# it's all about YourBenefits2023

no 1

# **Open Enrollment Instruction Guide**

Northwestern | HUMAN RESOURCES

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Selecting Life Plans
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If you have questions or need help completing Benefits Enrollment ...

#### **Multifactor Authentication Issues**

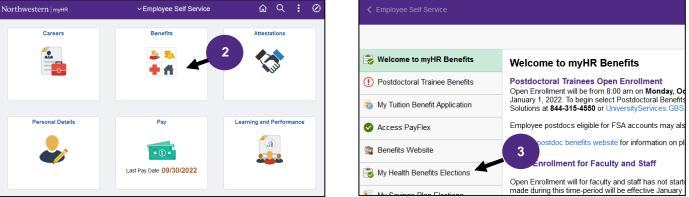
847-491-4357

consultant@northwestern.edu

IT Help Desk:

General Benefits Questions
<u>Human Resources</u>: 847-491-4700
<u>askHR@northwestern.edu</u>

- 1. Login to myHR at https://myhr.northwestern.edu.
- 2. Select the Benefits tile in myHR Self Service.
- 3. Select My Open Enrollment Elections from the left-hand menu. You will need to disable your pop-up blockers if you have them turned on.



4. Select Get started from the center of the page.

Northwestern   myHR Benefits	Profile
Welcome to your Northwestern Benefits!	
You are invited to enroll in benefits provided through the Northwestern Office of	
Human Resources. 4 Get started >	

**Selecting Benefit Plans** 

Your current elections will be selected, with the exception of **FSA and HSA plans** which must be **reelected every year**. To update any plans, select <u>Edit Coverage</u> in the lower left side under the benefit title. To newly elect a benefit or reenroll in FSA and HSA plans, select <u>Edit Coverage</u> under the benefit title. Once you make your changes, you must hit **Complete Enrollment** at the bottom of the page.

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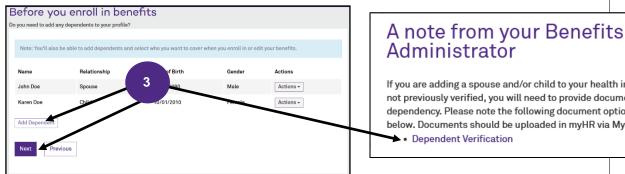
1. If you would like to make a change to your coverage or if you wish to enroll, select Edit Coverage.



2. At the top of the page, you will see who is currently enrolled and eligible for the plan. To add a dependent select Add Dependent. If you are not adding a dependent skip to step 6.



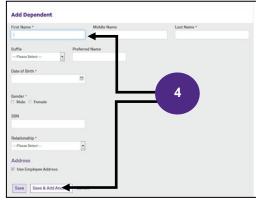
3. Dependents enrolled in current plans will appear. To add new dependents, select Add Dependents. If adding a new dependent, you will need to provide proof of relationship.



## If you are adding a spouse and/or child to your health insurance that was

not previously verified, you will need to provide documentation to prove dependency. Please note the following document options on the link below. Documents should be uploaded in myHR via My Documents. Dependent Verification

4. Enter all required dependent information and click Save. Please note that for compliance purposes all SSNs should be provided.



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ou need to add any dependents to				
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fame	Relationship	Date of Birth	Gender	Actions
imployee Spouse		06/28/1980	Female	Actions -
mployee Child		05/28/2016	Male	Actions -
Idd Dependent	5			

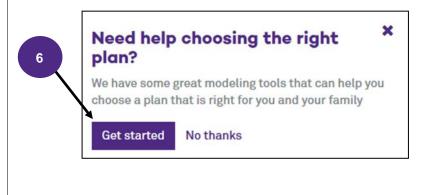
5. Select Add Dependent to add more

section.

