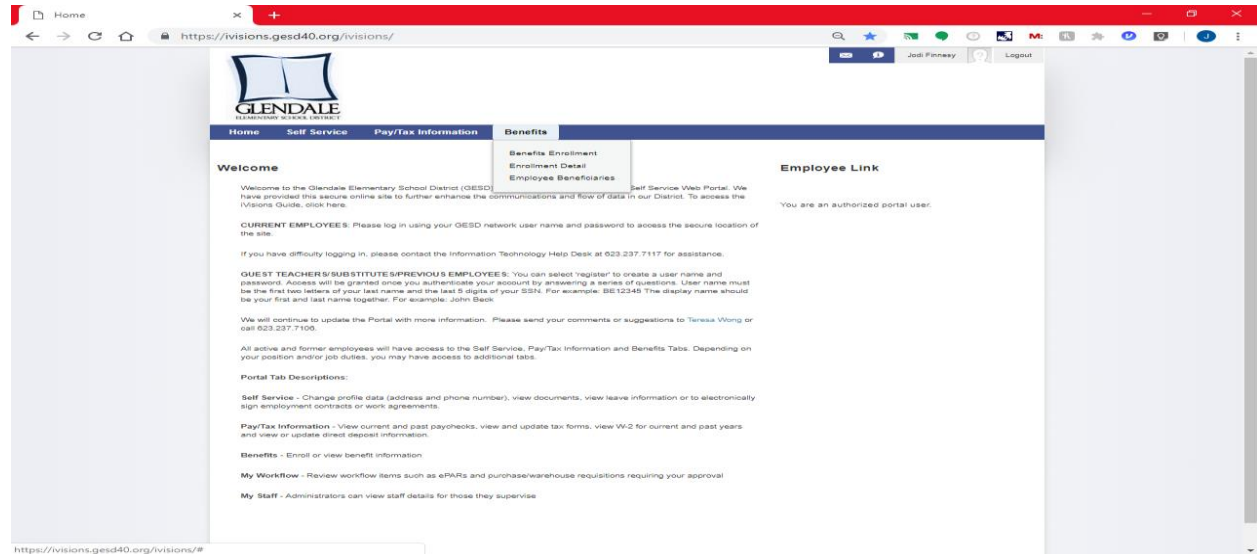


Insurance Benefits Enrollment Guide

Now that you have linked to iVISIONS, you can complete the online enrollment process for your insurance benefits.

New employees have only 31 days from their start date to enroll in their insurance benefits. If the new hire window is missed, employees will not be allowed to enroll until the next annual open enrollment period.

On the iVISIONS homepage hover the cursor over the [Benefits](#) tab then click on [Benefits Enrollment](#).



Please read each screen carefully. Each screen will tell you what you must do in order to move on to the next screen. The arrows at the bottom of each screen should be used to move forwards and backwards through the program.

- 26. AZ Education Tax Credit
- 27. Electronic Communications
- 28. Benefit Enrollment Confirmation Statement

FOR NEW HIRES:

All required forms must be submitted to Human Resources within 31 days of your date of hire. Your benefits become effective the first of the month following 31 days of employment.

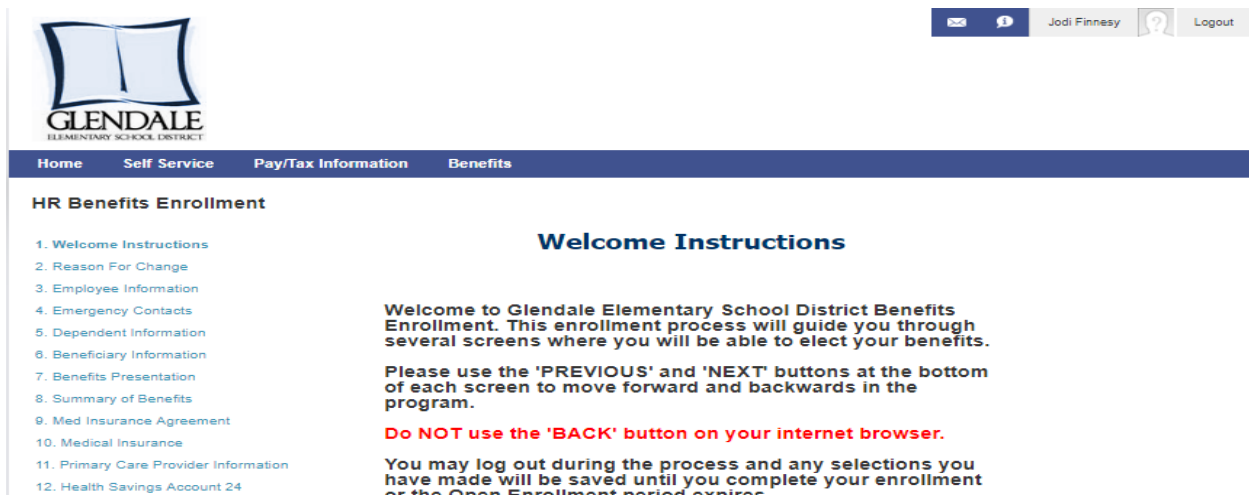
Questions? Please contact:

