

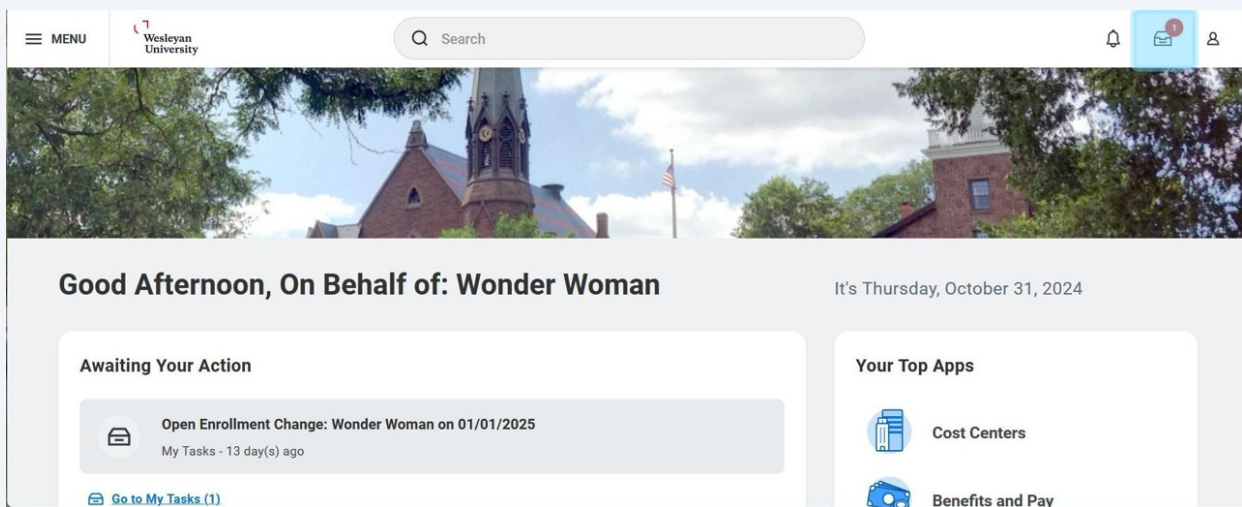
Open Enrollment

This job aid provides a step-by-step workflow for making and submitting benefit elections during Wesleyan's Open Enrollment Period.

Please contact benefits@wesleyan.edu with enrollment questions.

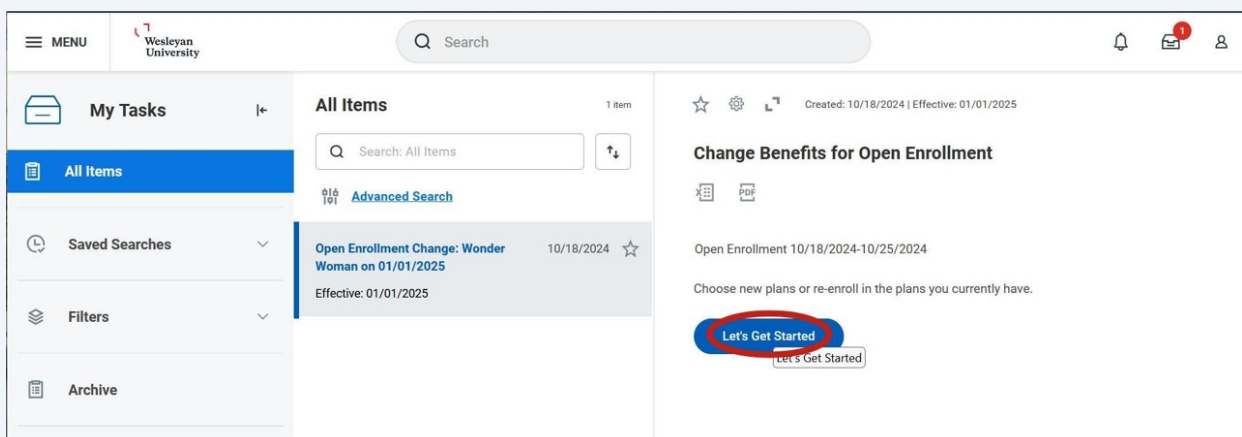
1

Sign into Workday. Your open enrollment event will show on the landing page. Click "Open Enrollment Change: "Your Name" on 01/01/2025". You can also access the open enrollment event in your Workday inbox.



2

Click "Let's Get Started". You will receive instructional text for most screens. Please read the messages carefully for both enrollment instructions and important information regarding each benefit.



3

Wesleyan's supplemental life insurance rates are based on whether or not an employee has used tobacco in the past twelve months. Select "Yes" or "No" to the tobacco use question and click "Continue". If you have previously answered this question, your last election will show.

