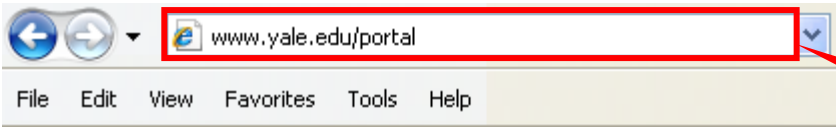
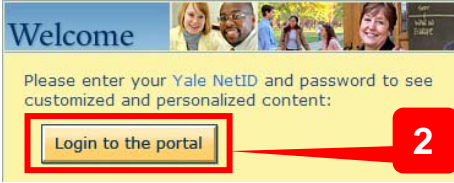

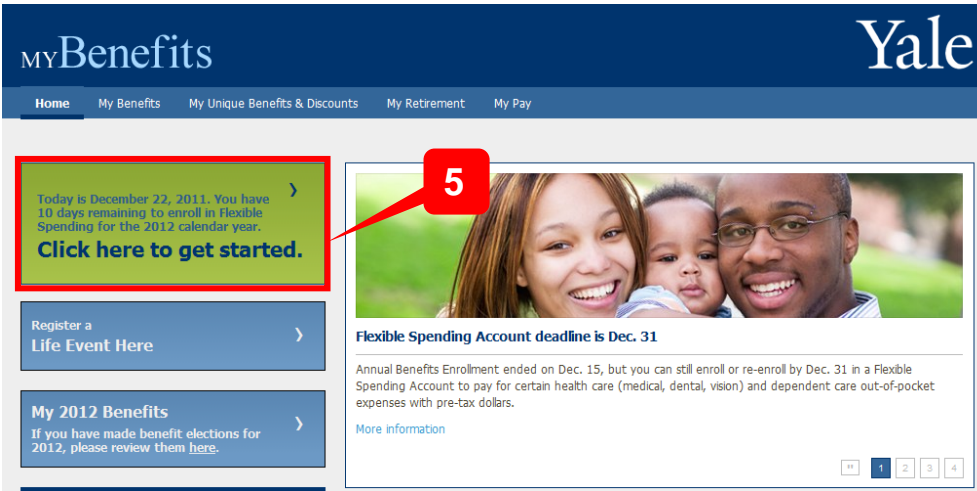
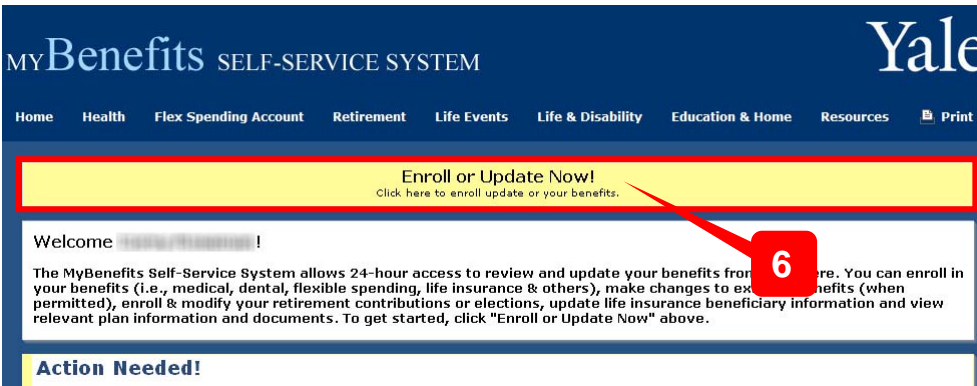


## Flexible Spending Enrollment

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 My Benefits homepage, click the **Click here to get started** button on the upper left side of the page.
5. Click the yellow **Enroll or Update Now!** button in the upper middle part of the page.
6. Click the green **Continue** button to begin Enrollment.
7. Click the green **Start Selecting Your Benefits** button.
8. 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**.
9. If you have enrolled in a Healthcare FSA, you can enroll in auto-reimbursement, then click **Continue**.
10. 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**.
11. If you enrolled in a **Child/Dependent Care Reimbursement Account**, read the message, then click **Continue**.
12. Click **Return to Benefits Summary** on any page to be brought to the summary page.
13. Click **Complete Enrollment**.
14. Here is your **Enrollment Confirmation**, which you can print.
15. Click **Exit Enrollment**.