**Jodi Finney
Benefits Analyst
Ext. 7149**

Once you have read and understood the instructions click 'NEXT' to continue.

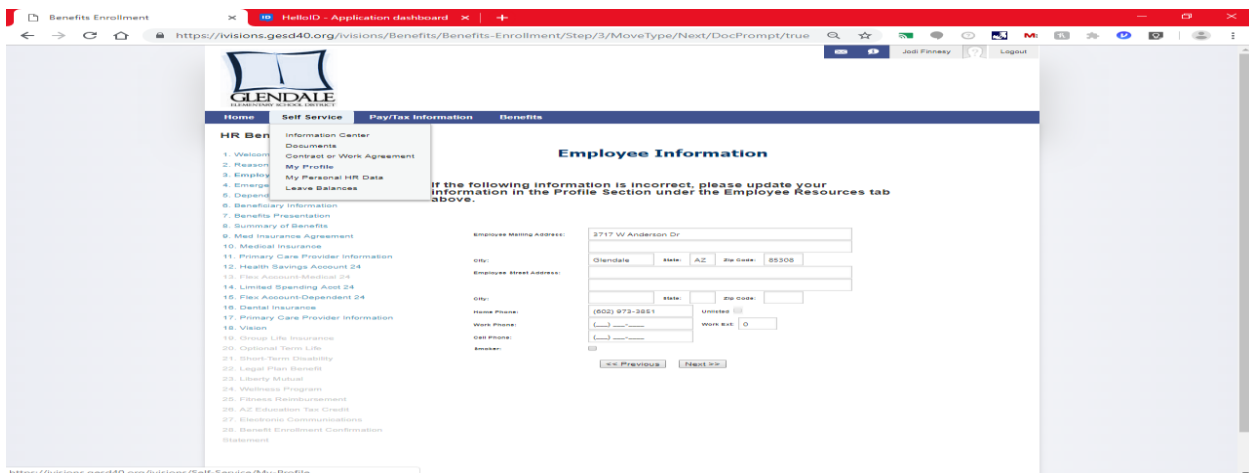
Next >>

If you must exit the program before completing the enrollment process the system will save the information you have entered up to that point. To exit the program click on the [Logout Button](#) located at the top, right of the screen.



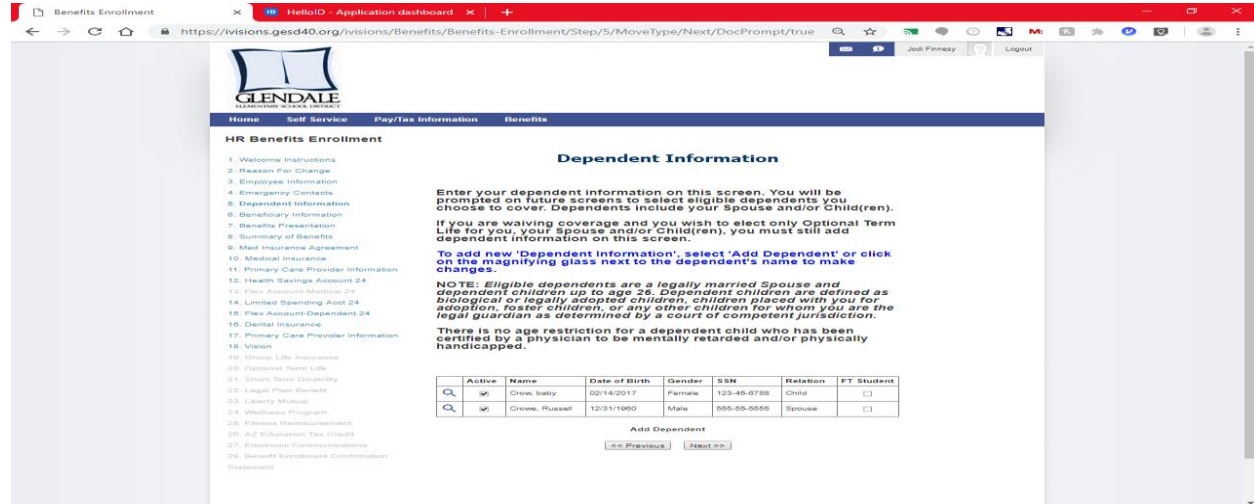
On the [Employee Information](#) screen you should verify your address. This is the address the insurance carriers will mail your ID cards and other benefit information to.

