


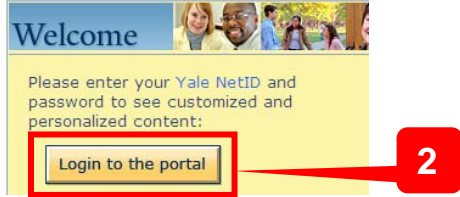

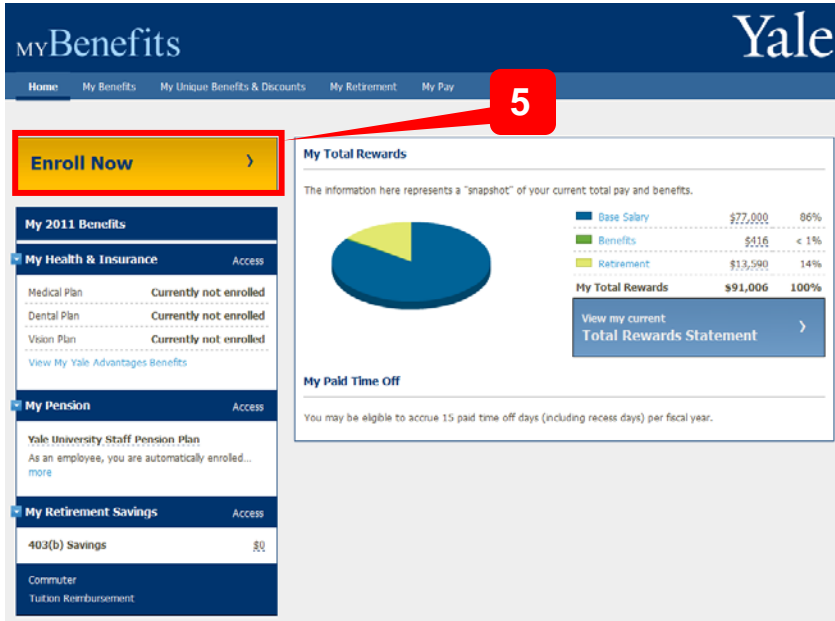
## New Hire Enrollment

**\*\*New Hires must enroll within 30 days of start date or appointment date\*\***

To begin the New Hire Enrollment process, you must first obtain your **Net ID** and **password** from your department's Business Manager or your supervisor. To have your password reset, call the ITS Help Desk at 2-9000 or navigate to [https://veritas.its.yale.edu/netid/ChangePassword\\_Login.do?](https://veritas.its.yale.edu/netid/ChangePassword_Login.do?)

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 with your NetID and password.
  3. Click **My Benefits** on the upper right side of the screen.
  4. Click **Enroll Now** on the upper left side of the screen.
  5. Read the **Terms and Conditions**, then click **Accept** on the bottom right side of the screen.
  6. Click **Enroll or Update Now!** on the upper middle part of the screen.
  7. Review the information on the **Review My Information** page. OPTIONAL: Add a Secondary Email address.
  8. If you currently have Medicare, or have applied and received a claim number, select "Yes" in the Medicare Eligible field. An additional field will open up into which you will enter related information.
  9. OPTIONAL: Select Go Paperless to receive electronic notifications.
  10. Click **Add Dependent/Beneficiary** to add a dependent or beneficiary to your benefits. You will need to enter their date of birth, social security number and, if they do not currently live with you, their address.
  11. Click **Continue**.
  12. Click **Start Selecting Your Benefits** on the upper right side of the screen. A green checkmark appears next to the plans you are enrolled in, and will display next to new plans as you elect to enroll in them.
  13. Select the **Coverage Level and Cost Per Pay Frequency** that best suits your healthcare needs.  
**OR** Select **No Coverage** to waive medical insurance coverage for the plan year.
  14. Check the box next to each dependent in the **Choose Who's Covered** box to add them to your coverage.
  15. M&P, Faculty, and PDAs can use the **Benefits Contribution Calculator** to see medical plan rates.
  16. Click **Continue** to select additional coverage for which you are eligible.  
*Note: Click **Return To Benefits Summary** on any page to re-direct you to your updated Benefits Summary.*
- Steps 17 through 20 result from clicking the FSA-Medical link in the Your Enrollment Checklist on the Benefits Summary page to be redirected to the Healthcare Reimbursement Account page.*
17. To participate in a Flexible Spending Account (FSA), enter the *pre-tax* dollar amount you'll contribute.  
**OR** Select **No Coverage** to decline participation.
  18. Click **Continue**.
  19. If you elected to participate in the Healthcare FSA, you can elect to participate in FSA Auto-Reimbursement, which automatically reimburses you for your medical expenses upon receipt of an eligible claim from your healthcare provider.  
**OR** Select **No Coverage** to decline participation.
  20. Click **Continue**.
- Click on benefit titles on the Summary Page to enroll in those benefits. Once you have completed enrollment, click **Exit Enrollment** on the Your Enrollment Checklist page, where you can review your elections.*
21. Print a copy of the confirmation page for your records by clicking **Printer Friendly Version**.
  22. 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> Click <b>Login to the portal</b>, and log in with your NetID and password</p>																
<p><b>3</b> Click <b>My Benefits</b> 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> Click <b>Enroll Now</b>.</p>	 <table border="1" data-bbox="1209 1220 1463 1367"> <caption>My Total Rewards</caption> <thead> <tr> <th>Category</th> <th>Amount</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Base Salary</td> <td>\$77,000</td> <td>86%</td> </tr> <tr> <td>Benefits</td> <td>\$416</td> <td>&lt; 1%</td> </tr> <tr> <td>Retirement</td> <td>\$13,590</td> <td>14%</td> </tr> <tr> <td><b>My Total Rewards</b></td> <td><b>\$91,006</b></td> <td><b>100%</b></td> </tr> </tbody> </table>	Category	Amount	Percentage	Base Salary	\$77,000	86%	Benefits	\$416	< 1%	Retirement	\$13,590	14%	<b>My Total Rewards</b>	<b>\$91,006</b>	<b>100%</b>
Category	Amount	Percentage														
Base Salary	\$77,000	86%														
Benefits	\$416	< 1%														
Retirement	\$13,590	14%														
<b>My Total Rewards</b>	<b>\$91,006</b>	<b>100%</b>														

