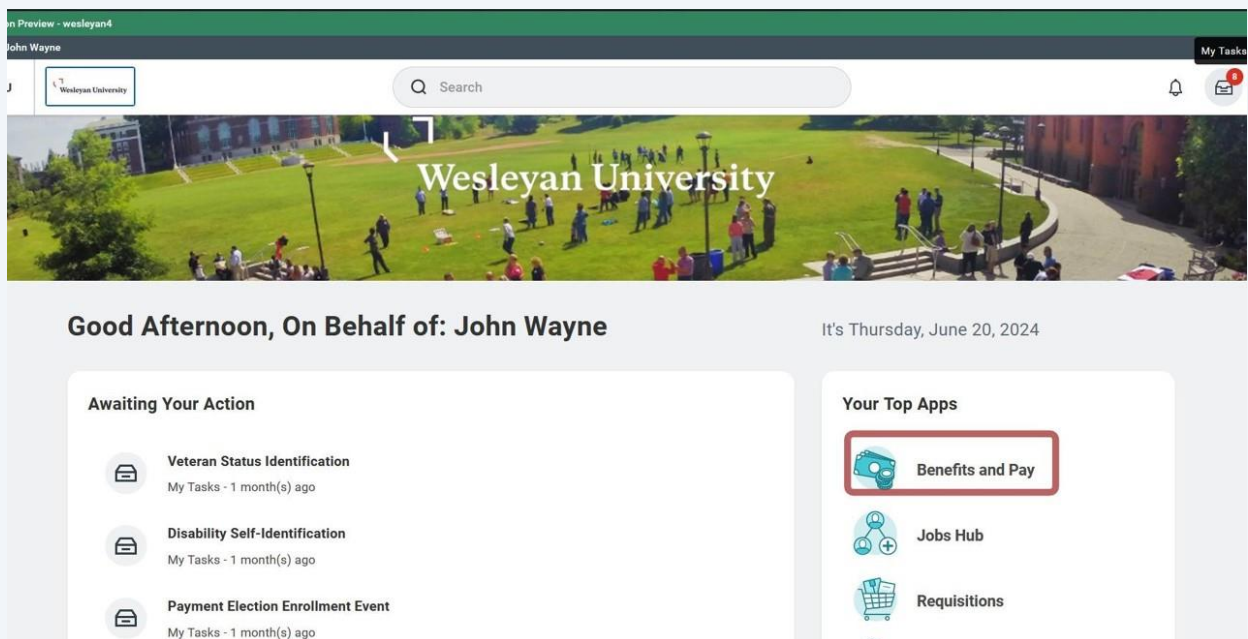


## New Hire Enrollment

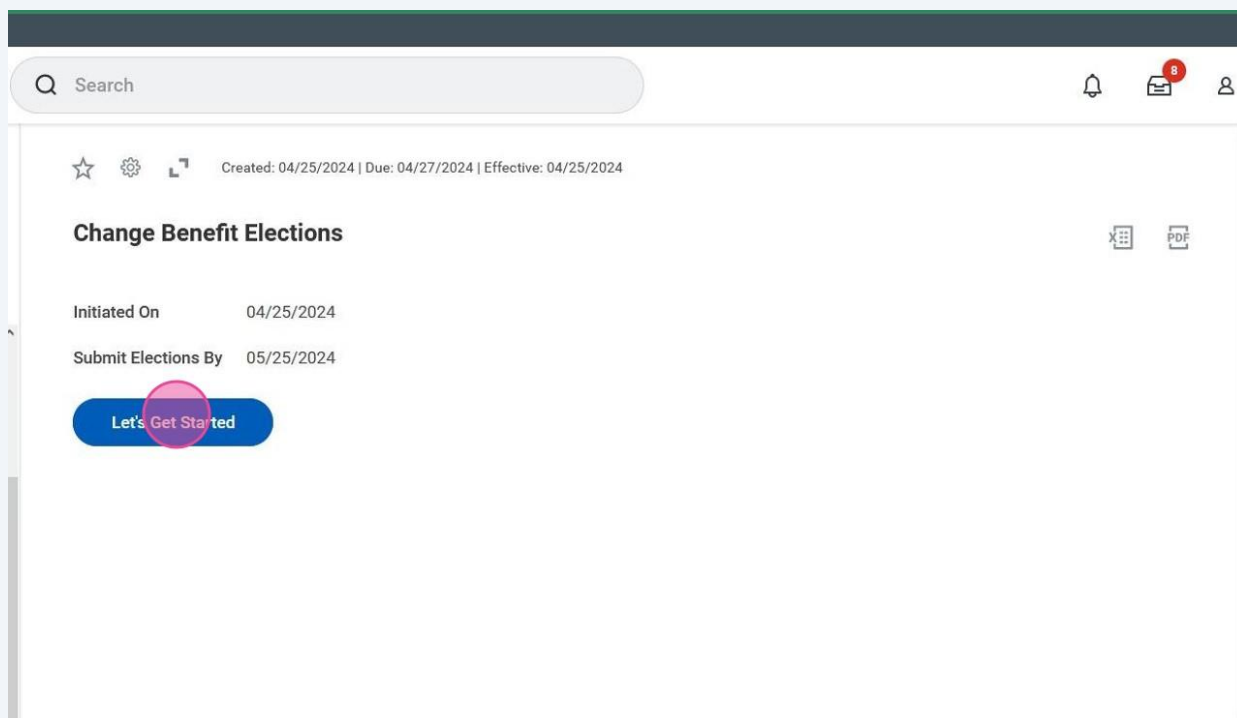
This guide provides step-by-step instructions on how to enroll for new hire benefits at Wesleyan. It covers everything from selecting health insurance plans to adding dependents and beneficiaries. Following this guide will ensure a smooth and successful enrollment process.