If your address is not correct you can change it by hovering your cursor over the [Self Service](#) tab located in the blue bar above, then click on [My Profile](#).



Address changes do not show immediately in iVISIONS. Address changes are processed in approximately 1 – 2 business days.

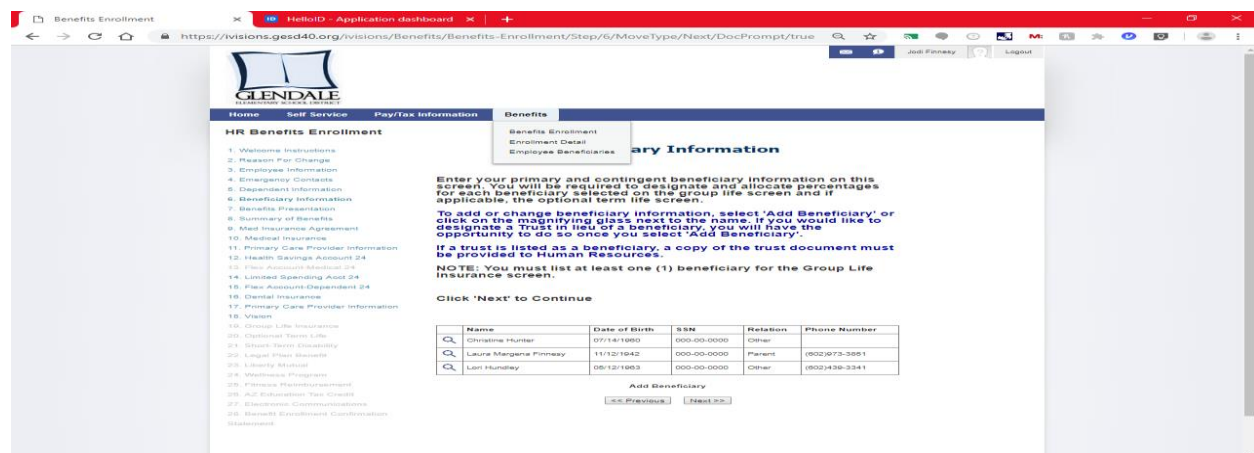
If you are going to have dependent coverage on any insurance, you must add the dependent on the Dependent screen. Social Security numbers are required when adding a dependent.



