

## Add a Qualifying Life Event

1. Open an internet browser and type in the following address to access the portal: [www.yale.edu/portal](http://www.yale.edu/portal).
2. Click **Login to the portal**, and log in using your NetID and password.
3. Click **My Benefits** on the upper right side of the screen.
4. On the left side of the screen, click **Register a Life Event Here**.
5. Mouse over the **Life Events** tab, then select the Life Event you'd like to enter by clicking on one of the items in the drop down list that appears. (For this guide, we've chosen Birth or Adoption.)
6. Click on the empty box next to **Enter Your Child's Birth Date**. This will cause a calendar to appear, on which you will choose your child's date of birth.
7. After you select the date, click **Continue**.
8. A window will appeared over a grayed out web page. Click in the small box next to **I agree to the above** to add a check mark, then click **Continue**.
9. You will see a list of your current dependents that does not include the new dependent you just entered.
10. Submit all documentation as listed at the bottom of the screen.
11. Click **Continue**.
12. Your Qualifying Life Event has been submitted. To enroll your dependent in your coverage, click **Start Enrollment** and proceed to the next step. Otherwise, exit the application.
13. Click **Continue**.
14. Select the name of the applicable plan(s) in which you would like to enroll your dependent.
15. Make the necessary revisions by checking or un-checking the covered participant box AND/OR changing the allocated amount (for flexible spending accounts)
16. Click **Return to Benefits Summary** to enroll in other plans (return to step 14), or click **Continue**.
17. Verify your election in the **Benefit Selections** section. If you wish, print a copy of this page for your records and note the date provided to make changes to your benefit selections.
18. Click **Exit Enrollment**.

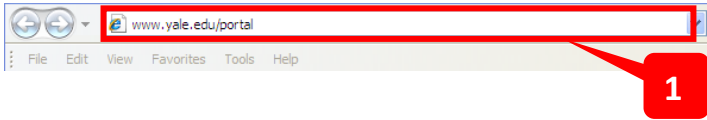
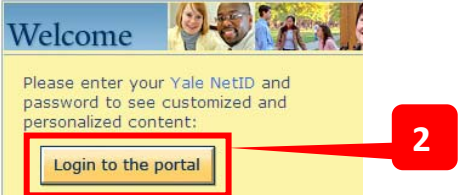
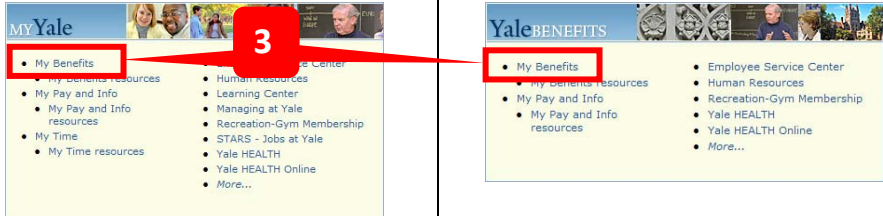
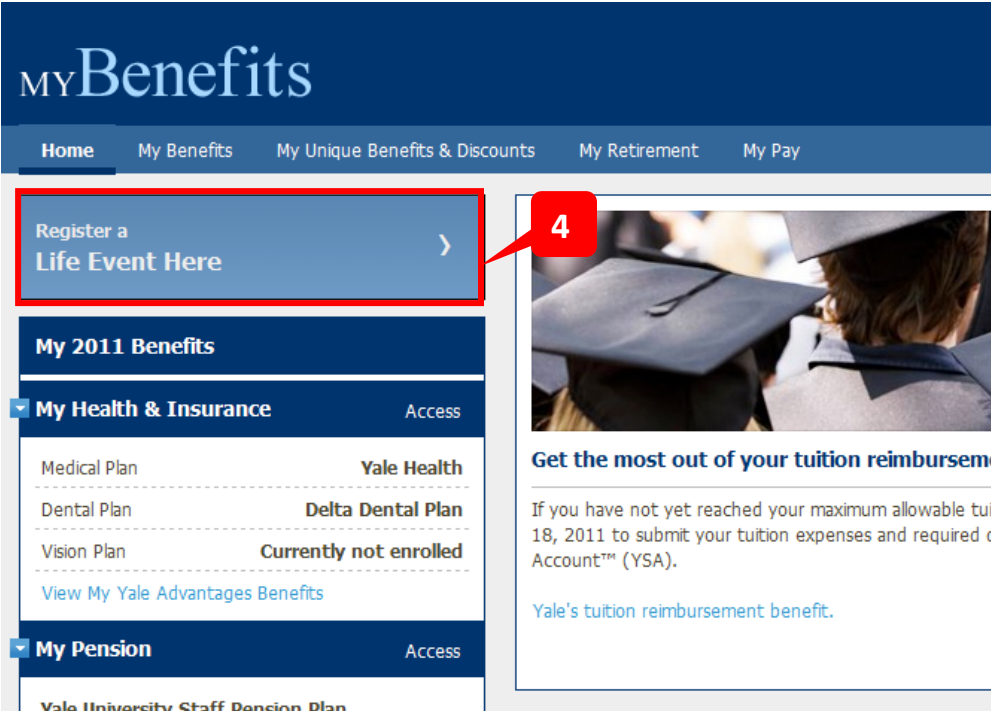
### HOW TO SUBMIT REQUIRED DOCUMENTATION:

- Fax to 1-866-879-0216 - ATTN: Yale University Dependent Verification Services
- OR**
- Mail to Yale Benefits, c/o Hewitt Associates LLC, PO Box 563908, Charlotte NC 28256

### **Important Notice:**

*False and/or incomplete responses or statements may result in rescission of coverage and/or non-payment of claims for you or your eligible dependents as well as, discipline up to and including termination of employment. Understand that your file may be audited at any time to determine the eligibility of yourself and/or any dependent listed on your enrollment for medical, dental and/or vision coverage.*

**ILLUSTRATED INSTRUCTIONS BEGIN ON THE NEXT PAGE**

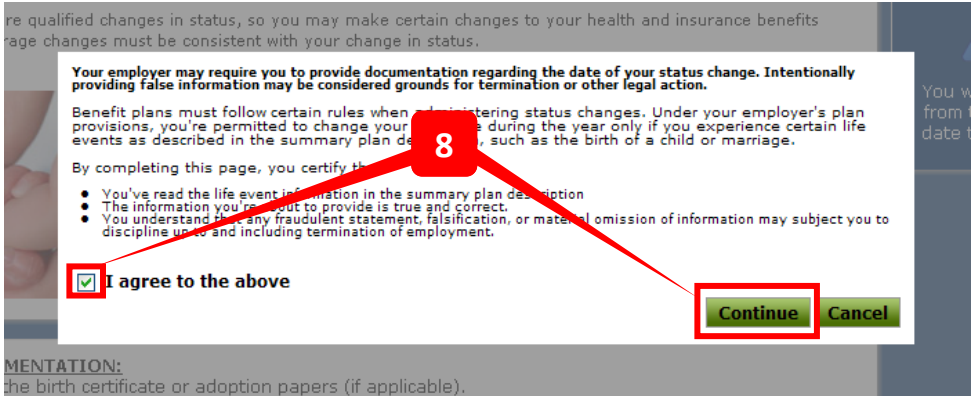


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**5** Mouse over the **Life Events** tab, then select the Life Event you'd like to enter by clicking on one of the items in the drop down list that appears.

For this guide, we've chosen **Birth or Adoption**.

**6** Click on the empty box next to **Enter Your Child's Birth Date**. This will cause a calendar to appear, on which you will choose your child's date of birth.