**6** If you see the **Terms and Conditions** page, please review it. If not, proceed to step 8.

**7** Click **Accept**.

## Terms and Conditions

### Terms of Service

By logging into the Web site, I understand and agree that the entry of my user name and password is the method this Web site uses to verify my identity. They serve as my electronic agreement, indicating that I agree to the following:

- Any instructions, choices, or requests I make on this Web site will be considered my written permission to Yale University and/or Aon Hewitt to provide information or conduct transactions on my behalf, in accordance with Yale University's employee policies, programs, or employee benefit plans.
- I am responsible for reviewing any instructions, choices, or requests that I make through this Web site. I am responsible for reviewing for inaccuracies all of the information transmitted to me. If there are inaccuracies, I am responsible for correcting them using the tools available to me on the Web site or by contacting Yale University to point them out.
- The functionality of this Web site permits me to request or provide personal information--for example, plan elections. I am solely responsible for any loss of privacy or confidentiality of this information if I disclose my user name or password to a third party other than in connection with the services delivered to me through this Web site. I agree to contact Yale University and/or Aon Hewitt immediately if I have reason to believe that someone has gained unauthorized access to my password, or any other identifier.
- I understand that in the unlikely event that there is a discrepancy between this Web site and the official plan documents, the official plan documents will control.
- I understand that this Web site may not perform as intended at all times. I agree that Aon Hewitt, and/or Yale University are not responsible for any error, omission, interruption or delay in operation of or transmission through this Web site, communication line failure, system failure, or other circumstances beyond their control.

### Terms of Use

Your access to and use of this Web site are subject to the terms and conditions contained herein. By accessing and using this Web site, you accept these Terms of Use, without limitation or qualification.

- This Web site and its contents are provided "as is." While we have made every attempt to ensure that the information contained on this Web site is complete and accurate, we make no representation or warranty of any kind with respect to the Web site and information provided herein. We may change the information at any time without notice.
- I acknowledge that the Web site contains copyrighted materials as well as trademarks, service marks, logos, and trade names that are owned by Aon Hewitt, Yale University, their related entities and affiliates, and/or third parties. Nothing contained on this Web site shall be construed as conferring any right to any copyright, trademark, service mark, logo, trade name or other proprietary interest of Aon Hewitt, Yale University, their related entities or affiliates, and/or any third party. You agree to neither infringe upon nor alter or remove any copyright, trademark, service mark, logo, or trade name or any other notice from any authorized copy of the content on this Web site.
- Some of the material contained on this Web site is based on official plan documents. It is not, nor is it intended to be, the legal plan document or a contract between the company and any employee or contractor. In addition, there may be situations where the plan provides different benefits to different employee groups. Generally, the Web site displays only those benefits that are applicable to an individual, based on his or her employee group. Every effort has been made to ensure the accuracy of this material. In the unlikely event that there is a discrepancy between the Web site and the official plan documents, the official plan documents will control. Yale University reserves the right to amend or terminate the plan(s) or program(s) at any time. If you believe the benefits do not describe those available to you, please contact Yale University.
- Certain links on this Web site connect to Web sites maintained by third parties. We make no representations or warranties as to the content of these sites and take no responsibility for such sites. Our link to another site is not an endorsement of that site. We encourage you to review any Web site's policies before providing any personal information.