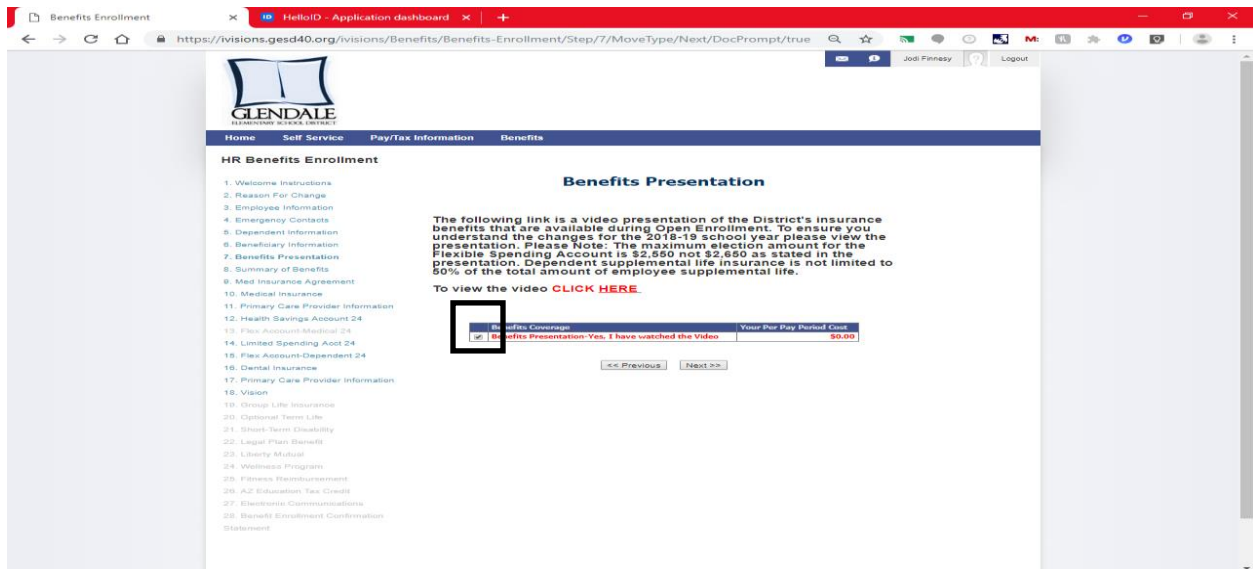
After adding your dependents, any insurance that allows dependent coverage will list your dependents at the bottom of the screen. To add a Dependent to that insurance you must select the appropriate tier, i.e. employee plus spouse, then check the box next to the Dependent's name.

You must list at least one beneficiary on the Beneficiary screen. On the Group Life and Optional Life screens your beneficiaries will be listed at the bottom of the screen. To select a beneficiary check the box next to the name, then enter the percent of the benefit you would like the person to receive. Both the Primary and Contingent columns must equal 100%.

Beneficiaries can be changed anytime during the year by clicking on Employee Beneficiaries under the Benefits tab located in the blue bar above.