The screenshot shows a web form titled "Update Your Information" with a blue header. Under the "Health Information" section, there is a "Tobacco Use" question: "Have you used tobacco in any form in the past 12 months?". The "Answer" field has two radio buttons: "Yes" and "No". The "No" radio button is selected and circled in red. Below this is a section titled "Dependents Missing Social Security Numbers" with a sub-header "Social Security Numbers" circled in red. A note below reads: "You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at". At the bottom are "Continue" and "Cancel" buttons.

4

If we do not have social security numbers for your dependent(s), you will need to provide this information.

This screenshot is similar to the one above, showing the "Update Your Information" form. The "Tobacco Use" question is present, but the "Yes" radio button is selected. The "Dependents Missing Social Security Numbers" section is also present, with the sub-header "Social Security Numbers" circled in red. The note below it is the same: "You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at". The "Continue" and "Cancel" buttons are at the bottom.

5

If you have a social security number for a dependent(s), click "Social Security Number (SSN)" and enter the number. Do this for each dependent. If you do not have a social security number for a dependent(s) listed, please check "Reason SSN is Not Available" and type in reason.

Dependents Missing Social Security Numbers

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

2 items

Dependent	*Social Security Number
Mighty Mouse	<input checked="" type="radio"/> Social Security Number (SSN) <input type="text" value="--"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>
Wonderful Woman	<input type="radio"/> Social Security Number (SSN) <input type="text" value="--"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

6

Click "Continue".

Dependents Missing Social Security Numbers

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

2 items

Dependent	*Social Security Number
Mighty Mouse	<input checked="" type="radio"/> Social Security Number (SSN) <input type="text" value="444-44-4444"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>
Wonderful Woman	<input checked="" type="radio"/> Social Security Number (SSN) <input type="text" value="555-55-5555"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

7 Click "Continue".

Wesleyan University

Search

Information Updated

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

[Continue](#) [Cancel](#)

8 Each benefit will have a card. To make changes or review benefit details, click "Manage" at the bottom of the card.

Health Care and Accounts

Benefit	Provider	Cost per paycheck	Coverage	Dependents	Action
Medical	Cigna HMO OAPIN	\$255.48	Employee Plus Children	2	Manage
Dental	Delta Dental PPO Core	\$22.99	Family	3	Manage
Vision	Eye Med PPO	\$9.41	Family	3	Manage
Health Savings Account	Waived				
Healthcare FSA (MERA)	Waived				
Dependent Care FSA	Waived				

[Review and Sign](#) [Save for Later](#)

9

Your current plan elections, plus the other plan options will show, as well as the per pay period employee and employer contributions.

Medical

Projected Total Cost Per Paycheck
\$287.88

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Plus Children.

3 Items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Cigna HDHP	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$190.71	\$728.86

Health Care Instructions

Important Information

You can select either of the following plans, but not both: Medical - Cigna HDHP or Healthcare FSA (MERA) - Flores & Associates. When you select one of the plans, Workday automatically waives any other plans.

When you select Medical - Cigna HDHP, you can also select Health Savings Account - HSA Bank. If you waive any of these: Medical - Cigna HDHP, Workday automatically waives any of these: Health Savings Account - HSA Bank.

10

Check the circle of the plan you want to choose. If you are already covered by a plan, the "Select" button will be pre-populated. To view your dependent(s), or add a dependent(s), click "Confirm and Continue".

3 Items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Cigna HDHP	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$190.71	\$728.86
Cigna HMO OAPIN	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$255.48	\$706.80
Cigna POS	<input type="radio"/> Select	\$301.65	\$679.54

You can select either of the following plans, but not both: Medical - Cigna HDHP or Healthcare FSA (MERA) - Flores & Associates. When you select one of the plans, Workday automatically waives any other plans.

When you select Medical - Cigna HDHP, you can also select Health Savings Account - HSA Bank. If you waive any of these: Medical - Cigna HDHP, Workday automatically waives any of these: Health Savings Account - HSA Bank.

When you select Medical - Cigna HDHP, you must also select Health Savings Account - HSA Bank. If you waive any of these: Medical - Cigna HDHP, Workday automatically waives any of these: Health Savings Account - HSA Bank.

General Instructions

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email benefits@wesleyan.edu for further information.

11 To add dependents already in Workday, click the "Box" next to their name.

Dependents

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

Coverage * Employee Only

Plan cost per paycheck \$100.19

Add New Dependent

3 Items

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Mighty Mouse	Child	03/01/2015
<input type="checkbox"/>	Super Man	Spouse	03/01/1985
<input type="checkbox"/>	Wonderful Woman	Child	01/01/2014

Save Cancel

Health Care Instructions

Provider Website [Cigna URL Address](#)

General Instructions

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email benefits@wesleyan.edu for further information.