### 1 How to enroll for new hire benefits.

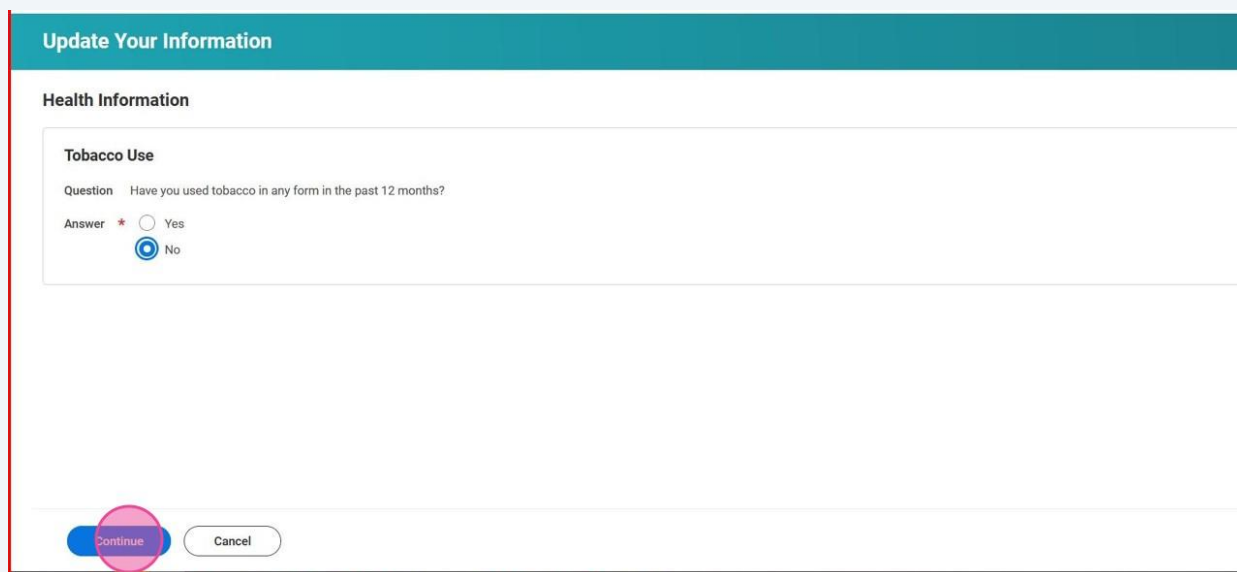
You begin your Wesleyan benefit elections from your Workday home page. Click "Benefits and Pay".



## 2 Click "Let's Get Started".



## 3 Our supplemental life insurance rates are based on whether or not an employee has used tobacco in the last twelve months. Select "Yes" or "No" to the Tobacco Use question and click "Continue". If you have previously answered this question, your last selection will be shown.



## 4 Click "Continue"

On behalf of: John Wayne

MENU Wesleyan University Search

### Information Updated

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

Continue Cancel

## 5 Select New Hire Benefits - Click "Enroll for Medical, Dental, Vision, Health Savings Account, Flexible Savings Accounts (MERA and/or Dependent Care)".

