



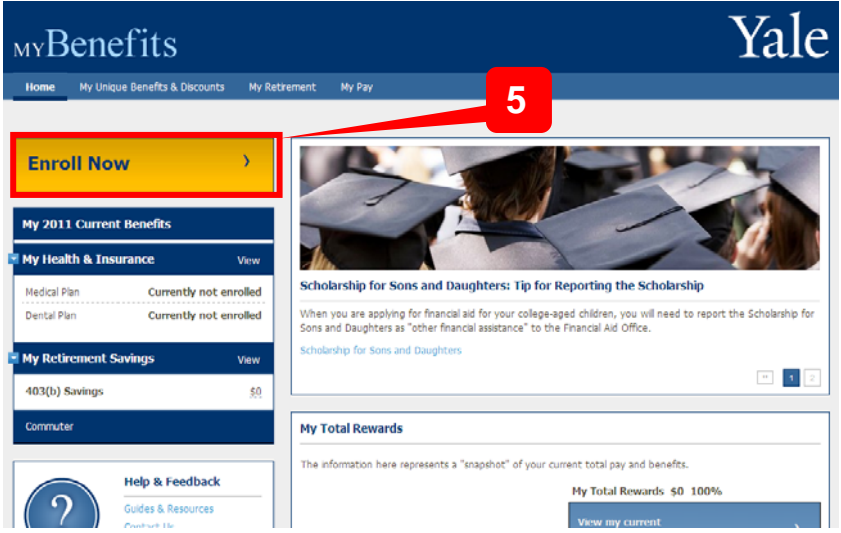
Post Doctoral Fellow Enrollment

****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?

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 with your NetID and password.
3. Click **My Benefits** on the upper right hand corner of the Portal.
4. Click **Enroll Now** on the upper left side of the screen.
5. Click **Enroll Online** on the upper left side of the screen.
6. Click **Start Enrollment** on the upper left side of the screen.
7. Review 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** for the plan that 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** section to add your dependent to your coverage. To add a dependent, click **Add Dependent**, and add a check mark next to their name.
15. Unsubsidized rate information is shown at the bottom of the screen.
16. Click **Continue** to advance to the next screen to select additional coverage for which you are eligible.
*Note: Clicking **Return To Benefits Summary** on any of the election pages will re-direct you to your updated Benefits Summary.*
17. Click on the link for the Healthcare **Subsidy Form** and print it out.
18. Complete the form and submit it to your Business Office within 10 days after your appointment begins.
Note: You may be eligible for healthcare subsidy assistance. This form must be completed as directed above in order to request that your medical coverage be subsidized by your department.
19. Click **Continue**.
20. Select the plan **Coverage Level and Cost Per Pay Frequency** that best suits your Dental care needs. **OR** Select **No Coverage** to waive medical insurance coverage for the plan year.
21. Click **Continue**.
22. Once you've signed up for all of the benefits in which you wish to participate, click **Complete Enrollment**.
23. Click **Exit Enrollment**.

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 Click Login to the portal, and log in with your NetID and password</p>	
<p>3 Click My Benefits on the upper right hand corner of the Portal.</p> <p>4 Faculty will see a different menu pane.</p>	
<p>5 Click Enroll Now.</p>	

A My Health & Insurance Benefits:

Displays all the benefits for which you are currently eligible. Click the individual plan names for an overview and links to additional reference materials.

B My Unique Benefits & Discounts:

Displays additional benefits offered by Yale for which you are eligible. Click on the benefit title for an overview and links to additional reference materials if applicable.

C My Account:

Redirects you to the “My Account” page where you can view your personal contact information and also elect to receive all benefit communications electronically.

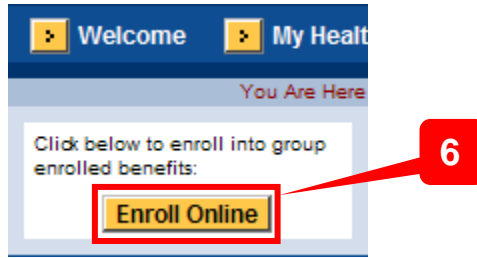
D Inbox:

Benefit communications will be provided on the site via your secure My Benefits inbox and notifications are sent to your Yale email when there are messages available for you to view.