**Accept** **Decline**

**7**

**8** Click **Enroll or Update Now!**

**8**

**9** Review **Your Personal Information.**

Add a **Secondary Email** address.

**10** If you are Medicare eligible, click the “Yes” radio button in the **Medicare Eligible** field.

**NOTE** If you currently have Medicare, or have applied and received a claim number, select “Yes.” An additional field will open up into which you will enter related information.

**11** Select **Go Paperless** to receive electronic notifications.

**12** Click **Add Dependent/Beneficiary** to add a dependent or beneficiary to your benefits.

**NOTE** When adding a new dependent, you will need to enter their date of birth, social security number, and address if they do not currently live with you.

**13** 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. 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 card 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)
  - Health - Medical
  - Dental
  - Vision
  - FSA-Healthcare Reimbursement Account
  - FSA-Auto-Reimbursement Selection
  - FSA-Child/Dependent Care Reimbursement Account
  - Basic Life
  - Supplemental Life
  - Long Term Disability
  - Step 1: My 403b Employee Vendor Election
  - Step 2: My Contribution Percentage
  - Off Campus Parking Program
  - Yale Transit Program

**Your Personal Information**

Name: Betty Sylvanus

Country: United States

Address One: [Redacted]

Address Two: [Redacted]

City: [Redacted]

State: CT

Postal Code: 06516

Home Phone: 203-587-7788

Work Phone: 203-436-9874 ext. [Redacted]

Primary Email: betty.sylvanus@yale.edu

Secondary Email: [Redacted]

Date of Birth: 2/20/1968

Gender: F

Marital Status: Single

Medicare Eligible:  Yes  No

**Go Paperless**

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

**Dependent/Beneficiary Information**

None on file.

Relationship: [Redacted]

Birth Date: [Redacted]

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

Add Dependent / Beneficiary

**14** Click **Start Selecting Your Benefits.**

**NOTE** A green checkmark displays next to the plans you are enrolled in. As you review the other plans on the list and make your elections, a green checkmark will display next to those as well.

**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)
  - Health - Medical
  - Dental
  - Vision
  - Supplemental Life
  - Long Term Disability
  - Step 1: My 403b Employee Vendor Election
  - Step 2: My Contribution Percentage
  - Yale Off Campus Parking Program
  - Yale Transit Program
  - Yale Advantages

**Current Benefits**

Update Your Current Benefits

**Benefit Selections for Carolyn Prospetti**

Status	Plan	Coverage Level	Covered Participants	Payer	Post-Tax Cost	Employer Payer	Current Effective Dates**
Not Enrolled	Health - Medical						
Not Enrolled	Dental						
Enrolled	Selection						
Not Enrolled	FSA-Child/Dependent Care Reimbursement Account						
Not Enrolled	Supplemental Life						
Enrolled	Basic Long Term Disability	Basic 60%	Carolyn Prospetti		\$20.00		06/01/2011
Not Enrolled	Step 1: My 403b Employee Vendor Election						
Not Enrolled	Step 2: My Contribution Percentage						
Eligible	Yale Off Campus Parking Program	You are eligible to participate in this program. Please return to					

**Start Selecting Your Benefits**

**15** Select the plan **Coverage Level and Cost Per Pay Frequency** for the plan that best suits your healthcare needs.

OR

Select **No Coverage** to waive medical insurance coverage for the plan year.

**16** Check the box next to each dependent in the **Choose Who's Covered** section to add your dependent to your coverage.



*The Cost Per Pay Frequency is the pre-tax dollar amount that will be deducted from your paycheck.*

**17** Use the **Search for Provider** link to locate a doctor or medical institution in your area.

**18** M&P, Faculty, and Post Doctoral Associate employees can click the **Benefits Contribution Calculator** for a chart of the medical plan rates based on their salary.

**19** Click **Continue** to advance to the next screen to select additional coverage for which you are eligible.

Clicking **Return To Benefits Summary** on any of the election pages will re-direct you to your updated Benefits Summary.

**Medical**

Click on the button next to the coverage level of the Medical plan you would like to select. If you choose to cover your dependents, select the dependents (listed at the bottom of the page) you would like to include on your plan by clicking the checkbox next to their names. If the dependent you wish to cover is not listed, click **Add Dependent**.