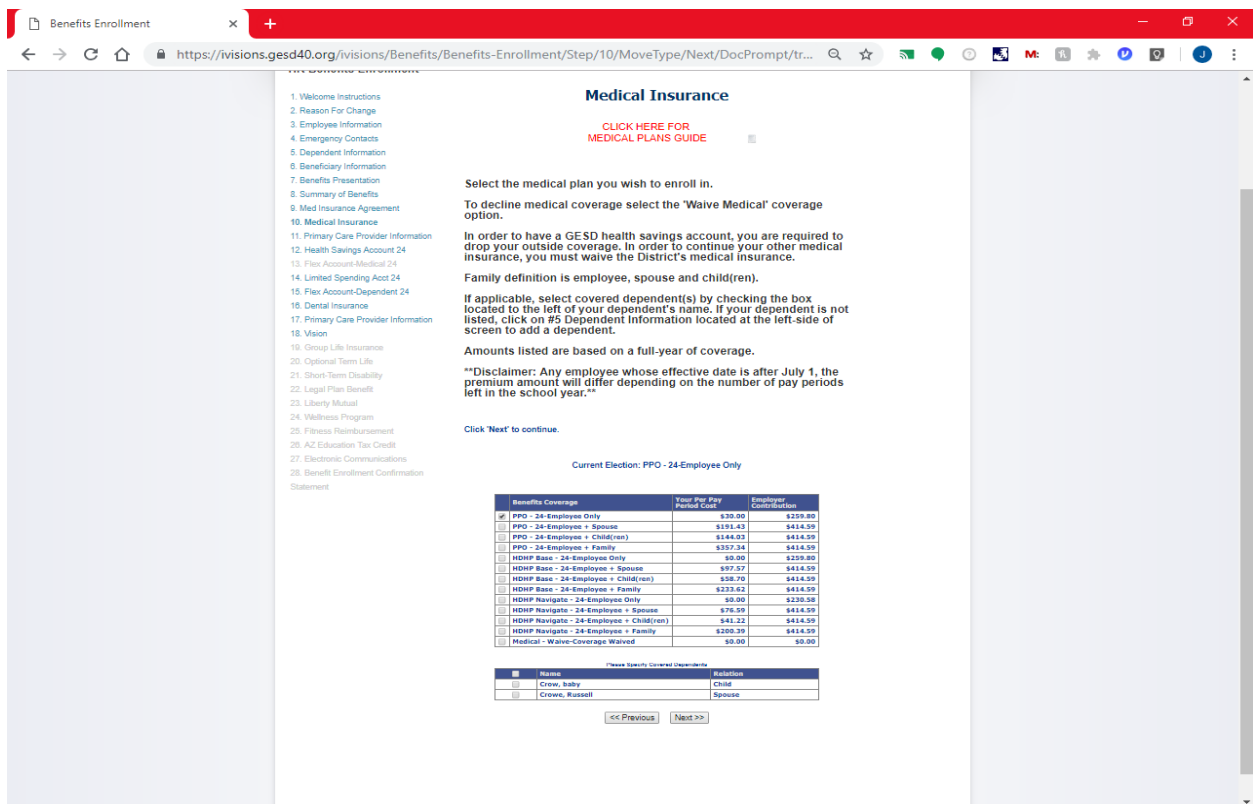


On the **Benefits Presentation** screen, in order to move forward you must check the box acknowledging you viewed the video. The box to check is framed in the picture below.



If you want to cover a Dependent on your insurance you must first choose the appropriate tier of coverage for the insurance, i.e. employee plus spouse. Next, check the box next to the Dependent's name.

There is a Waive option for the insurances that employees can choose not to enroll in. If an employee does not want an insurance, please check the Waive box.



If you choose the HDHP Navigate Medical Plan you must also select a Primary Care Provider. The Primary Care Provider screen has a link to search for a Provider. The Primary Care Provider number is 14 digits and must be entered on the Primary Care Provider screen.

HR Benefits Enrollment

- 1. Welcome Instructions
- 2. Reason For Change
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- 4. Emergency Contacts
- 5. Dependent Information
- 6. Beneficiary Information
- 7. Benefits Presentation
- 8. Summary of Benefits
- 9. Med Insurance Agreement
- 10. Medical Insurance
- 11. Primary Care Provider Information
- 12. Health Savings Account 24
- 13. Flex Account-Medical 24
- 14. Limited Spending Acct 24
- 15. Flex Account-Dependent 24
- 16. Dental Insurance
- 17. Primary Care Provider Information
- 18. Vision
- 19. Group Life Insurance
- 20. Optional Term Life

Primary Care Provider Information

The HDHP Navigate Medical plan you chose requires that you select a Primary Care Provider for you and any covered dependents. Please enter your Provider's ID number in the box provided below and indicate if you are an existing patient. To select a Primary Provider on UHC website [CLICK HERE](#)

To enter the same Provider ID number for dependents, Click 'Copy Employee Provider Info To All Dependents'.

Provider ID:	Prefix:	First:	Middle:	Last/Org:	Suffix:	Ex. Patient:
1234567891						<input type="checkbox"/>

Copy Employee Provider Info to All Dependents

<< Previous Next >>

If you select a HDHP Medical Plan you must sign and print the Optum Bank Form. This form can be printed from the top of the Health Savings Account screen. This form must be returned to Human Resources within your 31-day new hire window. The employee's health savings account cannot be funded with the District's contribution until this form is returned. Employees who do not return this form within their new-hire window may forfeit the District's contribution.

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- 11. Primary Care Provider Information
- 12. Health Savings Account 24
- 13. Flex Account-Medical 24
- 14. Limited Spending Acct 24

Health Savings Account 24

[Click here for Optum Bank Application \(New Enrollees Only\)](#)

[Click to print form](#)

A Health Savings Account (HSA) is a financial account that you can use to accumulate tax-free funds to pay for qualified healthcare expenses, as defined by the Internal Revenue Service. The account acts like a regular checking account with a debit card and may accrue interest.

All money in the account is owned by you and is fully vested as soon as it is deposited. Funds can accumulate over time and the account is portable among employers.

If you choose the Cigna Dental Plan you must also select a Primary Care Dentist. The Primary Care Provider screen has a link to search for a Dentist. The Primary Care Dentist number is 6 digits and must be entered on the Primary Care Provider screen.

HR Benefits Enrollment

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- 16. Dental Insurance
- 17. Primary Care Provider Information
- 18. Vision
- 19. Group Life Insurance
- 20. Optional Term Life

Primary Care Provider Information

The Cigna DHMO plan you chose requires that you select a Dental Care Provider for you and any covered dependents. Please enter your Dental Provider's ID number in the box provided below and indicate if you are an existing patient. To select a Dental Care Provider on Cigna's website [CLICK HERE](#).