The screenshot shows the Yale My Benefits website. At the top is the Yale logo and a navigation bar with links: Welcome, My Health & Insurance Benefits, My Unique Benefits & Discounts, My Retirement Plans, and Qualified Life Events. Below the navigation bar is a "You Are Here" breadcrumb trail and a "Click below to enroll into group enrolled benefits" section with an "Enroll Online" button. The main content area is titled "Enroll in Your Benefits" and includes a welcome message for Zachary Monroe, a 18-day enrollment deadline, and a list of benefits. Callout A points to the "My Health & Insurance Benefits" menu item, and callout B points to the "My Unique Benefits & Discounts" menu item.

This screenshot shows the bottom portion of the Yale My Benefits website. It features a navigation bar with "Qualified Life Events" and "My Account" links. Callout C points to the "My Account" link. Below the navigation bar is an "Inbox Notification" box that states "You have 0 new unread message(s)" and includes a "Click here" link to access messages. Callout D points to this "Click here" link.

6 Click **Enroll Online**.



7 Review the enrollment steps displayed on this page to ensure you are fully prepared to complete the enrollment process.

8 When you are ready to begin, click **Start Enrollment** or **Continue**.

A screenshot of the 'Enroll in Your Benefits' page. The page header includes 'Yale' and navigation links for 'Welcome', 'My Health & Insurance Benefits', 'My Unique Benefits & Discounts', 'My Retirement Plans', and 'Qualified Life Events'. A 'Start Enrollment' button is highlighted in the top left. The main content area is titled 'Enroll in Your Benefits' and includes a welcome message for Zachary Monroe. A table titled 'Enrollment Steps' is highlighted with a red border. A red callout box with the number '7' points to the table. At the bottom, a 'Continue to begin.' button is highlighted with a red callout box containing the number '8'.

Enrollment Steps	Estimated Completion Time
Step 1 - Review your information <ul style="list-style-type: none"> Review your personal information. Review, add, and/or update your dependent information, if applicable. If your information is not correct and you cannot make changes on the screen, please contact the Employee Service Center at 203-432-5552 or 1-877-352-5552. 	1-2 minutes
Step 2 - Review your Benefits <p>To see a quick snapshot of all benefits you may elect during open enrollment, click Benefits at a Glance in the Enrolled Benefits Reference Center on the left side of the screen.</p> <p>For detailed information about each of these benefits, click on the benefit name in the My Health & Insurance Benefits box.</p>	5-10 minutes
Step 3 - Select your Benefits <ul style="list-style-type: none"> You will be guided through the enrollment process. After you have made your selections, you may print an itemized benefit summary for your records. <p>NOTE: You will need your dependent's date of birth and social security number for the enrollment process.</p> <p>HINT: While you are in the enrollment screens, you may review detailed information about any benefit. Simply click "Return to Benefit Information" at the top of the screen, and then click on the benefit name in the My Health & Insurance Benefits box.</p>	3-5 minutes
Step 4 - Exit Enrollment <p>After you have made your benefit selections and printed a copy for your records, click the Exit Enrollment button.</p>	N/A
Step 5 - Dependent Verification <p>Take note that all dependents added (if applicable) for this event will need to be verified and documentation is required. For more information regarding the types of documentation required to validate a dependent, please click on the link below:</p> <p>Documentation Requirements to Validate Dependents</p> <p>How to Submit Required Documentation</p> <ul style="list-style-type: none"> Fax to 866.879.0216 ATTN: Yale University Dependent Verification Services Mail to Yale Benefits, c/o Hewitt Associates LLC, PO Box 563908, Charlotte, NC 28256 <p>IMPORTANT: Any change in benefits must be consistent with your change in status. You must submit the required event documentation within 45 days of the date of a qualifying life event or employment status change event. Failure to do so could result in your life event being denied.</p>	N/A