12 To add a dependent(s), click "Add New Dependent".

Dependents

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

Coverage * Family

Plan cost per paycheck \$301.00

Add New Dependent

3 Items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Mighty Mouse	Child	03/01/2015
<input checked="" type="checkbox"/>	Super Man	Spouse	03/01/1985
<input checked="" type="checkbox"/>	Wonderful Woman	Child	01/01/2014

Save Cancel

Health Care Instructions

Provider Website [Cigna URL Address](#)

General Instructions

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email benefits@wesleyan.edu for further information.

13 Click "OK".

The screenshot shows a web interface for managing dependents. A modal window titled "Add My Dependent From Enrollment" is open, displaying the name "Wonder Woman" and instructional text: "Click OK to add dependents." The "OK" button in the modal is circled in red. In the background, a table lists dependents: "Mighty Mouse", "Super Man", and "Wonderful Woman" (with "Child" relationship and "01/01/2014" start date). The "Add New Dependent" button is also visible.

14 Enter the dependent's "First and Last Name".

The screenshot shows the "Add My Dependent From Enrollment" form. The "Name" section is highlighted with a red circle and includes fields for "Country" (United States of America), "Prefix", "First Name", "Middle Name", "Last Name", and "Suffix". The "Personal Information" section includes fields for "Relationship", "Date of Birth", "Age", "Gender", "Full-time Student", "Student Status Start Date", and "Student Status End Date". "Save" and "Cancel" buttons are at the bottom.

15

Click "Relationship". Select the appropriate relationship description for the dependent.

Add My Dependent From Enrollment 01/16/19

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

- Spouse
- Ex-Spouse
- Ex-Domestic Partner
- Non-IRS Qualifying Child
- Domestic Partner
- Child
- Legal Guardian Child
- Domestic Partner Child

Date of Birth *

Age

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

16

Click "Date of Birth" and enter your dependent's date of birth or you can click on the calendar, to select your dependent's date of birth.

Add My Dependent From Enrollment 01/16/19

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

October 2024

SUN	MON	TUE	WED	THU	FRI	SAT
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

17 Click "Gender", select the dependent's gender.

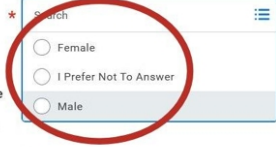
First Name * Iron

Middle Name

Last Name * Man

Suffix

Age 4 years, 1 months, 30 days

Gender * 

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.



18 Scroll down to National IDs section and click "Add".


First Name * Iron

Middle Name

Last Name * Man

Suffix

Age 4 years, 1 months, 30 days

Gender * 

Full-time Student

Student Status Start Date

Student Status End Date

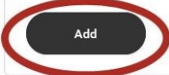
Disabled



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.



19

Under the drop-down for Country, select "United States of America". Under National ID Type, select "Social Security Number". Click "Add/Edit ID" and enter your dependent's social security number.

Click "Save".

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.

Country *

National ID Type *

Current ID (empty)

Add/Edit ID *

Issued Date

Expiration Date

Issued By

Series

20

Click "Save".

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

Provider Website

Coverage * Family

Plan cost per paycheck \$301.00

General Instructions

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email benefits@wesleyan.edu for further information.

4 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Mighty Mouse	Child	03/01/2015
<input checked="" type="checkbox"/>	Super Man	Spouse	03/01/1985
<input checked="" type="checkbox"/>	Wonderful Woman	Child	01/01/2014
<input checked="" type="checkbox"/>	Iron Man	Child	09/01/2020

21 This message will display. Click "Review and Sign".

The screenshot shows the Wesleyan University Open Enrollment page. At the top, there is a navigation bar with a 'MENU' icon, the Wesleyan University logo, a search bar, and notification icons. Below the navigation bar, a blue header reads 'Open Enrollment'. A notification modal is open in the center, stating: 'Your Medical changes have been updated, but not submitted. Next steps: You must also enroll in Health Savings Account - HSA Bank. View Details'. Below the modal, the page displays 'Projected Total Cost Per Paycheck \$333.40' and a section for 'Enrollment Instructions'. The instructions include information about the 'Enroll in Benefits' event and the Retirement Savings Plan. At the bottom, there are two buttons: 'Review and Sign' and 'Save for Later'.

22 Repeat the steps above for the Dental and Vision plans.

The screenshot shows the 'Health Care and Accounts' page. It features three main plan cards: 'Medical' (Cigna HDHP), 'Dental' (Delta Dental PPO Core), and 'Vision' (Eye Med PPO). Each card displays 'Cost per paycheck', 'Coverage', and 'Dependents'. The 'Dental' and 'Vision' cards have a 'Manage' button circled in red. Below these cards are three FSA options: 'Health Savings Account', 'Healthcare FSA (MERA)', and 'Dependent Care FSA'. At the bottom, there are 'Review and Sign' and 'Save for Later' buttons.