If a benefit plan is not selected the applicable plan will be automatically "Waived"

MENU Wesleyan University Search

### Hire

Projected Total Cost Per Paycheck  
\$0.00

#### Health Care and Accounts

<b>Medical</b> Waived Enroll	<b>Dental</b> Waived Enroll	<b>Vision</b> Waived Enroll
<b>Health Savings Account</b> Waived Enroll	<b>Healthcare FSA (MERA)</b> Waived Enroll	<b>Dependent Care FSA</b> Waived Enroll

Review and Sign Save for Later

## 6 After selecting a health insurance plan, click "Confirm and Continue".

50.00

### Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

3 items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Cigna HDHP	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$95.88	\$363.18
Cigna HMO OAPIN	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$128.37	\$352.01
Cigna POS OAP	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$151.71	\$338.12

**Health Care Instructions**

#### Important Information

When you select Medical - Cigna HDHP, you can also select: Medical - Cigna HDHP, Workday automatically

You can select either of the following plans, but not both. When you select one of the plans, Workday

#### General Instructions

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of status)
- An unmarried same or opposite-sex, domestic partner, if it meets eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further

**Confirm and Continue** **Cancel**

## 7 Here is where dependents can be added to selected health insurance plans. Click "Add New Dependent" - Click "OK"

### Medical - Cigna HMO OAPIN

Projected Total Cost Per Paycheck  
\$128.37

#### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee Only

Plan cost per paycheck \$128.37

**Add New Dependent** **Add New Dependent**

#### Health Care Instructions

Provider Website [Cigna URL Address](#)

#### General Instructions

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if it meets eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further

**Save** **Cancel**

**8** Complete each (\*) field.

5

## 9 Click "Add/Edit ID" to add the dependent(s) national ID/social security number.

Check this box only when there is more than one dependent with the same name.

### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country \*

×

United States of America

:

:

:

National ID Type \*

:

:

:

Current ID

(empty)

Add/Edit ID \*

Issued Date

MM/DD/YYYY

Expiration Date

MM/DD/YYYY

Issued By

Save

Cancel

## 10 If the required fields are not completed correctly, an error message will populate, see below. Correct the error and then click "Save".

Disabled

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country \*

×

United States of America

:

:

:

National ID Type \*

×

Social Security Number (SSN)

:

:

:

Current ID

(empty)

Add/Edit ID \*

101-58-9605

Error: The field Add/Edit ID is required and must have a value.

Issued Date

MM/DD/YYYY

Expiration Date

MM/DD/YYYY

Save

Cancel

## 11 Enter dependent(s) information for each (\*) field.

Issued By

Series

Verification Date 06/20/2024

Verified By John Wayne

Remove

Add

**Address**

Use Existing Address

Country \* United States of America

Address Line 1 \*

Address Line 2

City \*

State \*

Save Cancel

**Phone & Email**

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

Email Address

## 12 Enter dependent(s) information for each (\*) field.

Issued By

Series

Verification Date 06/20/2024

Verified By John Wayne

Remove

Add

**Address**

Use Existing Address

Country \* United States of America

Address Line 1 \*

Address Line 2

City \*

State \*

Save Cancel

**Phone & Email**

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

Email Address

## 13 Once complete Click "Save".

Verified By

John Wayne

Remove

Add

Address

Use Existing Address

Country

\*
 

x
 United States of America

Address Line 1

\*
 123 Glory Lane

Address Line 2

City

\*
 Middletown

State

\*
 

x
 Connecticut

Postal Code

\*
 06457

County

Phone & Email

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

Email Address

Save

Cancel

14

The dependent(s) information will be selected, click "Save". The appropriate coverage target level (Employee Plus Spouse in this example) and plan cost per paycheck will be displayed based on the number of dependents you cover. If you are eligible for the medical subsidy, it will be reflected in the cost shown. If you elect to cover a domestic partner, you will receive a "To Do" item in your Workday In-box with a Domestic Partner Affidavit that must be completed and attached to your enrollment event before your domestic partner can be covered.

### Medical - Cigna HMO OAPIN

Projected Total Cost Per Paycheck  
\$309.90

**Dependents**

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee Plus Spouse

Plan cost per paycheck \$309.90

[Add New Dependent](#)

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

**Health Care Instructions**

Provider Website [Cigna URL Address](#)

**General Instructions**

The following family members are eligible for medical coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), isfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for fur

[Save](#) [Cancel](#)

15

Repeat the enrollment steps for each elected health insurance plan by clicking "Enroll".

