

Annual Benefits Enrollment

1. Open an internet browser and type in the following address to access the portal: 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 My Benefits homepage, click the **Click here to get started** button on the upper left side of the page.
5. Click **Enroll or Update Now!** in the upper middle part of the page.
6. If you'd like to stop receiving paper mailings, click in the check box in the **Go Paperless** section.
7. To view or make changes to the personal data (if editable) of any listed dependents, click on their name.
8. Click **Delete** to remove a dependent, and Add Dependent/Beneficiary to add one.
9. Click **Continue** to begin Enrollment.

This document takes you through a guided enrollment for an M&P employee. If you see benefits on your guided enrollment that are different than what is shown here, make your selections, and continue with the enrollment.

10. Click **Start Selecting Your Benefits**.
11. Choose your **Medical Coverage Level**, or select **I do not want to enroll in Medical...** to waive medical insurance coverage for the 2012 plan year, update your covered dependents if necessary, then click **Continue**.
12. Choose your **Dental Coverage Level**, or select **I do not want to enroll in Dental...** to waive dental insurance coverage for the 2012 plan year, update your covered dependents if necessary, then click **Continue**.
13. You may see an important message about providing documentation. Please read it, then click **Continue**.
14. Choose your **Vision Coverage Level**, or select **I do not want to enroll in Vision...** to waive vision insurance coverage for the 2012 plan year, then click **Continue**.
15. Enter the pre-tax dollar amount you want to contribute to the **Healthcare Reimbursement Account**, or select **I do not want to enroll in FSA...** to waive the FSA-Healthcare option for 2012, then click **Continue**.
16. If you have enrolled in a Healthcare FSA, you can enroll in auto-reimbursement, then click **Continue**.
17. Enter the pre-tax dollar amount you'll contribute to the **Child/Dependent Care Reimbursement Account**, or select **I do not want to enroll in FSA...** to waive the FSA-Child/Dependent Care option for 2012, then click **Continue**.
18. If you enrolled in a **Child/Dependent Care Reimbursement Account**, read the message, then click **Continue**.
19. Review your **Basic Life Insurance beneficiary designations**, then click **Continue**.
20. Read the message about **Life Insurance**, then click **Continue**.
21. Choose your **Supplemental Life Coverage** by selecting an item in the Supplemental Life drop-down list, or select **I do not want to enroll in Supplemental Life...** to waive this coverage for 2012, then click **Continue**.
23. Review your **Supplemental Life Insurance beneficiary designations**, then click **Continue**.
24. Choose your **YURAP Core** vendor, then click **Continue**.
25. Choose your **403B** vendor, or select **I do not want to enroll in Step 2...** to waive this for 2012, then click **Continue**.
26. Review the 403b message, then click **Continue**.
27. Indicate your YURAP **contribution percentage**. **ALERT:** To contribute the maximum, change your percentage to 76 or 77, then click Continue. More information can be found at the top of the page.
28. Review the 403b/457b message, then click **Continue**.
29. You will see the summary page when your guided enrollment is complete. If you did not follow the guided enrollment to its conclusion, click **Return to Benefits Summary** on any page to be brought to the summary page.
30. Click **Complete Enrollment**.
31. Here is your **Enrollment Confirmation**, which you can print.
32. Click **Exit Enrollment**.
33. If a warning appears about closing the window, click **Yes**.

ILLUSTRATED INSTRUCTIONS BEGIN ON THE NEXT PAGE

<p>1 Open an internet browser and type in the following address to access the portal: www.yale.edu/portal</p>	
<p>2 On the portal homepage click Login to the portal, then log in with your NetID and password.</p>	
<p>3 Click the My Benefits link on the upper right hand corner of the Portal.</p> <p>4 Faculty will see a different menu pane.</p>	
<p>5 On the My Benefits homepage, click the Click here to get started button on the upper left side of the page.</p>	

6 Click
Enroll or Update Now!

MYBenefits
Yale
SELF-SERVICE SYSTEM

[Home](#)
[Health](#)
[Flex Spending Account](#)
[Retirement](#)
[Life Events](#)
[Life & Disability](#)
[Education & Home](#)
[Resources](#)
[Print](#)

Enroll or Update Now!
Click here to enroll update or your benefits.