Plan Name	Provider	Cost per paycheck	Coverage	Dependents	Action
Medical	Cigna HDHP	\$301.00	Family	4	Manage
Dental	Delta Dental PPO Core	\$22.99	Family	3	Manage
Vision	Eye Med PPO	\$9.41	Family	3	Manage

23

The enrollment instructions will guide you to make a Health Savings Account election if you are enrolled in the High Deductible Health Plan (HDHP).

To receive the employer contributions, you must click into the card using the "Enroll" button and save the zero election per pay period and per year. If you want to contribute to a Health Savings Account, you must also click the "Enroll" button and enter the amount you want to contribute each pay period or each year.

The screenshot shows a grid of enrollment options. The first row contains three cards: 'Health Savings Account' (Waived), 'Healthcare FSA (MERA)' (Waived), and 'Dependent Care FSA' (Waived). Each card has an 'Enroll' button at the bottom. The 'Enroll' button for the Health Savings Account is circled in red. Below this row is an 'Insurance' section with three cards: 'Basic Life' (Unum (Employee Only)), 'Supplemental Life' (Waived), and 'Spousal/Domestic Partner Life' (Waived). At the bottom of the interface are three buttons: 'Review and Sign', 'Save for Later', and 'included'.

24

Click "Select" and "Confirm and Continue".

The screenshot shows the 'Health Savings Account' selection screen. At the top, it displays 'Projected Total Cost Per Paycheck \$319.38'. Below this is the 'Plans Available' section with the instruction 'Select a plan or Waive to opt out of Health Savings Account.' and a table with one item:

Benefit Plan	*Selection	You Contribute (Semimonthly)
HSA Bank	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

The 'Select' radio button is circled in red. To the right is the 'Health Savings Account Instructions' section with 'Important Information' text. At the bottom of the screen, the 'Confirm and Continue' button is circled in red, along with a 'Cancel' button.

25

If you want to only receive employer contributions, click "Save" and the 0.00 election per paycheck and annual will be saved. Otherwise, enter the per pay period or annual amount you want to contribute, and click "Save".

Health Savings Account - HSA Bank

Projected Total Cost Per Paycheck
\$319.38

Contribute

Per Paycheck

Annual Total Paychecks 24

Maximum Annual Amount: \$7,550.00

Health Savings Account Instructions

Provider Website [Cigna URL Address](#)

General Instructions

The maximum annual HSA amount that you can contribute in 2025 is \$3,800 for employee only or \$7,550 for a family.

Wesleyan University will contribute \$500 (employee) or \$1,000 (family) to your HSA fund at the beginning of the plan year, even if you chose not to contribute. The maximum annual plan limit including the employer contribution is \$4,300 for individuals and \$8,550 for a family.

Summary

Save

26

This message will display. Click "Review and Sign".

MENU Wesleyan University Search

Open Enrollment

Projected Total Cost Per Paycheck
\$319.38

Enrollment Instructions

Your Health Savings Account changes have been updated, but not submitted
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Wesleyan University is committed to providing a comprehensive benefits program for its employees. As part of the onboarding process, as a new hire or newly eligible employee, you will receive an important "Enroll in Benefits" event in your Workday Inbox that needs to be completed and submitted within 31 days of your eligibility/hire date. Coverage will be retroactive to that date and deductions will begin the following pay period. Retroactive deductions may be necessary if you do not submit your election event before the date deductions should start.

Wesleyan University offers a Retirement Savings Plan, accessed through Retirement@Work. Through Retirement@Work, you will enroll in the plan, change your voluntary contributions, choose your preferred retirement plan provider(s), view your plan balances and investment providers, and access tools and resources for planning for your retirement. The Retirement@Work link is located in WesPortal, under My Information.

Contact Human Resources at benefits@wesleyan.edu or 860-685-2100 if you have questions.

Health Care and Accounts

27

To elect to contribute to a Flexible Spending Account, click "Enroll" by the FSA you want to enroll in.

Health Savings Account HSA Bank
Contribution per paycheck \$0.00
[Manage](#)

Healthcare FSA (MERA) Waived
[Enroll](#)

Dependent Care FSA Waived
[Enroll](#)

28 Click "Select", "Confirm and Continue".

Dependent Care FSA

Projected Total Cost Per Paycheck
\$319.38

Plans Available

Select a plan or Waive to opt out of Dependent Care FSA.

1 Item

Benefit Plan	*Selection	You Contribute (Semimonthly)	Company Contribution (Semimonthly)
Flores & Associates	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Spending Account Instructions

General Instructions

You can establish a Dependent Care Reimbursement Account by authorizing a reduction in your salary up to \$5,000 a year. Enrolling in a dependent care reimbursement plan allows you to pay for eligible dependent care expenses with pre-tax dollars. All services must be incurred during the 2025 plan year. As Wesleyan has adopted the IRS grace period of 2 1/2 months, you will have until March 15, 2026 to incur claims and until April 15th to submit 2025 claims for reimbursement.

Your Dependent Care contribution amount will be ZERO unless you make an election here.