Implementation Preview - wesleyan4

On behalf of: John Wayne

**Hire**

Projected Total Cost Per Paycheck  
\$309.90

**Your Medical changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

**Health Care and Accounts**

**Medical**  
Cigna HMO OAPIN  
UPDATED

Cost per paycheck \$309.90

Coverage Employee Plus Spouse

Dependents 1

[Manage](#)

**Dental**  
Waived

[Enroll](#)

**Vision**  
Waived

[Review and Sign](#) [Save for Later](#)

**Health Savings Account**  
Waived

[Enroll](#)

## 16 Click "Select" - Delta Dental PPO Buy-Up or PPO Core.

Dental

Projected Total Cost Per Paycheck  
\$309.90

**Plans Available**

Select a plan or Waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Employee Only.

2 Items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Delta Dental PPO Buy-Up	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$10.57	\$15.86
Delta Dental PPO Core	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$7.66	\$14.86

**Health Care Instructions**

**General Instructions**

The following family members are eligible for dental coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner's child(ren), if they satisfy eligibility requirements and complete a domestic partnership affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for information.

Confirm and Continue

Cancel

## 17 Click "Confirm and Continue"

Dental

Projected Total Cost Per Paycheck  
\$309.90

**Plans Available**

Select a plan or Waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Employee Only.

2 Items

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Delta Dental PPO Buy-Up	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$10.57	\$15.86
Delta Dental PPO Core	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$7.66	\$14.86

**Health Care Instructions**

**General Instructions**

The following family members are eligible for dental coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner's dependent child(ren), if they satisfy eligibility requirements and complete a domestic partnership affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for information.

Confirm and Continue

Cancel

## 18 Click here to add dependent(s).

### Dental - Delta Dental PPO Core

Projected Total Cost Per Paycheck  
\$317.56

#### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee Only

Plan cost per paycheck \$7.66

**Add New Dependent**

1 item

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

Save

Cancel

#### Health Care Instructions

Provider Website [Delta Dental URL Address](#)

#### General Instructions

The following family members are eligible for dental coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further information.

## 19 Click "Save"

### Dental - Delta Dental PPO Core

Projected Total Cost Per Paycheck  
\$328.28

#### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee Plus Spouse

Plan cost per paycheck \$18.38

**Add New Dependent**

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

**Save**

Cancel

#### Health Care Instructions

Provider Website [Delta Dental URL Address](#)

#### General Instructions

The following family members are eligible for dental coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further information.

## 20 Click "Enroll Vision"

Cost per paycheck \$309.90

Coverage Employee Plus Spouse

Dependents

Manage

Cost per paycheck \$18.38

Health Savings Account

Enroll

Vision

Waived

Enroll

Healthcare FSA (MERA)

Waived

Enroll

Dependent Care FSA

Waived

Enroll

Supplemental Life

Waived

Review and Sign

Save for Later

**Your Dental changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

## 21 Click "Select" - EyeMed

### Vision

Projected Total Cost Per Paycheck \$328.28

#### Plans Available

Select a plan or Waive to opt out of Vision. The displayed cost of waived plans assumes coverage for Employee Only.

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Eye Med PPO	Select	\$2.36	\$0.00
	Waive		

#### Health Care Instructions

##### General Instructions

**EyeMed Voluntary Vision Plan** - You are eligible to enroll in this benefit whether or not you are enrolled in the University medical plan. The EyeMed plan covers frames, contact lenses, and other materials while coverage for eye exams is coverage under the Cigna medical plan.

The following family members are eligible for medical, dental, and vision coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further information.

Confirm and Continue

Cancel

**22** Click "Confirm and Continue"

### Vision

Projected Total Cost Per Paycheck  
\$328.28

#### Plans Available

Select a plan or Waive to opt out of Vision. The displayed cost of waived plans assumes coverage for Employee Only.

1 Item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Eye Med PPO	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$2.36	\$0.00

**Confirm and Continue** **Cancel**

#### Health Care Instructions

##### General Instructions

**EyeMed Voluntary Vision Plan** - You are eligible to enroll in this benefit whether or not you are in the University medical plan. The EyeMed plan covers frames, contact lenses, and other while coverage for eye exams is coverage under the Cigna medical plan.

The following family members are eligible for medical, dental, and vision coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further information.