Welcome XXXXXXXXXX!

The MyBenefits Self-Service System allows 24-hour access to review and update your benefits from anywhere. You can enroll in your benefits (i.e., medical, dental, flexible spending, life insurance & others), make changes to existing benefits (when permitted), enroll & modify your retirement contributions or elections, update life insurance beneficiary information and view relevant plan information and documents. To get started, click "Enroll or Update Now" above.

Action Needed!

Make Your Annual Enrollment Choices [Enroll](#)

Go Paperless [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.

Annual Enrollment Begins...

The 2012 Benefits Annual Enrollment begins on December 1st and ends on December 15th!

Our Look has Changed!

Our Benefits portal has undergone a facelift! We invite you to explore some of the new features in detail.

My 2011 Benefits

Medical Plan	Employee Only
Dental Plan	Employee Only
Vision Plan	No Coverage
Supplemental Group Life	5X Annual Salary \$444,000.00

My 2012 Benefits

Medical Plan	Employee Only
Dental Plan	Employee Only
Supplemental Group Life	5X Annual Salary \$444,000.00

Coverage at a Glance

- ▶ Your Benefits Summary
- ▶ Your Dependents
- ▶ Your Beneficiaries

At Your Fingertips

- ▶ Medical Contact Information
- ▶ Dental Contact Information
- ▶ Life Contact Information

7 Refer to **Your Enrollment Checklist** on the left side of the page to monitor your progress throughout the enrollment process.

8 If you'd like to stop receiving paper mailings, click in the check box in the **Go Paperless** section.

9 Verify the accuracy of the list of dependents displayed in the **Dependent/Beneficiary Information**. To view or make changes to their personal data (if editable), click on their name.

NOTE *Dependent eligibility information can be found in the Annual Enrollment guide at www.yale.edu/annualenrollment.*

10 Click **Delete** to remove a dependent, and **Add Dependent/Beneficiary** to add one.

NOTE *If adding a new dependent you will need to enter their personal information, including date of birth, social security number, and address if they do not currently live in your residence.*

11 Click **Continue** to begin Enrollment.

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 important 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 1/1/2012 - 12/31/2012)
- Yale Health Plan
- Delta Dental Plan
- Health - Vision
- FSA-Healthcare Reimbursement Account
- FSA Auto-Reimbursement Selection
- FSA-Child/Dependent Care Reimbursement Account
- Basic Life
- Supplemental Life
- Short Term Disability
- Long Term Disability
- Step 1: YURAP Core
- Step 2: My 403b Employee Vendor Election
- Step 3: My Contribution Percentage
- Yale Advantages
- Select Benefits (Effective Through 12/31/2011)

Complete Enrollment

Your Personal Information

Reset
Update
Continue

Name		Address Info	
Prefix:	Mr.	Country:	United States
First Name:	Zachary	Address One:	*****
Middle:	P	Address Two:	*****
Last Name:	Monroe	City:	*****
Suffix:		State:	CT
Gender:	M	Postal Code:	06511
Date of Birth:	8/4/1968	Home Phone:	203-000-9549
Marital Status:	Married	Work Phone:	ext.
Medicare Eligible:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Primary Email:	<input type="text"/>		
Secondary Email:	<input type="text"/>		

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 my account profile on the site.

* Required Field When Available for Entry

Please verify the information below. To view or make changes, click on the person's name in the table. To add a new person, click **Add Dependent/Beneficiary**.