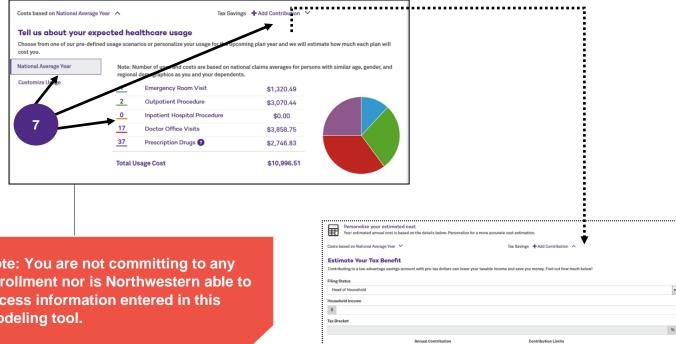
individuals or **Next** to move to the next

#### Selecting Medical Coverage Cont.

6. You will be presented with all the health insurance plans available to you. A modeling tool is available to help you determine the best option for you and your family. Select Get Started to launch the tool. Otherwise hit No thanks and skip to the Comparing Health Plans (pp 7).



7. The tool loads with the National Averages for medical services, which includes the average number of services and cost incurred by Americans. You can customize this for yourself by selecting the "Customize Usage" option instead. Select Add Contribution at the top of the page to enter FSA and HSA information.



Note: You are not committing to any enrollment nor is Northwestern able to access information entered in this modeling tool.

\$ \$3,400.00 \$1,000.00 \$6,750.00 \$1,000.00

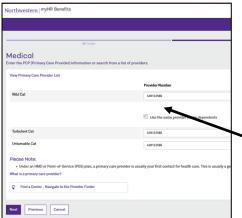
> Enter expected HSA and FSA costs to better evaluate which health plans works for you.

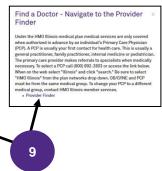
#### Selecting Your Health Plan Cont.

Once you are done reviewing the modeling tool and have made your choice of health plans:

- Click the Select Plan or Currently Selected box under the plan in which you wish to enroll;
- If you select the <u>HMO Illinois</u> plan, you will be prompted to select a Primary Care Provider for both you and your dependents. A link is provided to BCBSIL's provider finder. When on the web select "Illinois" and click "search." Be sure to select "HMO Illinois" from the plan networks drop down. The PCP number from BCBSIL's website should be entered at the time of enrollment.

FSA	Premier PPO	\$798.00
Compare	This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greated benefits and pay lower out-of-pocket costs when you see a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.	Monthly Cost
	Estimated Annual Cost \$12,671.89 FSA Tax Savings \$637.50 How was this calculated? PEdit	
	Individual Deductible \$250	
	Family Deductible \$750	
	Individual Out of Pocket Max (OOP Max) \$2,200	
	Family Out of Pocket Max (00P Max) \$6,600	
	Select plan  Plan details	
FSA	Select PPO	\$248.00 Monthly Cost
Compare	This plan gives you the flexibility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referral. You receive greater brenefits and pay lower out-of-pocket costs when you see a provider who is a member of the Northwestern Medicine or BlueCross BlueShield PPO Network.	monting cost
	Estimated Annual Cost \$5,969.85 How was this calculated?	
	Individual Deductible \$500	
	Family Deductible \$1,500	
	Individual Out of Pocket Max (OOP Max) \$2,650	
	Family Out of Pocket Max (00P Max) \$7,750	
	Select plan Plan details	
HSA	Value PPO	\$106.00
Compare	This plan is a High Deductible Health Plan. You can use a Health Savings Account to set aside the deductible pre-tax. This plan gives you the floxobility to choose any doctor/hospital that you wish without requiring a primary care physician (PCP) referal. You receive greater benefits and pay lower our -of pocket costs when you sea a provider who is a member of the Northwester Medicine or BlueCross BlueSchoss BlueNova.	Monthly Cost
	Estimated Annual Cost \$6,424.50 HSA Tax Savings \$1,687.50 How was this calculated?	
	Individual Deductible \$1,400	
	Family Deductible 8	
	Individual Out of Pocket \$3,000	
	Family Out of User Max (OOP Max) \$6,850	
	Select plan Plan details	
FSA	HMO Illinois	\$426.00 Monthly Cost
Compare	This plan gives you access to the HMO Illinois provider Network, but pays no benefits when you see a provider who is not a member of the Network (accept in an emergency). Your Privany Care Physician PCDP will coordinate your care with other network specialists. When enrolling in the HMO plan for the first time, a PCP must be selected at the time of enrollment.	
	Estimated Annual Cost 55,865.05 FSA Tax Savings \$637.50 How was this calculate? F64T	
	Individual Deductible \$0 Family Deductible \$0	
	Family Ueductble \$0 Individual Out of Pocket Max (00P Max) \$1,500	
	Family Out of Pocket Max (OOP Max) \$3,000	
	Select plan Plan details	
Decline Coverage I would like to o	Section Medical coverage.	
Previous Cancel		





NOTE: For the HMO health plan, OB/GYN and PCP must be from the same medical group.