By submitting my elections, I understand that any amount deducted from my pay and not used for eligible dependent care expenses incurred the same year will be forfeited in accordance with IRS regulations. I also understand that this authorization is irrevocable until the next open enrollment period unless I have a qualifying life event. All eligible expenses incurred through March 15th, 2026, must be submitted for reimbursement by April 15th, 2026.

Confirm and Continue

Cancel

29 Click on either "Per Paycheck" and enter the amount you wish to contribute per pay period or click "Annual" and enter the annual amount you want to contribute.

Click "Save".

Dependent Care FSA - Flores & Associates

Projected Total Cost Per Paycheck
\$444.38

Contribute

Per Paycheck

Annual Total Paychecks 24

Minimum Annual Amount: \$52.00

Maximum Annual Amount: \$5,000.00

Spending Account Instructions

Provider Website [Flores & Associates URL](#)

General Instructions

You can establish a Dependent Care Reimbursement Account by authorizing a reduction in your salary up to \$5,000 a year. Enrolling in a dependent care reimbursement plan allows you to pay for eligible dependent care expenses with pre-tax dollars. All services must be incurred during the 2025 plan year. As Wesleyan has adopted the IRS grace period of 2 1/2 months, you will have until March 15, 2026 to incur claims and until April 15th to submit 2025 claims for reimbursement.

Save

Cancel

30 This message will display. Click "Review and Sign".

Wesleyan University

Open Enrollment

Projected Total Cost Per Paycheck
\$444.38

Your Dependent Care FSA changes have been updated, but not submitted
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Enrollment Instructions

Wesleyan University is committed to providing a comprehensive benefits program for its employees. As part of the onboarding process, as a new hire or newly eligible employee, you will receive an important "Enroll in Benefits" event in your Workday Inbox that needs to be completed and submitted within 31 days of your eligibility/hire date. Coverage will be retroactive to that date and deductions will begin the following pay period. Retroactive deductions may be necessary if you do not submit your election event before the date deductions should start.

Wesleyan University offers a Retirement Savings Plan, accessed through Retirement@Work. Through Retirement@Work, you will enroll in the plan, change your voluntary contributions, choose your preferred retirement plan provider(s), view your plan balances and investment providers, and access tools and resources for planning for your retirement. The Retirement@Work link is located in WesPortal, under My Information.

Contact Human Resources at benefits@wesleyan.edu or 860-685-2100 if you have questions.

Health Care and Accounts

Review and Sign Save for Later

31 To change your Supplemental, Spousal, or Child Life election, click "Enroll" on the appropriate card.

Insurance

Basic Life
Unum (Employee Only)

Cost per paycheck Included
Coverage 1 X Salary

Manage

Supplemental Life
Waived

Enroll

Spousal/Domestic Partner Life
Waived

Enroll

Short Term Disability
Unum (Employee Only)

Long Term Disability
Unum (Employee Only)

Review and Sign Save for Later

32 Click "Select" and "Confirm and Continue".

Supplemental Life

Projected Total Cost Per Paycheck
\$444.38

Plans Available

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

1 Item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Employee Only)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Insurance Instructions

Important Information

When you select Grandfathered Supp Life - Unum (Employee Only), Supplemental Life - Unum (Employee Only), you can also select Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). If you waive any of these: Grandfathered Supp Life - Unum (Employee Only), Supplemental Life - Unum (Employee Only), Workday automatically waives any of these: Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner).

You can select either of the following plans, but not both: Grandfathered Supp Life - Unum (Employee Only) or Supplemental Life - Unum (Employee Only). When you select one of the plans, Workday automatically waives any other plans.

General Instructions

Supplemental Life Insurance

Confirm and Continue

Cancel

(Confirm and Continue)

33 Click "Coverage".

Click on the button next to the coverage you want to elect. If you newly elect or increase your Supplemental Life Insurance, Evidence of Insurability (EOI) is required. At the end of November (after open enrollment and the confirmation period), you will receive a "To Do" task in your Workday Inbox to complete the EOI process using the "Unum" link on the announcement page.

Supplemental Life - Unum (Employee Only)

Projected Total Cost Per Paycheck
\$444.38

Coverage

Calculated Coverage

Coverage *

1 X Salary

2 X Salary

3 X Salary

4 X Salary

5 X Salary

Search

Plan cost per paycheck

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.

Insurance Instructions

Provider Website Unum URL Address

Save

Cancel

34 Click "Save".


Supplemental Life - Unum (Employee Only)

Projected Total Cost Per Paycheck
\$447.80

Coverage

Your guaranteed coverage amount for Supplemental Life - Unum (Employee Only) is \$0. Submit your Evidence of Insurability to Unum to be considered for the coverage amount of 1 X Salary. Your election will be waived if you are denied coverage.