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 for all 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 claim number, which are listed on your Medicare card. It is helpful to have your Medicare card with you for reference when entering 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)
- Medical
- Dental

Complete Enrollment

Your Personal Information

Name		Address Info	
Prefix:	Dr.	Country:	United States
First Name:	Zachary	Address One:	Yale University
Middle:		Address Two:	
Last Name:	Monroe	City:	New Haven
Suffix:		State:	CT
Gender:	M	Postal Code:	06520
Date of Birth:	10/11/1974	Home Phone:	
Marital Status:	Married	Work Phone:	ext.
Medicare Eligible:	<input checked="" type="radio"/> Yes <input 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.

Dependent/Beneficiary Information

Name	Relationship	Birthdate
None on file.		

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

Zachary Monroe | October 3rd, 2011 | 2:53:48 PM EDT | Print

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)
- Medical
- Dental

Complete Enrollment

Current Benefits

Benefit Selections for Zachary Monroe

Status	Plan	Coverage Level	Covered Participants	Pre-Tax Cost	Post-Tax Cost	Employer Pays	Current Effective Dates**
Not Enrolled	Medical						
Not Enrolled	Dental						
Totals				\$0.00	\$0.00	\$0.00	

* Amounts displayed are estimated per pay frequency month.
** 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.

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

healthcare needs.

OR

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

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

To add a dependent, click **Add Dependent**, then remember to add the check next to their name.



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 Unsubsidized rate information is shown. This is how much your coverage would cost you if you did not receive a subsidy.

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) 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 MSP** 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); \$38,400.00 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)
 - Medical
 - Dental
- Complete Enrollment

Medical

Choose Your Plan Tax Option Coverage Level and Cost Per Pay Frequency

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

Yale Health Post-Tax

- \$432.00 Employee Only
- \$952.00 Employee + 1
- \$1,298.00 Employee + Family
- \$952.00 Employee + Same Sex Civil Union Spouse
- \$1,298.00 Employee + Same Sex Civil Union Spouse + Child (ren)

[Search for Provider](#)

Aetna Choice POS II HDHP Post-Tax

- \$618.00 Employee Only
- \$1,360.00 Employee + 1
- \$1,854.00 Employee + Family
- \$1,360.00 Employee + Same Sex Civil Union Spouse
- \$1,854.00 Employee + Same Sex Civil Union Spouse + Child (ren)

[Search for Provider](#)

Choose Who's Covered

You have no dependents that are eligible.

[Add Dependent](#)

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

Special Note: If you would like to decline all medical benefits (including any subsidy approved amounts), please contact the Employee Service Center at 1-877-352-5552.

Important: Unless you apply for health plan subsidy assistance, you will be charged the following rates for coverage:

Yale Health Plan

- \$432.00 Employee Only
- \$952.00 Employee + 1
- \$1,298.00 Employee + Family
- \$952.00 Employee + Same Sex Civil Union Spouse
- \$1,298.00 Employee + Same Sex Civil Union Spouse + Child(ren)

Aetna Choice POS II

- \$618.00 Employee Only
- \$1,360.00 Employee + 1
- \$1,854.00 Employee + Family
- \$1,360.00 Employee + Same Sex Civil Union Spouse
- \$1,854.00 Employee + Same Sex Civil Union Spouse + Child(ren)

Aetna Choice POS II w/HSA

- \$490.00 Employee Only
- \$1,078.00 Employee + 1
- \$1,471.00 Employee + Family
- \$1,078.00 Employee + Same Sex Civil Union Spouse
- \$1,471.00 Employee + Same Sex Civil Union Spouse + Child(ren)

You may be eligible for health plan subsidy assistance. Please print the subsidy form and submit to the business manager and then to Yale's Employee Service Center. Reminder: Unless you submit your completed subsidy form, you will be required to pay the full cost of coverage as shown above.

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

20 Click on the link for the Healthcare Subsidy Form.

21 Print, complete and submit the Healthcare Subsidy Form to your Business Office within **10 days after your appointment begins.**



You may be eligible for healthcare subsidy assistance. This form must be completed as directed above in order to request that your medical coverage be subsidized by your department.