IMPORTANT: Adding a new dependent here DOES NOT ENROLL HIM/HER in any benefit coverage. You must also complete an enrollment event and submit any required documentation. You will receive an approval letter once your dependent is verified and approved.

Please Note: Adding a dependent child under 6 months of age does not require a social security number at this time. However, you will need to revisit the site and update once a social security number has been assigned.

Dependent/Beneficiary Information		
Name	Relationship	Birthdate
Wilson Monroe	Child	10/12/2002
Anne Monroe - (Non-Editable)	Spouse	11/11/1971

Click on the name of the person whose information you would like to edit.

Add Dependent / Beneficiary

Please Note: You can...

(1) click on **Start Selecting Your Benefits** on the upper right side of the page for a guided enrollment that walks you through all of the benefits listed in the **Your Enrollment Checklist** section, or

(2) click on specific benefits in the **Your Enrollment Checklist** box and enroll in any order.

At any point, you can end guided enrollment by clicking any link in the **Your Enrollment Checklist** box to enroll in that benefit.

This document takes you through the process of a guided enrollment for an M&P employee.

If you see benefits on your guided enrollment that are different than what is shown here, make your selections, and continue moving through the enrollment.

12 Click **Start Selecting Your Benefits**.

Select Benefits for Future 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 1/1/2012 - 12/31/2012)
 - Yale Health Plan
 - Delta Dental Plan
 - Health - Vision
 - FSA-Healthcare Reimbursement Account
 - FSA Auto-Reimbursement Selection
 - FSA-Child/Dependent Care Reimbursement Account
 - Basic Life
 - Supplemental Life
 - Short Term Disability
 - Long Term Disability
 - Step 1: YURAP Core
 - Step 2: My 403b Employee Vendor Election
 - Step 3: My Contribution Percentage
 - Yale Advantages
- Select Benefits (Effective Through 12/31/2011)

Complete Enrollment

Current Benefits
Update Your Current Benefits
Update Your Future Benefits
Start Selecting Your Benefits

Benefit Selections for Zachary Monroe

Status	Plan	Coverage Level	Covered Participants	Employee Pays Pre-Tax Cost	Employee Pays Post-Tax Cost	Employer Pays	Current Effective Date(s)**	
Enrolled	Yale Health Plan	Employee Only	Zachary Monroe	\$22.41*		\$431.59	01/01/2012	
Enrolled	Delta Dental Plan	Employee Only	Zachary Monroe	\$35.43*		\$12.17	01/01/2012	
Not Enrolled	Health - Vision							
Not Enrolled	FSA-Healthcare Reimbursement Account							
Not Enrolled	FSA Auto-Reimbursement Selection							
Not Enrolled	FSA-Child/Dependent Care Reimbursement Account							
Auto Enrolled	Basic Life	Flat Amount	Zachary Monroe			\$1.80	01/01/2012	
Enrolled	Supplemental Life	5X Annual Salary	Zachary Monroe	\$444,000.00		\$23.95*	01/01/2012	
Auto Enrolled	Yale Short Term Disability	In conjunction with Sick Pay, STD benefits will provide salary protection for a maximum period of 26 weeks.	Zachary Monroe			\$2.33	01/01/2012	
Auto Enrolled	Basic Long Term Disability	Basic 60%	Zachary Monroe			\$98.00	01/01/2012	
Enrolled	Step 1: YURAP Core	VANGUARD					01/01/2012	
Enrolled	Step 2: My 403b Employee Vendor Election	VANGUARD					01/01/2012	
Enrolled	Step 3: My Contribution Percentage	51.00 % Savings Percentage (Note 76= MAX, 77 = CATCHUP)					01/01/2012	
Eligible	Yale Advantages	You are eligible to participate in this program. Go to Yale Advantages on the home page's left navigation bar. Once on Yale Advantages Plan Overview select "Click here" for the link to Yale Advantages enrollment information.						
Totals				\$57.84	\$23.95	\$484.79		

Current Beneficiary Designations

Plan	Beneficiary	Relationship	Designation	Percentage
Basic Life	Anne Monroe	Spouse	Primary	100%
Basic Life	Wilton Monroe	Child	Contingent	100%
Supplemental Life	Anne Monroe	Spouse	Primary	100%
Supplemental Life	Wilton Monroe	Child	Contingent	100%

* Amounts displayed are estimated per pay frequency costs.
** Displayed coverage is effective as of this date but does not guarantee coverage from the provider. Please verify coverage with your benefit plan carrier at least 24 hours prior to your scheduled appointment.