To enter the same Provider ID number for dependents, Click 'Copy Employee Provider Info To All Dependents'.

Provider ID:	Prefix:	First:	Middle:	Last/Orig:	Suffix:	Ex. Patient:
123456						<input type="checkbox"/>

Copy Employee Provider Info to All Dependents

On the Group Life Insurance screen the Primary and Contingent columns next to the Beneficiary must both equal 100%. If you have more than one beneficiary listed you must enter the percent you want each beneficiary to receive. This also applies to the Optional Life Insurance screen.

HR Benefits Enrollment

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- 15. Flex Account-Dependent 24
- 16. Dental Insurance
- 17. Primary Care Provider Information
- 18. Vision
- 19. Group Life Insurance
- 20. Optional Term Life
- 21. Short-Term Disability
- 22. Legal Plan Benefit
- 23. Liberty Mutual
- 24. Wellness Program
- 25. Fitness Reimbursement
- 26. AZ Education Tax Credit
- 27. Electronic Communications
- 28. Benefit Enrollment Confirmation Statement

Group Life Insurance

[CLICK HERE FOR VOYA BENEFIT SUMMARY](#)

Glendale Elementary provides a Basic Life benefit equal to (2) two times your base salary and AD&D insurance coverage to eligible employees at no cost.

If your beneficiary is not listed, click on #6 Beneficiary Information located at the left-side of the screen to add beneficiary.

To designate a beneficiary, please indicate the appropriate percentage to be allocated in the columns next to the name. Primary and Contingent columns MUST equal 100 percent in order to proceed to the next screen.

Click 'Next' to Continue.

Based on annual salary of \$55,744.00.

Current Election: VOYA Group Life Ins - 24-Enroll

Benefits Coverage	Coverage Provided	Your Per Pay Period Cost	Employer Contribution
<input checked="" type="checkbox"/> VOYA Group Life Ins - 24-Enroll	\$112,000.00	\$0.00	\$3.48

Please Specify Beneficiaries

Name	Relation	Primary	Contingent
Laura Margena Finney	Parent	100	0
Lori Hundley	Other	0	50
Christine Hunter	Other	0	50

Total (each column must total 100%):

100 100

On the Wellness Program, Fitness Reimbursement, and Tax Credit screens you must check the box acknowledging you are aware of the program and/or opportunity.

On the Confirmation Statement screen you must review the selections you have made. At the bottom of the page you will see the amount that will be deducted out of each paycheck. If you want to make a change before you submit your selections, you should click on the benefit located on the left side of the screen. Once you have made your change, you should re-review your selections, including the payroll deduction amount. When you are done you must click on the **SUBMIT BUTTON** to finalize your enrollment.

HR Benefits Enrollment

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Benefit Enrollment Confirmation Statement

Glendale Elementary School District 40

Outlined below are the benefits you have selected. Please review carefully before clicking the 'SUBMIT' button at the bottom of this screen. Prior to submitting your elections you can modify your selections by using the 'PREVIOUS' button at the bottom of the screen or by clicking on the appropriate menu item on the left. You will have another opportunity to print a copy of your Benefit Enrollment Confirmation Statement after submitting your benefit elections.

You MUST click 'SUBMIT' below in order to complete your benefit elections.

****Disclaimer: Any employee whose effective date is after July 1, the premium amount will differ depending on the number of pay periods left in the school year.****

The Enrollment Process is not completed until you have **SUBMITTED** your selections, AND turned in any hardcopy forms that may be required.

I have read and understand the benefit elections I made and authorize the Glendale Elementary School District to take payroll deductions for the employee cost of benefits selected.

I understand the Glendale Elementary School District allows employees to participate in a Section 125 Plan. A Section 125 Plan allows employees to pay their portion of premiums for medical, dental, vision, flexible spending accounts and health savings accounts with money out of their paycheck on a pre-taxed basis.

I understand the elections I made will remain in effect until 6/30/2019 unless I experience a life event as defined in the Summary Plan Description document.

If requesting dependent coverage, I understand that I may be required to provide acceptable proof of relationship for all dependents within 31 Days of Eligibility.

You MUST click the 'SUBMIT' button below to complete your benefit elections.

[View/Print Statement](#)

[<< Previous](#) [Submit](#)

Once you click **SUBMIT** you will be locked out of the program.

Thank you for completing your enrollment selections.