**23** Click here to add dependent(s).

### Vision - Eye Med PPO

Projected Total Cost Per Paycheck  
\$330.64

#### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage ☒ Employee Only

Plan cost per paycheck \$2.36

**Add New Dependent**

1 Item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

**Save** **Cancel**

#### Health Care Instructions

##### General Instructions

**EyeMed Voluntary Vision Plan** - You are eligible to enroll in this benefit whether or not you are enrolled in the University medical plan. The EyeMed plan covers frames, contact lenses, and other materials while coverage for eye exams is coverage under the Cigna medical plan.

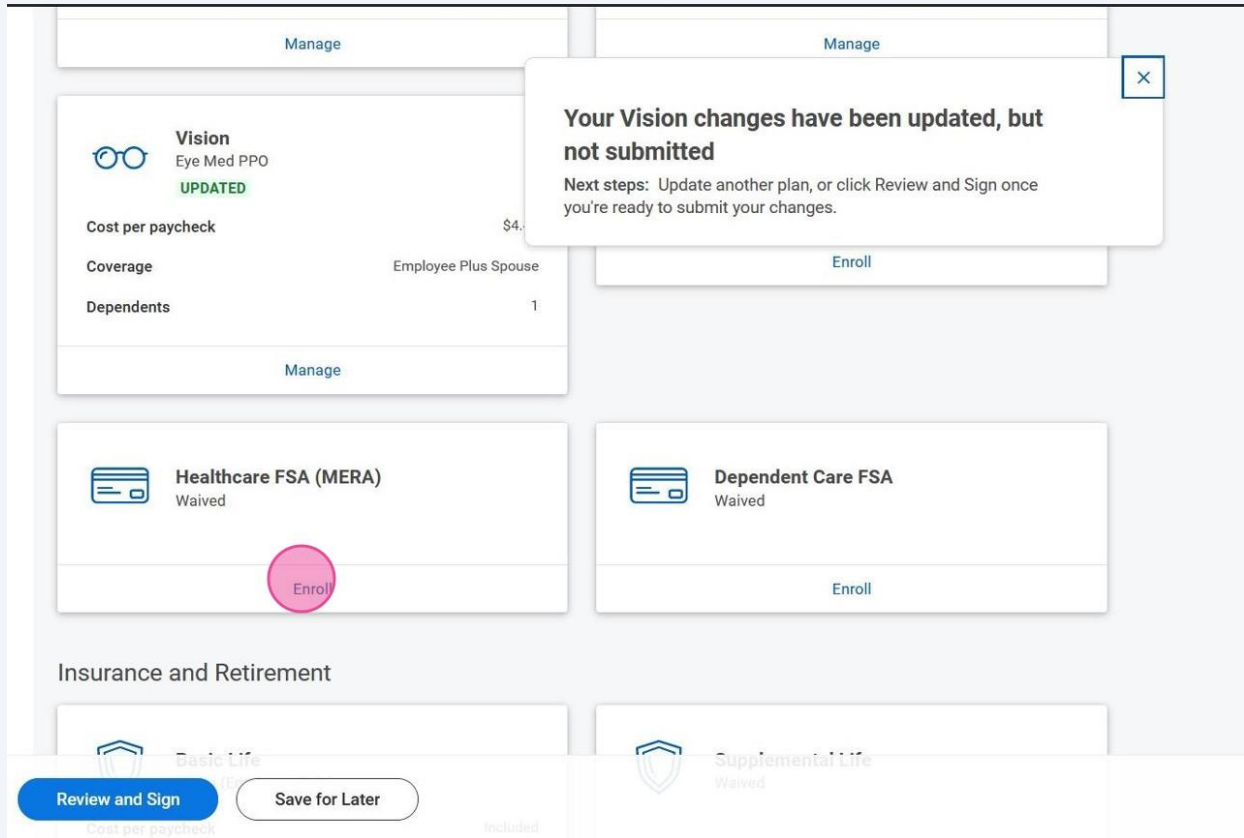
The following family members are eligible for medical, dental, and vision coverage:

- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

If you are adding a qualified dependent or beneficiary, please email [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for further information.