*** PLEASE NOTE: Per IRS regulations, you are allowed a maximum Life Insurance amount of \$50,000 as a pre-tax benefit. This amount appears incorrect on this statement; however your payroll deductions will accurately reflect the correct pre-tax deduction for your Life Insurance benefit.

12

Revision 11/2011

5

13 Choose your **Medical Coverage Level**, or select **I do not want to enroll in Medical...** to waive medical insurance coverage for the 2012 plan year.

If necessary, you can update which of your dependents are included in your Medical coverage in the **Choose Who's Covered** section.



*Faculty, Postdoctoral Associates and Managerial and Professional Staff can click on **Benefits Contribution Calculator** at the bottom of the screen to see their monthly cost.*

14 Click **Continue**.

Medical			Coverage Effective: Jan 1, 2012**
Choose Your Plan	Tax Option	Coverage Level and Cost Per Pay Frequency	
I do not want to enroll in Medical. Please waive this coverage.			
Yale Health Plan	Pre-Tax	<input type="radio"/> \$0.00	
		<input checked="" type="radio"/> \$0.00	Employee Only
		<input type="radio"/> \$0.00	Employee + 1
		<input type="radio"/> \$0.00	Employee + Family
		<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse
Aetna Choice POS II Search for Provider	Pre-Tax	<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse + Child (ren)
		<input type="radio"/> \$0.00	Employee Only
		<input type="radio"/> \$0.00	Employee + 1
		<input type="radio"/> \$0.00	Employee + Family
		<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse
Legacy Aetna Choice POS II Search for Provider	Pre-Tax	<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse + Child (ren)
		<input type="radio"/> \$0.00	Employee Only
		<input type="radio"/> \$0.00	Employee + 1
		<input type="radio"/> \$0.00	Employee + Family
		<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse
Aetna Health Savings Plan Search for Provider	Pre-Tax	<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse + Child (ren)
		<input type="radio"/> \$0.00	Employee Only
		<input type="radio"/> \$0.00	Employee + 1
		<input type="radio"/> \$0.00	Employee + Family
		<input type="radio"/> \$0.00	Employee + Same Sex Civil Union Spouse
Choose Who's Covered			
<input type="checkbox"/> Wilton Monroe, Child (Not Verified - This dependent has not yet been verified)			
<input type="checkbox"/> Anne Monroe, Spouse (Not Verified - This dependent has not yet been verified)			
Add Dependent			
Return to Benefits Summary			
** 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.			

To see your Medical plan cost based on your salary, click on the **Benefits Contribution Calculator**.

[Benefits Contribution Calculator](#)

IMPORTANT: After you select your Medical plan option and coverage level, your cost will be calculated overnight and displayed on your benefit summary tomorrow.

15 Choose your **Dental Coverage Level**, or select **I do not want to enroll in Dental...** to waive dental insurance coverage for the 2012 plan year.

If necessary, you can update which of your dependents are included in your Medical coverage in the **Choose Who's Covered** section.