**7** After you select the date, click **Continue**.

<p><b>8</b> A window will appear over a grayed out web page. Click in the box to add a check mark, then click <b>Continue</b>.</p>	 <p>re qualified changes in status, so you may make certain changes to your health and insurance benefits coverage changes must be consistent with your change in status.</p> <p><b>Your employer may require you to provide documentation regarding the date of your status change. Intentionally providing false information may be considered grounds for termination or other legal action.</b></p> <p>Benefit plans must follow certain rules when entering status changes. Under your employer's plan provisions, you're permitted to change your status during the year only if you experience certain life events as described in the summary plan description, such as the birth of a child or marriage.</p> <p>By completing this page, you certify that:</p> <ul style="list-style-type: none"> <li>You've read the life event information in the summary plan description</li> <li>The information you're about to provide is true and correct.</li> <li>You understand that any fraudulent statement, falsification, or material omission of information may subject you to disciplinary action and including termination of employment.</li> </ul> <p><input checked="" type="checkbox"/> I agree to the above</p> <p><b>Continue</b> <b>Cancel</b></p> <p><b>REQUIREMENT:</b> Submit a COPY of the birth certificate or adoption papers (if applicable).</p>																														
<p><b>9</b> You will see a list of your current dependents that <u>does not</u> include the new dependent you just entered.</p> <p>Submit all documentation as listed at the bottom of the screen.</p> <p>Click <b>Continue</b>.</p>	 <p>Your current dependents are shown in the table below.</p> <ul style="list-style-type: none"> <li>To add a new person, click Add Dependent.</li> <li>To proceed with the life status change event click Continue.</li> </ul> <p><b>Note: Adding a dependent does not automatically enroll them in coverage. After entering your new dependent information you will then have the opportunity to add your dependent to your coverage.</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> <th>Status</th> <th>Birthdate</th> </tr> </thead> <tbody> <tr> <td>Monroe, Shella</td> <td>Child</td> <td>Not Verified</td> <td>11/19/2005</td> </tr> <tr> <td>Monroe, Jenna - (Non-Editable)</td> <td>Spouse</td> <td>Not Verified</td> <td>07/11/1975</td> </tr> </tbody> </table> <p><b>Add Dependent</b> <b>Back</b> <b>Continue</b></p> <p><b>REQUIRED DOCUMENTATION:</b> Submit a COPY of the birth certificate or adoption papers (if applicable).</p> <p><b>HOW TO SUBMIT REQUIRED DOCUMENTATION:</b></p> <ul style="list-style-type: none"> <li>Fax to 1-866-879-0216</li> <li>Mail to: Dependent Verification Services, c/o Aon Hewitt, PO Box 563908, Charlotte, NC 28256-3908</li> </ul> <p>Faxed documentation must be received, and mailed documentation must be postmarked, on or before 30 days from the date of the event.</p> <p><b>Important!</b> You will have 31 days from the actual event date to make benefits changes.</p>	Name	Relationship	Status	Birthdate	Monroe, Shella	Child	Not Verified	11/19/2005	Monroe, Jenna - (Non-Editable)	Spouse	Not Verified	07/11/1975																		
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<p><b>10</b> Your Qualifying Life Event has been submitted. To enroll your dependent in your coverage, click <b>Start Enrollment</b> and proceed to the next step. Otherwise, exit the application.</p>	 <p><b>Your Birth or Adoption Event has been submitted.</b></p> <p>Even though you may have added your dependent information on the previous screen, <b>they are not enrolled in coverage yet.</b></p> <p><b>You will now have the opportunity to add your new dependent(s) to coverage or make other benefits changes consistent with this life event.</b></p> <p>When you are ready to make your coverage changes, click the <b>Start Enrollment</b> button.</p> <p><b>Start Enrollment</b></p> <p><b>You are now eligible to make changes to the following plans:</b></p> <table border="1"> <thead> <tr> <th>Plan:</th> <th>Coverage Level:</th> <th>Effective Date of Coverage Change:</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>Current Benefits</b></td> </tr> <tr> <td>Yale Health</td> <td>Employee Only</td> <td>11/12/2011</td> </tr> <tr> <td>Delta Dental Plan</td> <td>Employee Only</td> <td>11/12/2011</td> </tr> <tr> <td>FSA-Healthcare Reimbursement Account</td> <td>Waived</td> <td>11/12/2011</td> </tr> <tr> <td>FSA Auto-Reimbursement Selection</td> <td>Waived</td> <td>11/12/2011</td> </tr> <tr> <td>Child/Dependent Care Reimbursement Account</td> <td>\$5000.00 (Annually)</td> <td>11/12/2011</td> </tr> <tr> <td>Off Campus Parking Program</td> <td>Please visit the "Your Spending Account" Center on the website to enroll in the program.</td> <td>11/12/2011</td> </tr> <tr> <td>Yale Transit Program</td> <td>You are eligible to participate in this program. Please return to the My Yale Benefits home page and</td> <td>11/12/2011</td> </tr> <tr> <td>Yale Advantages</td> <td>You are eligible to participate in this program. Go to Yale Advantages on the home page's left navi</td> <td>11/12/2011</td> </tr> </tbody> </table>	Plan:	Coverage Level:	Effective Date of Coverage Change:	<b>Current Benefits</b>			Yale Health	Employee Only	11/12/2011	Delta Dental Plan	Employee Only	11/12/2011	FSA-Healthcare Reimbursement Account	Waived	11/12/2011	FSA Auto-Reimbursement Selection	Waived	11/12/2011	Child/Dependent Care Reimbursement Account	\$5000.00 (Annually)	11/12/2011	Off Campus Parking Program	Please visit the "Your Spending Account" Center on the website to enroll in the program.	11/12/2011	Yale Transit Program	You are eligible to participate in this program. Please return to the My Yale Benefits home page and	11/12/2011	Yale Advantages	You are eligible to participate in this program. Go to Yale Advantages on the home page's left navi	11/12/2011
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**11** Click **Continue**.