ILLUSTRATED INSTRUCTIONS BEGIN ON THE NEXT PAGE

<p><b>1</b> Open an internet browser and type in the following address to access the portal: <a href="http://www.yale.edu/portal">www.yale.edu/portal</a></p>	
<p><b>2</b> On the portal homepage click <b>Login to the portal</b>, then log in with your NetID and password.</p>	
<p><b>3</b> Click the <b>My Benefits</b> link on the upper right hand corner of the Portal.</p> <p><b>4</b> Faculty will see a different menu pane.</p>	
<p><b>5</b> On the My Benefits homepage, click the <b>Click here to get started</b> button on the upper left side of the page.</p>	
<p><b>6</b> Click <b>Enroll or Update Now!</b></p>	

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

**8** Click **Continue** to begin 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:	
		Secondary Email:	

**Go Paperless**

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.

**9** Click **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						

**10** 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.

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

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

**12** 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 a Healthcare Reimbursement Account.)*

**13** Click **Continue**.

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

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

<p><b>14</b> Enter the <i>pre-tax</i> dollar amount you will contribute to the <b>Child/Dependent Care Reimbursement Account</b>, or select <b>I do not want to enroll in FSA...</b> to waive the FSA-Child/Dependent Care option for 2012.</p> <p><b>15</b> Click <b>Continue</b>.</p>	<p><b>FSA-Child/Dependent Care Reimbursement Account</b> Coverage Effective: Jan 1, 2012</p> <p>Plan: <b>I do not want to enroll in FSA-Child/Dependent Care Reimbursement Account. Please waive this coverage.</b></p> <p>Child/Dependent Care Reimbursement Account \$ <input type="text" value="5000"/> Min \$100 Annually Max \$5000 Annually*</p> <p><a href="#">Return to Benefits Summary</a> <a href="#">Continue</a></p> <p><small>*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.</small></p>															
<p><b>16</b> If you chose to enroll in a <b>Child/Dependent Care Reimbursement Account</b>, read this message, then click <b>Continue</b>.</p>	<p><b>STOP - PLEASE READ THIS IMPORTANT MESSAGE</b></p> <p>NOTE: Dependent Care FSA plan is only applicable for users with children under the age of 13 for eligible dependent care expenses.</p> <p><a href="#">Back</a> <a href="#">Continue</a></p>															
<p><b>17</b> Click <b>Return to Benefits Summary</b>.</p>	<p><b>Current Beneficiary Designations</b></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> <p><a href="#">Return to Benefits Summary</a> <a href="#">Edit Designations</a> <a href="#">Continue</a></p>	Plan	Beneficiary	Relationship	Designation	Percentage	Basic Life	Anne Monroe	Spouse	Primary	100%	Basic Life	Wilton Monroe	Child	Contingent	100%
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Basic Life	Wilton Monroe	Child	Contingent	100%												
<p><b>18</b> Review your elections, and make any necessary changes by clicking links in the <b>Your Enrollment Checklist</b> box.</p> <p>Click <b>Complete Enrollment</b>.</p>	<p><b>Your Enrollment Checklist</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review My Information</li> <li><input checked="" type="checkbox"/> Select Benefits (Effective 1/1/2012 - 12/31/2012)             <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> FSA-Healthcare Reimbursement Account</li> <li><input checked="" type="checkbox"/> FSA Auto-Reimbursement Selection</li> <li><input checked="" type="checkbox"/> Child/Dependent Care Reimbursement Account</li> <li><input checked="" type="checkbox"/> Supplemental Life</li> <li><input checked="" type="checkbox"/> Long Term Disability</li> <li><input checked="" type="checkbox"/> Step 1: YURAP Core</li> <li><input checked="" type="checkbox"/> Step 2: My 403b Employee Vendor Election</li> <li><input checked="" type="checkbox"/> Step 3: My Contribution Percentage</li> </ul> </li> <li><input checked="" type="checkbox"/> Select Benefits (Effective Through 12/31/2011)</li> </ul> <p><a href="#">Complete Enrollment</a></p> <p><b>Your Personal Information</b></p> <p>Name: <input type="text"/></p> <p>Prefix: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>Gender: <input type="text"/></p> <p>Date of Birth: <input type="text"/></p> <p>Marital Status: <input type="text"/></p> <p>Medicare Eligible: <input type="text"/></p> <p><b>Go Paperless</b></p> <p>This feature allows you to receive benefit communications are available and conditions.</p> <p><input type="checkbox"/> I would like to Go Paperless a</p>															
<p><b>19</b> Here is your Enrollment Confirmation, which you can print.</p> <p>Click <b>Exit Enrollment</b>.</p>	<p><b>Enrollment Confirmation</b></p> <p>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.</p> <p>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.</p> <p><a href="#">Exit Enrollment</a></p> <p><b>Benefit Selections</b></p> <p>Current Benefits</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%
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