Calculated Coverage \$114,000.00




Coverage * 


Plan cost per paycheck \$3.42




35 You must designate a Beneficiary(ies) for Basic and Supplemental Life Insurance. To do so, Click "+" to add a Beneficiary. To delete, you will click "-" next the Beneficiary(ies) name.


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 0 Items   

 Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 Items   

 Beneficiary	Percentage
No Data	

Insurance Instructions

Provider Website [Unum URL Address](#)

General Instructions

Supplemental Life Insurance

Employees may purchase supplemental term life insurance equal to 1, 2, 3, 4, or 5 times their annual salary up to a maximum of \$750,000 with evidence of good health. **If you wish to apply for the first time or increase your current level of coverage, you will be required to complete Evidence of Insurability.** The amount of supplemental life insurance and your premium will be determined using the definition of earnings and rates per the plan policy. Coverage increases due to salary changes will be effective at the beginning of each plan year for salary changes received before October 1st of the prior year. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time.

36 Click "Beneficiary".

Click "Existing Beneficiary Persons" to choose an existing Beneficiary. If you want to add a new Beneficiary or trust, click "Add New Beneficiary or Trust".

The screenshot shows the "Beneficiaries" section of a form. The "Primary Beneficiary" dropdown menu is open, with "Existing Beneficiary Persons" circled in red. Below the dropdown is a search bar and a "Percentage" field set to 0. The "Secondary Beneficiaries" section is empty, showing "No Data". The "Insurance Instructions" and "General Instructions" sections are visible on the right side of the form.

37 Click on the name of the Beneficiary you want to select.

The screenshot shows the "Beneficiaries" section of a form. The "Primary Beneficiary" dropdown menu is open, and "Super Man" is selected and circled in red. Below the dropdown is a search bar and a "Percentage" field set to 0. The "Secondary Beneficiaries" section is empty, showing "No Data". The "Insurance Instructions" and "General Instructions" sections are visible on the right side of the form.

38

Click in the "Percentage" box to enter the percent of the benefit you want to allocate to the selected Beneficiary. Follow the same steps to add additional primary or secondary Beneficiaries. Secondary Beneficiaries will receive the benefit only if all primary Beneficiaries are deceased. The primary Beneficiaries' percentages must add up to 100%. The secondary Beneficiaries also must add up to 100%.

Click "Save".

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
Super Man	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

Provider Website Unum URL Address

General Instructions

Supplemental Life Insurance

Employees may purchase supplemental term life insurance equal to 1, 2, 3, 4, or 5 times their annual salary up to a maximum of \$750,000 with evidence of good health. If you wish to apply for the first time or increase your current level of coverage, you will be required to complete Evidence of Insurability. The amount of supplemental life insurance and your premium will be determined using the definition of earnings and rates per the plan policy. Coverage increases due to salary changes will be effective at the beginning of each plan year for salary changes received before October 1st of the prior year. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time.

Save Cancel

39

This message will display. Click "Review and Sign".

Open Enrollment

Projected Total Cost Per Paycheck
\$447.80

Your Supplemental Life changes have been updated, but not submitted
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Enrollment Instructions

Wesleyan University is committed to providing a comprehensive benefits program for its employees. As part of the onboarding process, as a new hire or newly eligible employee, you will receive an important "Enroll in Benefits" event in your Workday Inbox that needs to be completed and submitted within 31 days of your eligibility/hire date. Coverage will be retroactive to that date and deductions will begin the following pay period. Retroactive deductions may be necessary if you do not submit your election event before the date deductions should start.

Wesleyan University offers a Retirement Savings Plan, accessed through Retirement@Work. Through Retirement@Work, you will enroll in the plan, change your voluntary contributions, choose your preferred retirement plan provider(s), view your plan balances and investment providers, and access tools and resources for planning for your retirement. The Retirement@Work link is located in WesPortal, under My Information.

Contact Human Resources at benefits@wesleyan.edu or 860-685-2100 if you have questions.

Health Care and Accounts

Review and Sign Save for Later

UPDATED UPDATED

40 Click "Enroll" to enroll in the Spousal/Domestic Partner Life Insurance.

Note: you must be enrolled in Employee Supplemental Life insurance to elect Spousal/Domestic Partner Life.

Insurance

 Basic Life Unum (Employee Only)	 UPDATED Supplemental Life Unum (Employee Only)	 Spousal/Domestic Partner Life Waived
Cost per paycheck: Included	Cost per paycheck: \$3.42	
Coverage: 1 X Salary	Coverage: 1 X Salary	
Manage	Manage	Enroll

41 Click "Select" and click "Confirm and Continue".

Plans Available

Select a plan or Waive to opt out of Spousal/Domestic Partner Life.

1 Item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Spouse/Domestic Partner)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Insurance Instructions

Important Information

You can select either of the following plans, but not both: Grandfathered Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner) or Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). When you select one of the plans, Workday automatically waives any other plans.