- If you select the Value PPO plan, you will be prompted with the option to elect a Health Savings Account (HSA) - See detailed instructions on page 10 starting with Step 2;
- After selecting your health plan, you will be prompted with the option to elect a Health Care, Limited Care, or Dependent Care FSA for the next plan year
   See detailed instructions on page 11 starting with Step 2.

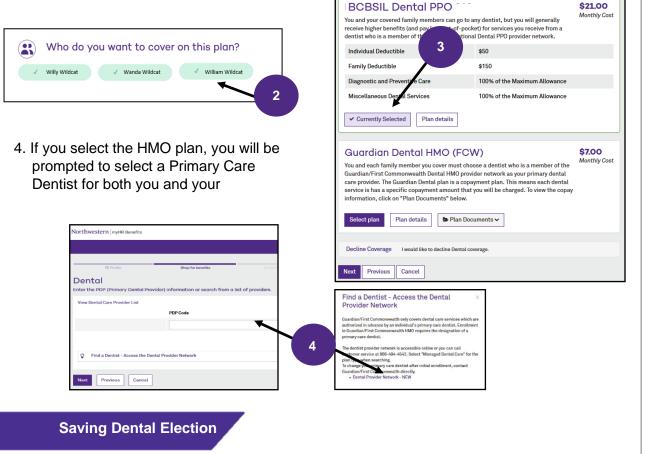
You Must Select <u>Complete Enrollment</u> on The Main Enrollment Page to Complete Your Elections. See Page 15.

#### Saving Medical Election

You will be brought to the Health Summary screen. You can select **Edit Plan** under Health, Dental, Vision, HSA, and FSA enrollments to make any changes or select **Save** at the bottom left to save these choices and return to the home section to review all benefits. Enrollment is not complete until you select **Complete Enrollment** on the following screen.

CPPO By: Blue Cross Blue Shield of Illinois Date: GR01/2017 1955: Dip ar month Downeret: Wild Cat, Turbulent Cat	This is a summary of your current bonefit directores. Bienafit Elections (3 Rema) (0 Markity	Sh
0ate: 06/01/2017 \$165.00 per month		
	Muestly	
Towered: Wild Cat, Turbulent Cat		
	Madical Dental	
	Vision	
nal Information	Libertite Total	
ails V		
	Tax Advantage Accounts (1 items) 🕥	
Ian Plan details	Monthly Contributions	
	Health FSA Employee Contribution	
tal	Monthly Contributions Total	
born Dental PPO		
By: Dearborn National	You Pay 🔾	
e Date: 02/01/2016	Monthly Total	
: \$21.00 per month		
Covered: Adam Doyle		
taits∨		
Plan details		
age Decliner 12		
	tali ✓ Plan details col porn Dental PPO pp Centron National e Datic 0201/2018 ±21.00 per month Covered: Adua Doyle nal Information talis ✓ Man Plan details	sale     Monthly Field       sale     Pan details       cdl     monthly Constructions       por Dention National     society Constructions       port Constructions     Society Constructions       status of the Delta De

- 1. To <u>edit</u> coverage, select **Edit Coverage**. To <u>enroll</u> in coverage, select **Begin Enrollment**.
- 2. Verify everyone you want covered on the plan in the banner at the top of the screen;
- 3. Click the **Select Plan** or **Currently Selected** box under the plan in which you wish to enroll;



You will be brought to the Health Summary screen. You can select **Edit Plan** under Health, Dental, Vision, HSA, and FSA enrollments to make any changes or select **Save** at the bottom left to save these choices and return to the home section to review all benefits. Enrollment is not complete until you select **Complete Enrollment** on the following screen.

You Must Select <u>Complete</u> <u>Enrollment</u> on The Main Enrollment Page to Complete Your Elections.

See Page 15.