*Faculty, Postdoctoral Associates and Managerial and Professional Staff can click on **Benefits Contribution Calculator** at the bottom of the screen to see their monthly cost.*

16 Click **Continue**.

Dental
Coverage Effective: Jan 1, 2012**

Choose Your Plan	Tax Option	Coverage Level and Cost Per Pay Frequency
I do not want to enroll in Dental. Please waive this coverage.		
Delta Dental Plan Search for Provider	Pre-Tax	<input type="radio"/> \$0.00
		<input checked="" type="radio"/> \$0.00
		<input type="radio"/> \$0.00
		<input type="radio"/> \$0.00
		<input type="radio"/> \$0.00
Choose Who's Covered		
<input type="checkbox"/> Wilton Monroe, Child (Not Verified - This dependent has not yet been verified)		
<input type="checkbox"/> Anne Monroe, Spouse (Not Verified - This dependent has not yet been verified)		
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Add Dependent Return to Benefits Summary Continue </div>		

** 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.

To see your Dental plan cost based on your salary, click on the **Benefits Contribution Calculator**.

IMPORTANT: After you select your Dental plan option and coverage level, your cost will be calculated overnight and displayed on your benefit summary tomorrow.

[Benefits Contribution Calculator](#)

You may see this important message.

Click **Continue**.

PLEASE NOTE:

If you are adding a spouse, civil union partner or dependent to your medical, dental or vision coverage for the first time, you must provide supporting documentation (e.g. marriage license or birth certificate) and send to:

Yale Dependent Verification Services
P.O. Box 563908
Charlotte, NC 28256

Otherwise, you may disregard this screen and click Continue.

[Back](#) [Continue](#)

17 Choose your **Vision Coverage Level**, or select **I do not want to enroll in Dental...** to waive vision insurance coverage for the 2012 plan year.

18 Click **Continue**.

Vision
Coverage Effective: Jan 1, 2012**

Choose Your Plan	Tax Option	Coverage Level and Cost Per Pay Frequency
I do not want to enroll in Vision. Please waive this coverage.		
EyeMed Vision Plan Search for Provider	Pre-Tax	<input checked="" type="radio"/> \$0.00
		<input type="radio"/> \$4.03
		<input type="radio"/> \$7.67
		<input type="radio"/> \$11.24
		<input type="radio"/> \$11.24
Choose Who's Covered		
<input type="checkbox"/> Wilton Monroe, Child (Not Verified - This dependent has not yet been verified)		
<input type="checkbox"/> Anne Monroe, Spouse (Not Verified - This dependent has not yet been verified)		
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Add Dependent Return to Benefits Summary Continue </div>		

** 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.

19 Enter the *pre-tax* dollar amount you want to contribute to the **Healthcare Reimbursement Account**, or select **I do not want to enroll in FSA...** to waive the FSA-Healthcare option for the 2012 plan year.

20 Click **Continue**.

FSA-Healthcare Reimbursement Account Coverage Effective: Jan 1, 2012

By participating in FSA-Healthcare Reimbursement Account, you certify that any expense paid by the account has not been reimbursed and agree not to seek reimbursement from another plan for any expenses paid by the account. If you receive a health care debit card, you agree to use the card only for eligible expenses for yourself and covered dependents, and to keep your debit card receipts.

Plan	Annual Amount
<input checked="" type="radio"/> I do not want to enroll in FSA-Healthcare Reimbursement Account. Please waive this coverage.	
<input type="radio"/> Healthcare Reimbursement Account	\$ <input type="text" value="0.00"/> Min \$100 Annually Max \$12000 Annually

[Return to Benefits Summary](#) [Continue](#)

21 If you have enrolled in an FSA-Healthcare Reimbursement Account, you will have the option to enroll here in auto-reimbursement. *(There is no option shown in this example because this individual did not enroll in an FSA-Healthcare Reimbursement Account.)*

22 Click **Continue**.

FSA Auto-Reimbursement Selection Coverage Effective: Jan 1, 2012*

Plan	Options
<input checked="" type="radio"/> I do not want to enroll in FSA Auto-Reimbursement Selection. Please waive this coverage.	
<input type="radio"/> FSA Auto-Reimbursement Selection	<input type="radio"/>

You must first enroll in FSA-Healthcare Reimbursement Account before enrolling in this plan.