**Review My Information**

Please verify your personal and dependent information below.

If you need to make changes to any information, please contact the Employee Service Center at 1-877-352-5552.

**\*Clarification on Medicare Eligible Question & Work Number**

Per government regulation, vendors are required to display the Medicare Eligible question to capture the history of Medicare coverage of employees. It is not only applicable to Retirees, but any Active employee who has applied for Medicare. If you select the Yes box, the system will ask for your Medicare date and claim number, which are listed on your Medicare card. It is helpful to have your Medicare card with you for reference when entering in this information.

As for work phone numbers, we are not collecting that information on this site, please disregard this field.

When you are finished reviewing your information, click **Continue**.

**Your Enrollment Checklist**

- Review My Information
- Select Benefits (Effective Through 12/31/2011)
- Yale Health
- Delta Dental Plan
- EyeMed Vision Plan
- FSA-Healthcare Reimbursement Account
- FSA Auto-Reimbursement Selection
- FSA-Child/Dependent Care Reimbursement Account
- Off Campus Parking Program
- Yale Transit Program
- Yale Advantages
- Supplemental Life
- Long Term Disability
- Step 1: YURAP Core
- Step 2: My 403b Employee Vendor Election
- Step 3: My Contribution Percentage

**Your Personal Information** Reset Update **Continue**

Name		Address Info	
Prefix:	Ms.	Country:	United States
First Name:	Rosalee	Address One:	114 Bradley Corners
Middle:		Address Two:	
Last Name:	Sciarano	City:	Meriden
Suffix:		State:	CT
Gender:	F	Postal Code:	06443
Date of Birth:	05/19/73	Home Phone:	203-687-8792
Marital Status:	Single	Work Phone:	not
Medicare Eligible:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Primary Email:	rosalee_sciarano@yale.edu
		Secondary Email:	rosalee_sciarano@yahoo.com

**Go Paperless**

This feature allows you to receive benefit communications within your secure inbox on this website instead of paper mailings. When new benefit communications are available, you will be notified by email. To enable this feature, check the box below to consent with the terms and conditions.

I would like to Go Paperless and have read and consent to the disclosure below

By selecting this option, I consent to receive all benefit communications electronically. Benefit communications will be provided on the site and I will be notified via email when they are available to view. I understand that I may print a paper copy of communications for future reference. I agree to keep my email address updated on the system. This consent can be withdrawn at any time without charge by updating

**12** Select the name of the applicable plan(s) in which you would like to enroll your dependent.

**Select Benefits for Current Plan Year**

Review your selections in the chart below. To enroll, click on any plan name within the chart or click **Start Selecting Your Benefits** to be guided through enrollment. Select **Complete Enrollment** when finished.