F.	Medical Select PPO	Cost Summory The is a summory of your current benefit elections.	Downline of
	Offered By: Blue Cross Ellus Shield of Ellevis		
	Effective Date: 06/01/2017	Benefit Elections (3 items) 🕥	
	You Peer \$105.00 per month	Munitive	
	Persona Covered: Witd Cat, Turbulent Cat	Private con	\$345.00
	Persona covered: Web Lat, harboard Cat	Danta	\$72.0
		Vision	524.01
	Additional Information		
	Show details 🛩	Hantbly Total	\$365.01
		Tax Advantoge Accounts (Litems) 🔘	
	Editplan Plan details	Munthly Contributions	
		Baudith TUA Empiryour Contribution	\$364.2
_	Dental		
7		Manthly Contributions Total	8364.2
	Dearborn Dente PPO 2018		
	Officed Ry: Dearborn National	You Pary O	
	Litective Date: 02/01/2018	Hunthy Total Q	8425.2
	You Pag: 821.00 per month		
	Persona Covereal: Advan Dovia		
	Additional information		
	Dow details v		
	Edit plan Plan details		
	Vision		
E	Coverage Declaned as of 01/01/2017		
	O Coverage Celetines are of 170172017		
	Edit coverage		
	Lincolutio		

NOTE: A link is provided to Guardian's provider finder. The PCP number from Guardian's website must be entered at the time of enrollment.

#### **Selecting Your Vision Plan**

1. To edit coverage, select Edit Coverage. To enroll in coverage, select Begin Enrollment.

 Verify everyone you want covered on the plan is checked in the box on the left side;

	Who do y	ou want to cover	on this plan?	
~	Willy Wildcat	✓ Wanda Wildcat	✓ William Wildcat	
		×		
			2	

3. Click the **Select Plan** box under the plan in which you wish to enroll.

@ Profil			
	your Visio		
Profile 🗸			
EyeMed V You and your cove higher benefits (a who is a membler than 35,000 retail	and pay r of the	optometrist, but you will generally receive lices you receive from a vision care provide - EyeMed uses a national Network of more eviders.	
Exam	10 copay		
Frames	\$0 copay, p Once Every	olus 80% of balance over \$130 24 Months	
Single Vision	\$10 copay		
Bifocal	\$10 copay		
Select plan	Plan details		

#### **Saving Vision Election**

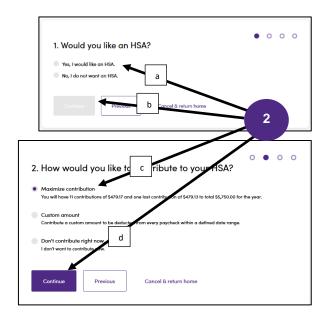
You will be brought to the Health Summary screen. You can select **Edit Plan** under Health, Dental, Vision, HSA, and FSA enrollments to make any changes or select **Save** at the bottom left to save these choices and return to the home section to review all benefits. Enrollment is not complete until you select **Complete Enrollment** on the following screen.

	Medical	Cost Summary The is a summary of your current benefit electrone.	
	Select PPO	This is a summary or your current benefit electrons.	5
	Offered By: Blue Cross Blue Shield of Illinois	Benefit Elections (3 items)	
	Effective Date: 06/01/2017	servers (3 rems)	
	You Pay: \$165.00 per month	Henthly	
	Persons Covered: Wild Cat, Turbulent Cat	Medical Dental	
		Vision	
	Additional Information		
	Show details Y	Muethly Total	
		Tax Advantage Accounts (1 items) 🔕	
	Edit plan Plan details	Monthly Contributions	
		Health FSA Employee Contribution	
W	Dental	Monthly Contributions Total	
	Dearborn Dental PPO 2018	company and and and a	
	Offered By: Dearborn National	You Pay O	
	Effective Date: 02/01/2016	Monthly Total	
	You Pay: \$21.00 per month		
	Persons Covered: Adam Doyle		
	r er soner conores, reastri sogre		
	Additional Information		
	Show details 🗸		
	Edit plan Plan details		
E	Vision		
1.1	Coverage Declined as 01/01/2017		
	Edit coverage		

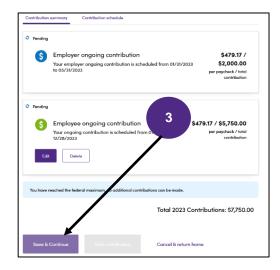
Health Savings Accounts (HSA) plans must be elected every year. If you made changes to your medical, dental, or vision coverage during Open Enrollment, then you might have already been prompted to make your elections. If not, then follow the steps below to enroll.