[Return to Benefits Summary](#) [Continue](#)

NOTE FSA Auto-Reimbursement automatically reimburses you for your medical expenses upon receipt of an eligible claim from your healthcare provider.

23 Enter the *pre-tax* dollar amount you want to contribute to the **Child/Dependent Care Reimbursement Account**, or select **I do not want to enroll in FSA...** to waive the FSA-Child/Dependent Care option for the 2012 plan year.

24 Click **Continue**.

FSA-Child/Dependent Care Reimbursement Account Coverage Effective: Jan 1, 2012

Plan	Annual Amount
<input type="radio"/> I do not want to enroll in FSA-Child/Dependent Care Reimbursement Account. Please waive this coverage.	
<input checked="" type="radio"/> Child/Dependent Care Reimbursement Account	\$ <input type="text" value="5000"/> Min \$100 Annually Max \$5000 Annually*

[Return to Benefits Summary](#) [Continue](#)

*The IRS permits contributions up to \$2,500 if your tax filing status is married filing separately, subject to any plan limits. If your tax filing status is filing jointly the IRS permits contributions up to \$5,000 per plan year, subject to any plan limits.

25 If you chose to enroll in a **Child/Dependent Care Reimbursement Account**, read this message, then click **Continue**.

STOP - PLEASE READ THIS IMPORTANT MESSAGE

NOTE: Dependent Care FSA plan is only applicable for users with children under the age of 13 for eligible dependent care expenses.

[Back](#) [Continue](#)