To waive coverage, click the "I do not want to enroll in Medical." When you have completed making your selections, click **Continue**.

If you are a Faculty or M&P employee, your Medical costs are based on the **Benefits Contribution Calculator**. Please use the calculator tool at the bottom of the page to estimate your premiums. Enter your current base salary (for Part-Time employees, enter your FTE salary): \$60,000.00. If you are a union-based employee your premiums are shown below.

At anytime during the enrollment process, you can click on the **Return to Benefits Summary** button below to complete your enrollment. Take note that all elections are saved automatically in real time.

**Your Enrollment Checklist**

- Review My Information
- Select Benefits (Effective Through 12/31/2011)
  - Yale Health
  - Delta Dental Plan
  - 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 401k Employee Vendor Election
  - Step 3: My Contribution Percentage
  - Off Campus Parking Program
  - Yale Transit Program
  - Yale Advantages

**Medical**

I do not want to enroll in Medical. Please waive this coverage.  \$0.00

Choose Your Plan	Tax Option	Coverage Level and Cost Per Pay Frequency
Yale Health	Pre-Tax	<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 <input type="radio"/> \$0.00 Employee + Same Sex Civil Union Spouse + Child (ren)
Aetna Choice POS II	Pre-Tax	<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 <input type="radio"/> \$0.00 Employee + Same Sex Civil Union Spouse + Child (ren)
Aetna Choice POS with NSA	Pre-Tax	<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 <input type="radio"/> \$0.00 Employee + Same Sex Civil Union Spouse + Child (ren)

**Who's Covered**

Zachary Monroe, Spouse (Not Verified - This dependent has not yet been verified)

**15** (Callout to the Coverage Level and Cost Per Pay Frequency table)

**17** (Callout to the Search for Provider link)

**16** (Callout to the Add Dependent checkbox)

**18** (Callout to the Benefits Contribution Calculator link)

**19** (Callout to the Continue button)

**Return to Benefits Summary**

**Benefits Contribution Calculator**

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

**Return to Benefits Summary**

**19** (Callout to the Continue button)

**For the purposes of this guide, steps 20 through 23 result from clicking the FSA-Medical link in the Your Enrollment Checklist on the Benefits Summary page to be redirected to the Healthcare Reimbursement Account page.**

**20** If you would like to participate with a Flexible Spending Account (FSA) enter the *pre-tax* dollar amount you'll contribute.

OR

Select **No Coverage** to decline participation.

**21** Click **Continue**.

**22** If you elected to participate in the Healthcare FSA, you can elect to participate in **FSA Auto-Reimbursement**.

OR

Select **No Coverage** to decline participation.



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

**23** Click **Continue**.

If there are other benefits listed on the **Summary Page** that you would like to participate in, click on the appropriate titles to enroll. Once you have enrolled in all the benefits you wish to take advantage of, click the **Exit Enrollment** link on **Your Enrollment Checklist** to complete the enrollment process. You will be re-directed to the confirmation page where you can review your elections prior to exiting enrollment.

Clicking **Return To Benefits Summary** on any of the election pages will re-direct you to your updated Benefits Summary.

**24** Print a copy of the confirmation page for your records by clicking **Printer Friendly Version**.

**25** Click **Exit Enrollment**.



*You can return to the My Benefits website at any time during your first 30 days of employment to make changes to your benefits elections.*

*If you Exit Enrollment prior to completing all of the enrollment steps, you will receive an enrollment confirmation indicating that you have benefits that have not been reviewed.*

The screenshot shows the 'Enrollment Confirmation' page for John Monroe on July 27th, 2011. A red box labeled '24' points to the 'Printer Friendly Version' link in the top right corner. Another red box labeled '25' points to the 'Exit Enrollment' link in the top right corner of the 'Benefit Selections' section.

Status	Plan	Coverage Level	Covered Participants	Employee Pays Pre-Tax Cost	Employee Pays Post-Tax Cost	Current Effective Dates**
Enrolled	Yale Health	Employee + Family	John Monroe Spouse Monroe Julie Monroe Zachary Monroe Falon Monroe			01/01/2011
Enrolled	Delta Dental Plan	Employee + Family	John Monroe Spouse Monroe Julie Monroe Zachary Monroe Falon Monroe			01/01/2011
Enrolled	EyeMed Vision Plan	Employee + Family	John Monroe Spouse Monroe Julie Monroe Zachary Monroe Falon Monroe	\$11.12*		01/01/2011