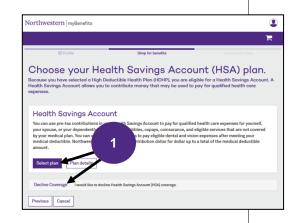
Northwestern University offers matching funds up to \$1,000 for a single participant or \$2,000 for a family.

1. To enroll in the HSA click on **Select Plan**. To decline enrollment select **Decline Coverage**.



3. A summary will appear that shows how much you will contribute and how much the University will contribute. <u>Note</u> occasionally contributions cannot be made evenly from all checks so one check will have a different amount. Select **Save & Continue**.





2. Select **Yes**, then **Continue**. Then enter the amount you wish to have deducted from each paycheck of the year. This amount should **not** include what you plan on receiving from the University Match. Click **Continue**.

Example: Twelve paychecks per year and you want to receive full <u>Single Match</u> of \$1,000:

Employee amount per pay \$83.34 = \$2,000

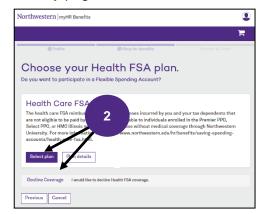
4. Finally, read the acknowledgement, select *I Agree*, then click **Next.** 

rings Aco	count (H	HSA)			
d in Medicare med as a depende suse is o pnot	ent on another per enrolled in a Hea be effective prior	alth FSA I am not o r to my HDHP cov	verage date	tribute to an HSA	
	d in Medicare med as a depende ouse is prot	ned as a dependent on another person is enrolled in a Hear Strand Strand	d in Medicare med as a dependent on another person's tax return use is enrolled in a Health FSA I am not or to be effective prior to my HDHP co nce in a health care flexible spending	d in Medicare med as a dependent on another person's tax return uses is enrolled in a Health FSA I am not eligible to com to be effective prior tom yHDHP coverage date nce in a health care flexible spending account.	d in Medicare med as a dependent on another person's tax return uses is enrolled in a Health FSA I am not eligible to contribute to an HSA to be effective prior to my HDHP coverage date nce in a health care flexible spending account.

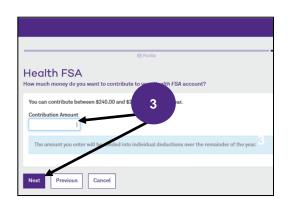
#### **Enrolling in FSA Plan**

Health Care, Limited Care, and Dependent Care FSA plans must be elected every year. If you made changes to your medical, dental, or vision coverage during Open Enrollment, then you might have already been prompted to make your elections. If not, follow the steps below to enroll in a FSA for next plan year. **NOTE**: If you are enrolled in the <u>Value PPO</u>, you must elect your HSA first.

- 1. To begin select **Edit coverage** under *Choose your Health FSA coverage*.
- S. Your Vision coverage You have declined this benefit.
   Edit coverage Compare to your current plan
   4. Choose your Health FSA coverage You have declined this but Edit coverage
   5. Choose your Dependent Care FSA coverage You have declined this benefit.
- To participant in a Health Care or Limited Care FSA, click Select Plan. Otherwise select Decline Coverage to move to the summery page.



3. If you are electing to participate, you will be prompted to enter in the <u>annual</u> amount you want to contribute and select **Next**.



If you elect a Dependent Care FSA, you will be offered an option to apply for Northwestern matching funds.

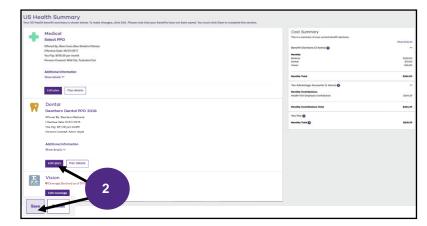
#### A note from your Benefits Administrator

Employees with a family adjusted gross income up to \$130,000 can apply for Northwestern reimbursement by completing the Dependent Care Employer Reimbursement Application.