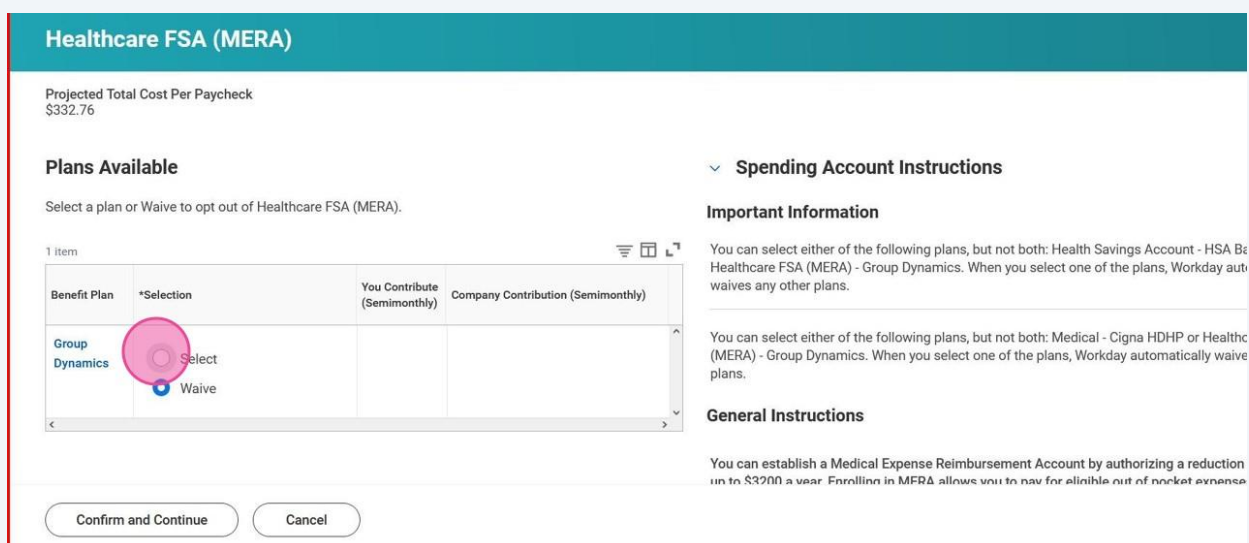
24

Click "Enroll Healthcare FSA (MERA)". This benefit allows you to save money on a pre-tax basis for eligible health care expenses. You may not elect the FSA (MERA) if you are covered by the HDHP plan, however, you may elect an HSA plan to save on a pre-tax basis for eligible health care expenses.



25

Click "Select" for the Flexible Spending Account (FSA) MERA. Click "Confirm and Continue".



Benefit Plan	*Selection	You Contribute (Semimonthly)	Company Contribution (Semimonthly)
Group Dynamics	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

- 26 Enter a "Per Paycheck" amount and the "Annual" amount will populate. Or enter the "Annual" amount and the "Per Paycheck" amount will populate.

### Healthcare FSA (MERA) - Group Dynamics

Projected Total Cost Per Paycheck  
\$332.76

#### Contribute

Your estimated contributions made this year 0.00

Per Paycheck

Annual  Remaining Paychecks 16

Minimum Annual Amount: \$52.00

Maximum Annual Amount: \$3,200.00

#### Summary

#### Spending Account Instructions

[Provider Website](#) [Group Dynamics URL Address](#)

#### General Instructions

You can establish a Medical Expense Reimbursement Account by authorizing a reduction in your salary up to \$3200 a year. Enrolling in MERA allows you to pay for eligible out of pocket expenses with pre-tax dollars. As Wesleyan has adopted the IRS grace period of 2 1/2 months, you will have until March 2025 to incur claims and until April 15th to submit 2024 claims for reimbursement. **Your MERA contribution amount will be ZERO unless you make an election here.**

**You cannot enroll in MERA if you have an HSA account.**

Note: You may elect any amount between \$120 and \$3200 annually.

By submitting my elections, I understand that any amount deducted from my pay and not used for eligible health care expenses incurred the same year will be forfeited in accordance with IRS regulations. I also understand that this authorization is irrevocable until the next open enrollment period unless I have a qualifying life event. All eligible expenses incurred during 2024 and through March 15, 2025, must be submitted for reimbursement by April 15th, 2025. I understand that approval of reimbursement requests will be determined by the IRS guidelines for allowable medical expenses.

- 27 Click "Save"

### Healthcare FSA (MERA) - Group Dynamics

Projected Total Cost Per Paycheck  
\$432.76

#### Contribute

Your estimated contributions made this year 0.00

Per Paycheck

Annual  Remaining Paychecks 16

Minimum Annual Amount: \$52.00

Maximum Annual Amount: \$3,200.00

#### Summary

Total Annual Contribution \$1,600.00

#### Spending Account Instructions

[Provider Website](#) [Group Dynamics URL Address](#)

#### General Instructions

You can establish a Medical Expense Reimbursement Account by authorizing a reduction in your salary up to \$3200 a year. Enrolling in MERA allows you to pay for eligible out of pocket expenses with pre-tax dollars. As Wesleyan has adopted the IRS grace period of 2 1/2 months, you will have until March 2025 to incur claims and until April 15th to submit 2024 claims for reimbursement. **Your MERA contribution amount will be ZERO unless you make an election here.**

**You cannot enroll in MERA if you have an HSA account.**

Note: You may elect any amount between \$120 and \$3200 annually.