When you select Grandfathered Supp Life - Unum (Employee Only), Supplemental Life - Unum (Employee Only), you can also select Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). If you waive any of these: Grandfathered Supp Life - Unum (Employee Only), Supplemental Life - Unum (Employee Only), Workday automatically waives any of these: Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner).

Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner) is limited to 50% of total coverage in Grandfathered Supp Life - Unum (Employee Only), Supplemental Life - Unum (Employee Only).

General Instructions

Spousal/Domestic Partner Life Insurance

Optional spousal or qualified domestic partner life insurance may be purchased in increments of \$10,000 with evidence of good health. **If you wish to apply for the first time or increase your current**

[Confirm and Continue](#)

[Cancel](#)

42 Click "Coverage".

Click on the button next to the coverage you want to elect. If you newly elect or increase your Spousal/Domestic Partner Life Insurance, Evidence of Insurability (EOI) is required. At the end of November (after open enrollment and the confirmation period), you will receive a "To Do" task in your Workday inbox to complete the on-line EOI process using the "Unum" link on the announcement page.

Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner)

Projected Total Cost Per Paycheck
\$447.80

Coverage

Coverage * Search

Dependent

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

Add New

Save Cancel

Insurance Instructions

Provider Website Unum URL Address

General Instructions

43 If your Spouse/Domestic Partner displays, Check the "Select" box next to their name. If their name does not display, click "Add New Dependent" and follow the instructions to add your Spouse/Domestic Partner.

Click "Save". You are always the beneficiary for Spousal/Domestic Partner Life Insurance.

Your guaranteed coverage amount for Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner) is \$0. Submit your Evidence of Insurability to Unum to be considered for the coverage amount of \$50,000. Your election will be waived if you are denied coverage.

Calculated Coverage \$50,000.00

Coverage * \$50,000

Plan cost per paycheck \$1.50

Dependents

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

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Super Man	Spouse	03/01/1985

Save Cancel

Insurance Instructions

Provider Website Unum URL Address

General Instructions

Spousal/Domestic Partner Life Insurance

Optional spousal or qualified domestic partner life insurance may be purchased in increments of \$10,000 with evidence of good health. **If you wish to apply for the first time or increase your current level of coverage, you will be required to complete Evidence of Insurability.** Your coverage will not be effective until approved by the insurance carrier. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your spouse's 65th birthday and again when turning 70. Premiums are automatically reduced at this time.

44 This message will display. Click "Review and Sign".

Wesleyan University

Open Enrollment

Projected Total Cost Per Paycheck
\$449.30

Your Spousal/Domestic Partner Life changes have been updated, but not...
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Enrollment Instructions

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Contact Human Resources at benefits@wesleyan.edu or 860-685-2100 if you have questions.

Health Care and Accounts

Review and Sign Save for Later

45 To enroll in Supplemental Child Life Insurance, follow the same steps as Enrolling a Spouse/Domestic Partner.

Child Life
Waived

Enroll

Short Term Disability
Unum (Employee Only)

Cost per paycheck Included

Coverage \$1

View

Long Term Disability
Unum (Employee Only)

Cost per paycheck Included

Coverage 60% of Salary

View

46 Once complete, this message will display. Click "Review and Sign".

Wesleyan University

Open Enrollment

Projected Total Cost Per Paycheck
\$449.48

Your Child Life changes have been updated, but not submitted
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Enrollment Instructions

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Health Care and Accounts

Review and Sign Save for Later

47 Vacation Purchase Plan

Click "Enroll" to enroll in the Vacation Purchase Plan (the plan will only display if you are eligible). Please read the instructional text for important details and requirements about this plan.

Additional Benefits



Vacation Purchase Plan

Waived

Enroll

Review and Sign

Save for Later

48 Click "Select" and click "Confirm and Continue".

Vacation Purchase Plan

Projected Total Cost Per Paycheck
\$449.48

Plans Available

Select a plan or Waive to opt out of Vacation Purchase Plan.

1 item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Wesleyan University	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Confirm and Continue

Cancel

49


Click "Coverage", select how many vacation days you want to purchase and click "Save".

Vacation Purchase Plan - Wesleyan University

Projected Total Cost Per Paycheck
\$449.48

Coverage

Select the coverage that you would like for this plan.

Coverage 

Plan cost per paycheck Included

50

The days you purchase will be added to your accrual balance. The cost of the days which are based on your base salary or hourly rate will be deducted evenly from your paychecks for the year.

MENU Wesleyan University Search

Open Enrollment

Projected Total Cost Per Paycheck
\$449.48

Your Vacation Purchase Plan changes have been updated, but not submitted
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Enrollment Instructions

Wesleyan University is committed to providing a comprehensive benefits program for its employees. As part of the onboarding process, as a new hire or newly eligible employee, you will receive an important "Enroll in Benefits" event in your Workday Inbox that needs to be completed and submitted within 31 days of your eligibility/hire date. Coverage will be retroactive to that date and deductions will begin the following pay period. Retroactive deductions may be necessary if you do not submit your election event before the date deductions should start.