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You will be brought to the Health Summary screen. You can select **Edit Plan** under Health, Dental, Vision, HSA, and FSA enrollments to make any changes or select **Save** at the bottom left to save these choices and return to the home section to review all benefits. Enrollment is not complete until you select **Complete Enrollment** on the following screen.



During Open Enrollment you will be able to review and update your Life Coverage. Note that Basic Life, Supplemental Life, Spouse Life, and Dependent Life are included under Life Coverage.

1. Select Edit Coverage in the Your Life Coverage tile on the home screen.

	6. Your Life coverage Basic Life 2.5 Times			\$0.00 per month
ł	Offered By: Coverage Amount: Imputed Income: Effective Date: Beneficiari	Dearborn National \$189,000.00 (2.5 times salary up to \$250,000.00) \$12.51 per pay period 02/16/2017		por monor
Edit o	coverage Show Plan Details 🗸			
1	7. Your Supplemental Life cc You have declined this benefit.	overage		
			Northwestern   myBenefits myHR Benefits	Adam I
			© Profile Ship for benefits	Confirm & Finish
		t Plan or Currently	Choose your Life plan.	
ele	cted to enroll.		Please review your options and choose the coverage amount that best meets your need	s.
			Certain coverage amounts may make you subject to imputed income and apply to any Learn more about imputed income	coverage level with an * below.
			Basic Life \$50K	\$0.00
			Coverage amount: \$50,000.00	Semi-Monthly
			Coverage amount: asociococo	
	Basic life is fully			
			Basic Life 2.5 Ti	\$0.00
d.	Coverage over \$	50,000 is	2	Semi-Monthly
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	Coverage over \$5 ct to imputed inc		Coverage amount: #125.000 or #250,000.00) Coverage amount crick #00,000 are subject to imputed income.	Semi-Monthly
			Coverage amount: \$125,000.	Seni-Monthly
bje . Oi	ct to imputed inc n the summary sci eneficiaries for this	ome. reen click on <b>Add or Edit</b> s plan.	Coverage amount: \$125,000.	Seni Motthy
oje	ct to imputed inc n the summary sci eneficiaries for this	ome. reen click on Add or Edit	Coverage amount: 175,000 do 1250,000.000	Seei Monthy
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NOTE: Beneficiaries can be updated at any time during the year.

#### Supplemental Life

The process for selecting your Supplemental Life, Spouse Life, and Dependent Life plans is similar to the process for selecting your Basic Life plan. Increases to Supplemental Life and/or Spouse Life require an Evidence of Insurability (EOI) application. You will receive an email from BCBSIL with a link to the online form within 48-72 hours of enrollment.

#### Saving Life Elections

Once you have completed your Basic Life, Supplemental Life, Spouse Life, and Dependent Life plans you will be brought to a summary screen. Select **Save** at the bottom left to save these choices and move to the next section.

#### NOTE: Do not use the back button in your browser. It is best to use the previous button within the platform.

	© Profile	Bhop for benefits Confirm 1	
fe Su	Immary		
	enefit summary is shown below. To make changes, click Edit. Please note that your benefits h	ave not been saved. You must click Save to complete the section.	
	Life	Cost Summary	
	Basic Life 2.5 Times	This is a summary of your current benefit elections.	
-	Offered By: Dearborn National		Sho
	Coverage Amount: \$89,375.00 (2.5 times salary up to \$250,000.00)	Benefit Elections (8 items) 🔕	
	Imputed Income: \$81.12 per pay period What's this?	Monthly Medical	
	Effective Date: 06/01/2017	Dentol	
	Coverage Amount: \$99,375.00	Vision	U
	You Pay: \$0.00 per month	Life	Un
		Supplemental Life Supplemental Spouse Life	
	Beneficiaries 🖋 Add	Supplemental Child Life	
	Additional Information		
	Show details 🗡	Monthly Total	
		Tax Advantage Accounts (2 items) 😜	
	Edit ovverage Edit plan	Monthly Contributions	
		Health FGA Employee Contribution	
	Supplemental Life	Dependent Core FSA Employee Contribution	
	Supplemental Term Life Insurance	Monthly Contributions Total	
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	Edit coverage		
	Supplemental Child Life		
	Child Term Life Insurance		
-	Offered By: Dearborn National		
	Coverage Amount: \$5,000.00		
	Effective Date: 06/01/2017		
	Coverage 9.00		
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Save Ca	Cancel		
		You Must Select Complete E	nrollment
		on The Main Enrollment Page	