<p>26 Review your Basic Life Insurance beneficiary designations, then click Continue.</p> <p>NOTE You can click Edit Designations to make changes.</p>	<table border="1"> <thead> <tr> <th>Plan</th> <th>Beneficiary</th> <th>Relationship</th> <th>Designation</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Basic Life</td> <td>Anne Monroe</td> <td>Spouse</td> <td>Primary</td> <td>100%</td> </tr> <tr> <td>Basic Life</td> <td>Wilton Monroe</td> <td>Child</td> <td>Contingent</td> <td>100%</td> </tr> </tbody> </table>	Plan	Beneficiary	Relationship	Designation	Percentage	Basic Life	Anne Monroe	Spouse	Primary	100%	Basic Life	Wilton Monroe	Child	Contingent	100%
Plan	Beneficiary	Relationship	Designation	Percentage												
Basic Life	Anne Monroe	Spouse	Primary	100%												
Basic Life	Wilton Monroe	Child	Contingent	100%												
<p>27 Read this information about Life Insurance, then click Continue.</p>	<p>Basic Life insurance is an employer sponsored benefit. You will automatically be enrolled. You may choose to augment your basic life insurance by enrollment in the Supplemental Life Insurance plan. This additional coverage is based on either a flat \$50,000.00 election or 1x, 2x, 3x, 4x or 5x your annual base salary. Please note: Enrollment in or an increase in supplemental life insurance will require the completion of a medical statement and approval from the Standard Insurance company. Also, if you have decreased your coverage level and choose to increase your life benefits in the future, you will be subject to Evidence of Insurability requirements.</p>															
<p>28 Choose your Supplemental Life Coverage by selecting an item in the Supplemental Life drop-down list, or select I do not want to enroll in Supplemental Life... to waive this coverage for the 2012 plan year.</p> <p>29 Click Continue.</p>	<p>Supplemental Life Coverage Effective: Jan 1, 2012*</p> <table border="1"> <thead> <tr> <th>Plan</th> <th>Requested Coverage / New Cost Per Pay Frequency</th> </tr> </thead> <tbody> <tr> <td colspan="2">I do not want to enroll in Supplemental Life. Please waive this coverage.</td> </tr> <tr> <td>Supplemental Life</td> <td> <input type="radio"/> \$0.00 <input checked="" type="radio"/> 5X Annual Salary/\$444,000.00/\$25.95 </td> </tr> </tbody> </table>	Plan	Requested Coverage / New Cost Per Pay Frequency	I do not want to enroll in Supplemental Life. Please waive this coverage.		Supplemental Life	<input type="radio"/> \$0.00 <input checked="" type="radio"/> 5X Annual Salary/\$444,000.00/\$25.95									
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Supplemental Life	<input type="radio"/> \$0.00 <input checked="" type="radio"/> 5X Annual Salary/\$444,000.00/\$25.95															
<p>30 Review your Supplemental Life Insurance beneficiary designations, then click Continue.</p> <p>NOTE You can click Edit Designations to make changes.</p>	<table border="1"> <thead> <tr> <th>Plan</th> <th>Beneficiary</th> <th>Relationship</th> <th>Designation</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Supplemental Life</td> <td>Anne Monroe</td> <td>Spouse</td> <td>Primary</td> <td>100%</td> </tr> <tr> <td>Supplemental Life</td> <td>Wilton Monroe</td> <td>Child</td> <td>Contingent</td> <td>100%</td> </tr> </tbody> </table>	Plan	Beneficiary	Relationship	Designation	Percentage	Supplemental Life	Anne Monroe	Spouse	Primary	100%	Supplemental Life	Wilton Monroe	Child	Contingent	100%
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Supplemental Life	Wilton Monroe	Child	Contingent	100%												
<p>31 Choose your YURAP Core vendor.</p> <p>32 Click Continue.</p>	<p>Step 1: YURAP Core Coverage Effective: Jan 1, 2012*</p> <table border="1"> <thead> <tr> <th>Plan</th> <th>Options</th> </tr> </thead> <tbody> <tr> <td colspan="2">Selection of Coverage is Required</td> </tr> <tr> <td>Step 1: YURAP Core</td> <td> <input type="radio"/> TIAA-CREF <input checked="" type="radio"/> VANGUARD </td> </tr> </tbody> </table>	Plan	Options	Selection of Coverage is Required		Step 1: YURAP Core	<input type="radio"/> TIAA-CREF <input checked="" type="radio"/> VANGUARD									
Plan	Options															
Selection of Coverage is Required																
Step 1: YURAP Core	<input type="radio"/> TIAA-CREF <input checked="" type="radio"/> VANGUARD															

<p>33 Choose your 403B vendor, or select I do not want to enroll in Step 2... to waive this coverage for the 2012 plan year.</p> <p>34 Click Continue.</p>	
<p>35 Review this 403b message, then click Continue.</p>	
<p>36 Indicate your YURAP contribution percentage.</p> <p>STOP If you'd like to contribute the maximum (or continue contributing the maximum), be sure to change your percentage to 76 or 77. Read the text at the top of the page for more information.</p> <p>37 Click Continue.</p>	
<p>38 Review this 403b/457b message, then click Continue.</p>	

39 Once your guided enrollment is complete, you will be brought back to the summary page.

If you did not follow the guided enrollment to its conclusion, click **Return to Benefits Summary** on any page to be brought to this page.

Review your elections, and make any necessary changes by clicking links in the **Your Enrollment Checklist** box.

Click **Complete Enrollment**.

Select Benefits for Future 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 1/1/2012 - 12/31/2012)
 - Yale Health Plan
 - Delta Dental Plan
 - Health - Vision
 - FSA-Healthcare Reimbursement Account
 - FSA Auto-Reimbursement Selection
 - Child/Dependent Care Reimbursement Account
 - Basic Life
 - Supplemental Life
 - Short Term Disability
 - Long Term Disability
 - Step 1: YURAP Core
 - Step 2: My 403b Employee Vendor Election
 - Step 3: My Contribution Percentage
 - Yale Advantages
- Select Benefits (Effective Through 12/31/2011)