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Health Care and Accounts

UPDATED

51 Click "Review and Sign".

Additional Benefits

UPDATED
Vacation Purchase Plan
Wesleyan University

Cost per paycheck	Included
Coverage	4 Days

[Manage](#)

[Review and Sign](#)

[Save for Later](#)

52 Scroll down to read the legal statement and click "I Accept" after carefully reading the terms.

Click "Submit".

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings your contributions (if any) for the benefit options elected.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status. Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- You understand that if you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse, and your dependents, provided you request enrollment within 31 days after the marriage, birth, or adoption.
- You understand that medical, dental, vision, and Flexible Spending and Health Savings Account contributions are paid on a pre-tax basis.
- You have access to detailed plan information, including legal notices at [Legal Notices, Human Resources - Wesleyan University](#). Contact benefits@wesleyan.edu for printed copies if needed.
- You understand that if there is a conflict or inconsistency between enrollment materials and the official plan documents, the plan documents govern.
- You understand that Wesleyan University reserves the right to modify, amend, or terminate all or part of any of the plans at any time and to cancel all or part of the coverage and benefits under the plans, subject to the requirements associated with any applicable collective bargaining agreement.

I Accept

enter your comment

[Submit](#)

[Cancel](#)

53

To view your elections, click "View 2025 Benefits Statement".

Submitted

You've submitted your elections.

These elections will be in effect through December 31 of the plan year, unless you experience a life event and choose to make changes.

Important Dates:

Benefits go into effect 01/01/2025

Final day to update benefits 10/25/2024

[View 2025 Benefits Statement](#)

Done

54

Click "Print" to print your elections.

Health Savings Account - HSA 01/01/2025 01/01/2025 \$0.00 Annual

Waived Coverages 5 items

Plan Type

Vision

Healthcare FSA (MERA)

Grandfathered Supp Life

Grandfathered Spousal/Domestic Partner Life

Grandfathered Child Life

Beneficiary Designations 2 items

Benefit Plan	Provider Website	Requires Beneficiary	Beneficiary	Primary Percentage / Contingent Percentage
Supplemental Life - Unum (Employee Only)	Unum URL Address	Yes	Super Man	Primary Percentage 100 Contingent Percentage

Print

55

Click "Download". Click the .pdf file in the upper right-hand corner of the page and select "Ctrl Print" to print.

The screenshot shows a web application interface with a table of "Waived Coverages" and "Beneficiary Designations". An "Export Document" dialog box is overlaid in the center, featuring a "Download" button circled in red. The background table includes columns for Plan Type, Vision, Healthcare FSA (MERA), Grandfathered Supp Life, Grandfathered Spousal/Domestic Partner Life, and Grandfathered Child Life. Below this, a table for "Beneficiary Designations" lists columns for Benefit Plan, Provider Website, Requires Beneficiary, Beneficiary, and Primary Percentage / Contingent Percentage. A "Print" button is visible at the bottom left of the page.

56

If you want to change your elections before Open Enrollment ends on November 15th, at midnight, click "Wesleyan University" which brings you to your Home Page.

The screenshot shows a "Submit Elections Confirmation" page for "Wonder Woman". The Wesleyan University logo is circled in red. The page includes a search bar, a notification icon, and a user profile icon. Key information displayed includes: "Initiated On: 10/18/2024", "Submit Elections By: 10/25/2024", "Event Date: 01/01/2025", and "Total Employee Cost/Credit: \$449.48 Semimonthly Cost". A message states: "You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records." Below this, a warning reads: "These elections will be in effect through December 31 of the plan year, unless you experience a life event and choose to make changes." The "Evidence of Insurability" section shows a table with columns for "Benefit Plan" and "Message". A "Print" button is located at the bottom left of the page.

57 On the right side of the page, under "Top Apps", click "Benefits and Pay".

Good Afternoon, On Behalf of: Wonder Woman

It's Thursday, October 31, 2024

Awaiting Your Action

You're all caught up on your tasks.

Timely Suggestions



Keep Your Emergency Contacts Updated

We would like you to review your Emergency Contact Information and ensure it's up to date

[Update Contacts](#)

Your Top Apps



Cost Centers



Benefits and Pay



Jobs Hub



Requisitions

[View All Apps](#)

58 Click "Enroll" in the "Benefit Event: Open Enrollment" card. From this point follow the instructions above to make changes.

MENU Wesleyan University Search

Benefits and Pay

- Overview
- Benefits
- Pay
- Compensation

Tasks and Reports

- Payment Elections
- Change Benefits
- My Tax Documents
- Pay On-Demand

Needs Attention

IN PROGRESS
Benefit Event: Open Enrollment
Submit elections by October 25, 2024.
Enroll

59

Thank you for submitting your 2025 Benefit Elections.