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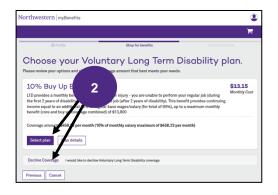
1. To elect coverage, select **Edit Coverage** under Choose your Long-Term Disability coverage.

	D. Yo D D	isability coverage <b>18</b>
Off	ered By:	The Hartford
Cov	verage Arcount:	\$3,004.17 per month (50% of monthly salary maximum of \$11,500.00 per month)
Effe	ective ate:	02/01/2016
Per	son Covered:	Adam Doyle
Edit coverag	0	

3. If you decline the buy-up plan, you will be asked to confirm you wish to decline this benefit.

Are you sure you want to decline Volu Disability coverage?	ntary Long Term
If you decline, you and/or your family ma Disability coverage. Do not show this warning again.	Voluntary Long Term
Yes, decline Cancel	

Enrolling in the Buy-up plan will require an Evidence of Insurability (EOI) application. See below. 2. Then click on **Select Plan** or **Currently Selected** to enroll in the buy-up or **Decline Coverage** to decline.



 Once you have completed, elected or declined the Buy-up plan you will be brought to a summary screen. Select **Save** at the bottom left to save these choices and move to the next section.

rthwest	tern imyHR Benefits		15
			E.
	@ Profile		
	ability Summary		
r US Disat	bility benefit summary is shown below. To make changes, click Edit. Please note that your benefits		
	Long-Term Disability	Cost Summary	
===	50% Core Renefit LTD	This is a summary of your current benefit elections.	
ш	50% Core Benefit LTD		Showhide all
	Offered By: The Hartford	Benefit Elections (10 items)	~
	Coverage Amount: \$2,291.67 per month (50% of monthly salary maximum of \$2,291.67 per month)		
	Effective Date: 06/01/2017	Munthly	
	Coverage Amount: \$2,291.67 per month	Medical	\$365.00
	You Parc \$0.00 per month	Dental Vision	572.00 526.00
	You Pay: \$0.00 per month	Total	S2400
		Life	5000
		Supplemental Life	536.0
		Supplemental Spouse Life	9021
	Edit coverage	Supplemental Child Life	\$054
		Long-Term Daobility	5000
		Voluntary Long Torm Disability	\$8.8.01
deb i	Voluntary	Munitity Total	\$23.00
ш	10% Buy Up	Manager 1998	14.04
	Offered By: The Harts	Tax Advantage Accounts (2 items) ()	~
	Coverage Amount, 458.33 per month (10% of monthly salary maximum of \$458.33 per month)	Heatily Contributions	
	Effective Date: #01/2017	Health FIA Employee Contribution	\$364.29
	Coverage Age ant: \$458.33 per month	Dependent Care FIA Employee Contribution	85429
	You Pay: 0.15 per month		
		Manthly Contributions Total	61,074,54
		You Pay 🔕	
	Edit coverage Plan details		\$1,291,59
- 14		Munthly Total Q	61,941.94
-			
we i	Canoel		

If you elected to enroll in the LTD Buy-up plan, you will need to complete an Evidence of Insurability (EOI) application with The Hartford. The EOI is available online and will be available to you upon reaching the Main Menu after you have finished electing all of your benefits.

1. Select My Evidence of Insurability.

Northwestern   myHR Benefits
⊘ Profile
Hartford Statement of Health Please Complete Your Evidence 1
Please click on 'My Evidence of Indurability' to sign on to your Evidence of Insurability (EOI) provider's website. My Evidence of Insurability
Return home

2. You will be redirected to The Hartford's website. Follow the steps.

~						Northwestern Un	iversity	LOGOFF
THE MARTFORD								
Introduction	Coverage	E-Cons	ient	Personal Info	Health Questions	Review / Confirm	Submit	Confirmation
Coverage Sur	nmary							
Click Contin     If any inform     Long-	y that the benefits you we if all information of nation is incorrect, ple <b>Term Disability</b> ferm Disability	on the page is ase contact	s correct. your Benefit	s Administrator imr				2
Adam E			Requested	Elected Covrg	Approved P	rior Coverage	Pended for B	0) Elected Conrg
X Cancel						К В	ack	Continue
	hat Children Introno le with no wait time.							