Complete Enrollment

Current Benefits
Update Your Current Benefits
Update Your Future Benefits
Start Selecting Your Benefits

Benefit Selections for Zachary Monroe

Status	Plan	Coverage Level	Covered Participants	Employee Pays Pre-Tax Cost	Employer Pays Post-Tax Cost	Current Effective Date(s)**
Enrolled	Yale Health Plan	Employee Only	Zachary Monroe			01/01/2012
Enrolled	Delta Dental Plan	Employee Only	Zachary Monroe			01/01/2012
Waived	Health - Vision					
Waived	FSA-Healthcare Reimbursement Account					
Waived	FSA Auto-Reimbursement Selection					
Enrolled	Child/Dependent Care Reimbursement Account	\$5,000.00 (Annually)		\$416.67*		01/01/2012
Auto Enrolled	Basic Life → Beneficiary Designations	Flat Amount \$25,000.00	Zachary Monroe		\$2.31	01/01/2012
Enrolled	Supplemental Life → Beneficiary Designations	5X Annual Salary \$444,000.00	Zachary Monroe		\$23.95*	01/01/2012
Auto Enrolled	Yale Short Term Disability	In conjunction with Sick Pay STD benefits will provide salary protection for a maximum period of 26 weeks	Zachary Monroe		\$2.33	01/01/2012
Auto Enrolled	Basic Long Term Disability	Basic 80%	Zachary Monroe		\$36.90	01/01/2012
Enrolled	Step 1: YURAP Core	VANGUARD				01/01/2012
Enrolled	Step 2: My 403b Employee Vendor Election	VANGUARD				01/01/2012
Enrolled	Step 3: My Contribution Percentage	76.00 % Savings Percentage (Note 76= MAX, 77 = CATCHUP)				01/01/2012
Eligible	Yale Advantages	You are eligible to participate in this program. Go to Yale Advantages on the home page's left navigation bar. Once on Yale Advantages Plan Overview select "Click here" for the link to Yale Advantages enrollment information.				
Totals				\$416.67	\$23.95	\$41.54

Current Beneficiary Designations

Plan	Beneficiary	Relationship	Designation	Percentage
Basic Life	Anne Monroe	Spouse	Primary	100%
Basic Life	Wilson Monroe	Child	Contingent	100%
Supplemental Life	Anne Monroe	Spouse	Primary	100%
Supplemental Life	Wilson Monroe	Child	Contingent	100%

* Amounts displayed are estimated per pay frequency costs.
** Displayed coverage is effective as of this date but does not guarantee coverage from the provider. Please verify coverage with your benefit plan carrier at least 24 hours prior to your scheduled appointment.

*** PLEASE NOTE: Per IRS regulations, you are allowed a maximum Life Insurance amount of \$50,000 as a pre-tax benefit. This amount appears incorrect on this statement; however your payroll deductions will accurately reflect the correct pre-tax deduction for your Life Insurance benefit.

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40 Here is your Enrollment Confirmation, which you can print.

Click **Exit Enrollment**.

Enrollment Confirmation

Your Confirmation Number is: 00723487
 You have until 12/15/2011 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 overnight. Please visit this site in 24 hrs to print an updated benefits summary.

Benefit Selections

Current Benefits

Status	Plan	Coverage Level	Covered Participants	Employee Pays		Employer Pays	Current Effective Date(s)**
				Pre-Tax Cost	Post-Tax Cost		

40

[Exit Enrollment](#)

41 If this window appears, click **Yes**.

Coverage Level	Covered Participants	Employee Pays	
		Pre-Tax Cost	Post-Tax Cost
5X Annual			\$20.71'
\$444,000			
Basic 60%			
VANGUAR			
VANGUAR			
76.00 % Savings Percentage (Note 76= MAX, 77= CATCHUP)			
Totals		\$0.00	\$20.71

Windows Internet Explorer

The webpage you are viewing is trying to close the window.

Do you want to close this window?

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