**Your Enrollment Checklist**

- Review My Information
- Select Benefits (Effective Through 12/31/2011)
- Aetna Choice POS II w/ Alternate Rx
- Delta Dental Plan
- FSA-Healthcare Reimbursement Account
- FSA Auto-Reimbursement Selection
- FSA-Child/Dependent Care Reimbursement Account
- Off Campus Parking Program
- Yale Transit Program
- Supplemental Group Life
- Step 1: My 403B Employee Vendor Election
- Step 2: My Contribution Percentage

**Complete Enrollment**

**Current Benefits** Update Your Current Benefits Start Selecting Your Benefits

Status	Plan	Coverage Level	Covered Participants	Employee Pays Pre-Tax Cost	Employee Pays Post-Tax Cost	Employer Pays	Current Effective Date(s)**	
Enrolled	Aetna Choice POS II w/ Alternate Rx	Employee + Family	1 (Employee)	\$45.69*		\$522.00	10/24/2011	
Enrolled	Del	Employee + 1	1 (Employee)	\$4.49*		\$13.47	01/01/2011	
Waived	FSA-Healthcare Reimbursement Account							
Waived	FSA Auto-Reimbursement Selection							
Waived	FSA-Child/Dependent Care Reimbursement Account							
Eligible	Off Campus Parking Program	Please visit the "Your Spending Account" Center on the website to enroll in the program.						
Eligible	Yale Transit Program	You are eligible to participate in this program. Please return to the My Yale Benefits home page and click on the "Manage Flexible Spending Account" link for enrollment information.						

**13** Check or uncheck the covered participant box *AND/OR* change the allocated amount (for flexible spending accounts)

**14** Click **Return to Benefits Summary** to enroll in other plans (return to step 12), or click **Continue**.

Medical
Coverage Effective: Aug 12, 2011\*\*

Choose Your Plan	Tax Option	Coverage Level and Cost Per Pay Frequency	
<b>Selection of Coverage is Required</b>			
Yale Health <a href="#">Search for Provider</a>	Pre-Tax	<input type="radio"/> \$0.00	Employee Only
		<input checked="" type="radio"/> \$0.00	Employee + 1
		<input type="radio"/> \$0.00	Employee + Family
		<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse
		<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse + Child (ren)

**13** (points to radio buttons)

Choose who's Covered

Test Baby, Child (Not Verified - This dependent has not yet been verified)

[Add Dependent](#) **14** (points to button)

[Return to Benefits Summary](#) [Continue](#) **14** (points to button)

\*\* Displayed coverage is effective as of this date but does not guarantee coverage from the insurance carrier. Please verify coverage with your insurance carrier at least 24 hours prior to your scheduled appointment.

**15** Verify your election in the **Benefit Selections** section. If you wish, print a copy of this page for your records and note the date provided to make changes to your benefit selections.

Enrollment Confirmation
Your Confirmation Number is: 00066999

You have until 8/10/2011 to return and make changes to your benefit selections. You should print this page for future reference.

If your medical and/or dental premium did not display during enrollment, it will be calculated on 8/12/2011. Please return to us in 24 hrs to print an updated benefits summary.

Benefit Selections
Exit Enrollment

Current Benefits							
Status	Plan	Coverage Level	Covered Participants	Employee Pays		Employer Pays	Current Effective Date(s)**
				Pre-Tax Cost	Post-Tax Cost		
Enrolled	Yale Health	Employee + 1	Renee Scarsino Test Baby				08/12/2011
Enrolled	Delta Dental Plan	Employee + 1	Renee Scarsino Test Baby				08/12/2011
Enrolled	Eyemed Vision Plan	Employee Only	Renee Scarsino	\$3.98*			01/01/2011
Enrolled	FSA-Healthcare Reimbursement Account	\$500.00 (Annually)		\$41.67*			01/01/2011
Enrolled	FSA Auto-Reimbursement Selection	Yes, I would like auto-reimbursement.					01/01/2011

**15** (points to confirmation text)

**16** Select **Exit Enrollment**.

Benefit Selections
Exit Enrollment

Current Benefits							
Status	Plan	Coverage Level	Covered Participants	Employee Pays		Employer Pays	Current Effective Date(s)**
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Enrolled	Delta Dental Plan	Employee Only	Renee Scarsino				08/12/2011
Enrolled	Eyemed Vision Plan	Employee Only	Renee Scarsino	\$3.98*			01/01/2011
Enrolled	FSA-Healthcare Reimbursement Account	\$500.00 (Annually)		\$41.67*			01/01/2011
Enrolled	FSA Auto-Reimbursement Selection	Yes, I would like auto-reimbursement.					01/01/2011
Waived	FSA-Child/Dependent Care Reimbursement Account						

**16** (points to Exit Enrollment button)

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