**Evidence of Insurability** 

 Now that you have made your elections you <u>MUST</u> finalize your enrollments. First click the "*I have reviewed the information above*" acknowledgment at the bottom of the page. If any sections are incomplete or need your attention, you will not be able to check the box. Click on **Complete Enrollment** for a list of the section(s) that need to be addressed.



2. Then click **Complete Enrollment** at the bottom of the screen.

Northwestern myHR Benefits		
		F
© Printia	Shop for benefits Country & Found	
Current Benefits		0/12
You have incomplete benefits. Please check the steps be	ow to make sure you have completed all the steps in the enrollment process.	Benefits Complete
Your benefits		Denenia complete
Your Medical coverage		\$165.00
Offered By:	Elles Cross Elles Shield of Hinois	
Effective Date: Persons Coverad:	06/01/2017 Wild Cat, Terbulant Cat	
Edit coverage Show Plan Details ~		
Your Dental coverage Dearborn Dental PPO		\$72.00 per month
Offiered By:	Dearborn National	
Effective Date: Persons Covered:	06/01/2017 Wild Cat, Tarbulant Cat, Untamoble Cat	
Edit coverage Show Plan Details Y		
O Your Vision coverage		\$24.00 per month
Offered Dy: Effective Date:	Eyemed 66/01/2017	
Persons Covered:	Wild Cat, Tarbulant Cat, Untamabla Cat	
Edit coverage Show Plan Details ~	2	
Your Health FSA coverage Health Care FSA		\$364.29 per month
Contribution Amount:	\$2,550.00 Per Plan Yuar \$264.29 per month	
Offered By: Effective Date:	Pegflax 06/01/2017	
Persons Covered:	Wild Cat	
Edit coverage		
□ I have reviewed the information above	You Pre Minister T	640: \$1,391.59

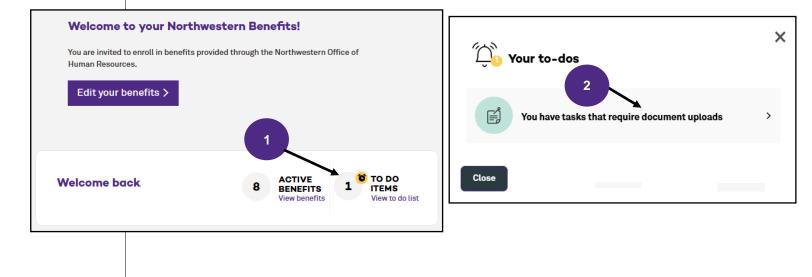
3. Finally, you are presented with a summary screen. To save or print a confirmation sheet, select **Benefit Summary Report**.

+	1	\$	1
Medical	Dental	Health FSA	Life
Select PPO 2023	BCBSIL Dental PPO 2023	Health Care FSA 2023	fe \$50K 2023
Just You	Just You		3
	Show all 5 of Helpful things		T
	Sant	Ð	
	Write down your confirmation number: 23357258415-s82cc3	Review and print a copy of your Benefit Summary Report	



1. Select **To Do Items** from the left-hand menu.

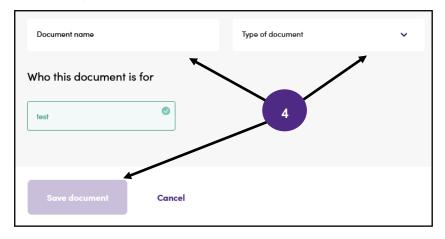
2. Then select the task.



#### 3. Select Add document



4. Finally, type the name of the document, select the type from the drop down menu and select Save Document.



### Northwestern HUMAN RESOURCES

OFFICE OF HUMAN RESOURCES 1800 Sherman Avenue Evanston, Illinois 60201-3777 www.northwestern.edu/hr/benefits