By submitting my elections, I understand that any amount deducted from my pay and not used for eligible health care expenses incurred the same year will be forfeited in accordance with IRS regulations. I also understand that this authorization is irrevocable until the next open enrollment period unless I have a qualifying life event. All eligible expenses incurred during 2024 and through March 15, 2025, must be submitted for reimbursement by April 15th, 2025. I understand that approval of reimbursement requests will be determined by the IRS guidelines for allowable medical expenses.

## 28 Elect life insurance plan by clicking "Manage Basic Life".

**Healthcare FSA (MERA)**  
Group Dynamics  
**UPDATED**  
Contribution per paycheck: \$100.00  
[Manage](#)

**Dependent Care FSA**  
Waived

**Insurance and Retirement**

**Basic Life**  
Unum (Employee Only)  
Cost per paycheck: Included  
Coverage: 1 X Salary  
[Manage](#)

**Supplemental Life**  
Waived  
[Enroll](#)

**Spousal/Domestic Partner Life**  
Waived

**Child Life**  
Waived  
[Enroll](#)

[Review and Sign](#) [Save for Later](#)

## 29 Click "Confirm and Continue"

**Basic Life**

Projected Total Cost Per Paycheck: \$432.76

**Plans Available**

1 item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Employee Only)	<input checked="" type="radio"/> Select <input type="radio"/> Waive	Included	\$4.13

**Insurance Instructions**

**General Instructions**

Basic Life insurance equals your annual base salary up to \$50,000. Coverage is automatic and requires a medical questionnaire or examination, and is paid for by the University. The amount will automatically decrease by 65% on the plan anniversary (January 1) following your 65th birthday when turning 70.

You current coverage is: Enrolled.

[Confirm and Continue](#) [Cancel](#)

## 30 Click the (+) to add beneficiaries or a Trust to your "Basic Life Insurance" plan.

### Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Plan cost per paycheck Included

### Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

+

Existing Beneficiary Persons

+

Existing Trusts

+

Add New Beneficiary or Trust

Search

Percentage

0

### Secondary Beneficiaries

0 Items

Beneficiary	Percentage
No Data	

Save

Cancel

### Insurance Instructions

Provider Website [Unum URL Address](#)

### General Instructions

Basic Life insurance equals your annual base salary up to \$50,000. Coverage is automatic, require a medical questionnaire or examination, and is paid for the the University. The amou will automatically decrease by 65% on the plan anniversary (January 1) following your 65th again when turning 70.

You current coverage is: Enrolled.

### Beneficiary Designation

If you wish to add or remove a beneficiary, please complete this step. If you want to design as your sole beneficiary, please

## 31 Click here

### Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Plan cost per paycheck Included

### Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

+

Existing Beneficiary Persons

+

Existing Trusts

+

Add New Beneficiary or Trust

Search

Percentage

0

### Secondary Beneficiaries

0 Items

Beneficiary	Percentage
No Data	

Save

Cancel

### Insurance Instructions

Provider Website [Unum URL Address](#)

### General Instructions

Basic Life insurance equals your annual base salary up to \$50,000. Coverage is automatic, require a medical questionnaire or examination, and is paid for the the University. The amou will automatically decrease by 65% on the plan anniversary (January 1) following your 65th again when turning 70.

You current coverage is: Enrolled.

### Beneficiary Designation

If you wish to add or remove a beneficiary, please complete this step. If you want to design as your sole beneficiary, please

**32** Click beneficiary "Relationship Status"

### Add New Beneficiary or Trust

John Wayne

Relationship \*

Use as Beneficiary

Date of Birth

Age

Gender

Allow Duplicate Name

Legal Name

Country \*

Search

☒ Spouse
 ☐ Ex-Spouse
 ☐ Ex-Domestic Partner
 ☐ Non IRS Qualifying Child
 ☐ Domestic Partner
 ☐ Parent
 ☐ Child
 ☐ Legal Guardian Child
 ☐ Grandparent
 ☐ Domestic Partner Child
 ☐ Sibling
 ☐ Aunt
 ☐ Uncle