ANNUAL ENROLLMENT HEALTHCARE SUBSIDY FORM

To be completed by Post Doctoral Fellow or Resident:

Last Name:	Department:
First Name:	Yale ID:
Chosen 2011 provider: <input type="checkbox"/> Yale Health <input type="checkbox"/> Aetna	Chosen 2011 coverage: <input type="checkbox"/> Single <input type="checkbox"/> Two Person <input type="checkbox"/> Family

To be completed by Department:

Check one of the boxes below to indicate the approved subsidy amount to be charged to the grant:

Option 1 Yale Health Full Cost*:

Single \$432 Two Person \$952 Family \$1,298

Option 2 Aetna Full Cost*:

Single \$618 Two Person \$1,360 Family \$1,854

Option 3 Other:

Flat Amount of \$ _____

Any premium difference between a flat amount subsidy and the elected medical coverage cost (as listed in Options 1 and 2) will be charged directly to the Fellow's stipend check.

***These rates are effective for January 1, 2011 through December 31, 2011.**

Reminder: Departments are responsible for scheduling the "PDF Sub" element at the element level in Labor Distribution (LD). If the element level schedule is not assigned, it will be charged to the assignment level schedule.

DEPARTMENT**:

SUBSIDY START DATE:

SUBSIDY END DATE: _____ OR 12/31/11, whichever is sooner.

Authorized by: (print full name) _____ Tel # _____

Signature: _____ Date: _____

** PLEASE AUTHORIZE AND SUBMIT TO THE EMPLOYEE SERVICE CENTER

22 Click **Continue.**

23 Select the plan **Coverage Level** and **Cost Per Pay Frequency** for the plan that best suits your Dental care needs.

OR

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

24 Click **Continue**.

Dental

Click on the button next to the coverage level of the Dental plan you would like to select. If you choose to cover your dependents, select the dependents (listed at the bottom of this 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 Dental." When you have completed making your selections, click **Continue**.

If you are a Faculty or M&P employee, your Dental costs are based on the Benefits Contribution Calculator. Please use the calculator tool at the bottom of this screen to estimate your premiums. Enter your current base salary (for Part-Time employees, enter your FTE salary) of: \$69,816.00.

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

Complete Enrollment

Dental Coverage Effective: Oct 1, 2011**

Choose Your Plan Tax Option

I do not want to enroll in Dental. Please waive this coverage.

Delta Dental Plan **Post-Tax**

- \$0.00
- \$44.50 Employee Only
- \$69.00 Employee + 1
- \$133.50 Employee + Family
- \$69.00 Employee + Same Sex Civil Union Spouse
- \$133.50 Employee + Same Sex Civil Union Spouse + Child (ren)

Choose Who's Covered

You have no dependents that are eligible.

Add Dependent

Return to Benefits Summary

Continue

** 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.

25 Once you've signed up for all of the benefits in which you wish to participate, click **Complete Enrollment**.

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)
- Yale Health
- Delta Dental Plan

Complete Enrollment

Current Benefits Update Your Current 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 Dates**
Enrolled	Yale Health	Employee Only	Zachary Monroe		\$432.00*		10/01/2011
Enrolled	Delta Dental Plan	Employee Only	Zachary Monroe		\$44.50*		10/01/2011
Totals				\$0.00	\$476.50	\$0.00	

* 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.

26 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.

Enrollment Confirmation

You have until 10/22/2011 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 **Exit Enrollment**

Current Benefits

Status	Plan	Coverage Level	Covered Participants	Employee Pays Pre-Tax Cost	Employee Pays Post-Tax Cost	Employer Pays	Current Effective Dates**
Enrolled	Yale Health	Employee Only	Zachary Monroe		\$432.00*		10/01/2011
Enrolled	Delta Dental Plan	Employee Only	Zachary Monroe		\$44.50*		10/01/2011
Totals				\$0.00	\$476.50	\$0.00	

* 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.