employee									
 <p>HSA Waived</p> <p style="text-align: center; margin-top: 10px;">Enroll</p>	 <p>Medical FSA Waived</p> <p style="text-align: center; margin-top: 10px;">Enroll</p>	 <p>Limited Purpose FSA Waived</p> <p style="text-align: center; margin-top: 10px;">Enroll</p>								

ENSURE TO DESIGNATE LIFE INSURANCE BENEFICIARIES

If your life insurance plan requires beneficiaries, the option to add primary and secondary beneficiaries will appear. This means that you must designate one or more beneficiaries for each plan.

From the Beneficiaries section:

1. Click **Manage** in the Group Term Life box
2. Click Confirm and Continue and review your beneficiaries on the next screen. If you need to add/change a beneficiary please see below instructions.
3. Click the **Add Row**  icon to add a beneficiary.
4. Click the **prompt**  icon in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Add New Beneficiary or Trust** to add a new beneficiary. To remove a beneficiary, click the **Remove Row**  icon next to that beneficiary.

5. Enter the percentage of benefits for each beneficiary in the Percentage column.
6. Click **Save**.

Basic Group Life - Liberty Mutual (Employee)

Coverage

Coverage \$75,000

Calculated Coverage \$75,000.00

Plan cost (Monthly) Included

Projected Total Cost (Monthly) \$421.00

Projected Total Credits \$55.50

Insurance Instructions

Plan Description [Liberty Life Insurance Summary](#)

Provider Website [Liberty Mutual](#)

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
-	<input type="text" value="x Jianyu Liu ..."/>	<input type="text" value="100"/>

Secondary Beneficiaries 0 items

+	Beneficiary	Percentage
No Data		

Save
Cancel

ADD ADDITIONAL BENEFITS IN THE VOLUNTARY LIFE AND ADD SECTION, SPOUSE LIFE AND/OR CHILD LIFE

The these sections are where you can elect optional life coverage at an additional cost.

From the Additional Benefits section:

1. Click **Manage** or **Enroll** for each additional benefit you would like to enroll in.
2. Click **Select or Waive** and then **Confirm and Continue** at bottom of page
3. If new electing coverage or increasing/decreasing coverage, ensure to enter a **Coverage Amount** at the top of the page
4. Review your elections for accuracy and update any Beneficiaries as needed

5. Click **Save**.

REVIEW BENEFITS LISTED UNDER “ADDITIONAL BENEFITS”, THESE ARE SIMMONS SPONSORED BENEFITS. THEN REVIEW ALL YOUR BENEFITS FOR ANY ADDITIONAL CHANGES.

1. Click the **Review and Sign** button once completed.

COMPLETE YOUR ENROLLMENT

1. Select the **I Accept** checkbox to confirm your electronic signature, if required.

The screenshot shows a form with two main sections. The first section, titled 'Attachments', contains a dashed border box with the text 'Drop files here' and 'or' above a 'Select files' button. The second section, titled 'Electronic Signature', contains a list of terms and conditions. Below the text is a checkbox labeled 'I Accept' which is currently unchecked. At the bottom of the form are three buttons: 'Submit' (orange), 'Save for Later' (grey), and 'Cancel' (grey).

Attachments

Drop files here
or
Select files

Electronic Signature

- I hereby apply for myself and any dependents listed on this Election Form for the coverage indicated. I understand that submission of additional documentation is required before processing applications for coverage indicated above (if any). I also understand I may get follow-up Workday items for further documentation that may be required.
- I understand that coverage is subject to the exclusions and all other provisions contained in the benefit plan.
- I agree to pay the current and future premiums for the benefits I have elected to participate in, as long as I remain in a benefits-eligible position and authorize deductions (as applicable) from my pay. If I choose to participate in the Health Care or Dependent Care Flexible Spending Accounts, I understand that any money left in my account(s) at the end of the plan year will be forfeited into the Plan(s).
- I have read this Election Form, Summary of Benefits provided to me and made available on the Benefits & Payroll intranet, and coverage-related information for the benefits I am electing.
- I understand that these elections cannot be changed until the next open enrollment period unless I experience a qualifying life event, as defined by the IRS and allowed under the plan.
- Information provided on this form will be shared with the respective benefit provider including my address, phone number and e-mail contact information, which may be used for outreach by the vendor.

I Accept

Submit Save for Later Cancel

2. Click **Submit**. A confirmation page displays.
3. Click **Done** to complete the task. Optionally, click the **View 2021 Benefits Statement** button to view the benefits statement.
4. Click **Print** to generate a PDF version for your records.