**33** Add Beneficiary or Trust information.**Add New Beneficiary or Trust**John Wayne 

Relationship


\*

 Spouse 

Use as Beneficiary



Date of Birth

MM/DD/YYYY 

Age

(empty)

Gender



Allow Duplicate Name



Legal Name

Contact Information

National IDs

Additional Government IDs

Country \*

 United States of America 

OK

Cancel

## 34 Complete (\*) fields.

Relationship \* × Spouse ⋮

Use as Beneficiary ☒

Date of Birth 04/17/1950 📅

Age (empty)

Gender ⋮

Allow Duplicate Name ☐

### Legal Name

Contact Information

National IDs

Additional Government IDs

Country \* × United States of America ⋮

Prefix ⋮

First Name \* ●

Middle Name

Last Name \* ●

OK

Cancel

**35** Click "Contact Information" tab and complete (\*) fields.

Age 74 years, 2 months, 3 days

Gender

Allow Duplicate Name ☐

Legal Name

Contact Information

National IDs

Additional Government IDs

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

**36** Complete (\*) fields for beneficiary or Trust.

Age 74 years, 2 months, 3 days

Gender

Allow Duplicate Name

☐

Legal Name

**Contact Information**

National IDs

Additional Government IDs

**Phone**

Add

**Address**

Use Existing Address

Country

\*

× United States of America

Address Line 1 \*

OK

Cancel

## ← By Contact

John Wayne



Sarah Wayne



WU Main Campus



Search



37

Complete (\*) fields. You may also complete other non-required fields if needed to ensure Wesleyan HR can locate your beneficiaries in the event of your passing.

Age 74 years, 2 months, 3 days

Gender

Allow Duplicate Name

☐

Legal Name

**Contact Information**

National IDs

Additional Government IDs

## Phone

Add

## Address

Use Existing Address

All

By Contact

Search

Country

\*

× United States of America

Address Line 1 \*

OK

Cancel

## 38 Click here

Age 74 years, 2 months, 3 days

Gender

Allow Duplicate Name ☐

Legal Name

**Contact Information**

National IDs

Additional Government IDs

### Phone

Add

### Address

Use Existing Address

Country

\*

× United States of America

Address Line 1 \*

OK

Cancel

←

All

☐ 123 Glory Lane for Sarah Wayne

Search

⋮

## 39 Complete (\*) fields and click "OK".

Use Existing Address

×

123 Glory Lane for Sarah Wayne

⋮

Country

United States of America

Address Line 1

123 Glory Lane

Address Line 2

City

Middletown

State

Connecticut

Postal Code

06457

County

☒ Home

☐ Work

Usage

Type

\*

Search

⋮

Primary Work

Primary Home

Use For

(empty)

Visibility

OK

Cancel

40

Enter beneficiary percentage. If electing more than one beneficiary, the total percentage must equal 100%. After electing primary beneficiary(ies), you may also elect secondary beneficiary(ies) using the same process. Secondary beneficiaries will receive the benefit in the event that your primary beneficiaries pre-decease you.

Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Plan cost per paycheck Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 Item

Beneficiary	Percentage
<div><div>×</div>Sarah Wayne</div>	0

No Data

Secondary Beneficiaries 0 Items

Beneficiary	Percentage
-------------	------------

No Data

Save

Cancel

Insurance Instructions

Provider Website Unum URL Address

General Instructions

Basic Life Insurance equals your annual base salary up to \$50,000. Coverage is automatic, require a medical questionnaire or examination, and is paid for the the University. The amount will automatically decrease by 65% on the plan anniversary (January 1) following your 65th again when turning 70.

You current coverage is: Enrolled.

Beneficiary Designation

If you wish to add or remove a beneficiary, please complete this step. If you want to designi as your sole beneficiary, please

41

Click "Save"

Coverage

Calculated Coverage \$50,000.00

Coverage 1 X Salary

Plan cost per paycheck Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 Item

Beneficiary	Percentage
<div><div>×</div>Sarah Wayne</div>	100

No Data

Secondary Beneficiaries 0 Items

Beneficiary	Percentage
-------------	------------

No Data

Save

Cancel

Insurance Instructions

Provider Website Unum URL Address

General Instructions

Basic Life insurance equals your annual base salary up to \$50,000. Coverage is automatic, does not require a medical questionnaire or examination, and is paid for the the University. The amount of coverage will automatically decrease by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70.

You current coverage is: Enrolled.

Beneficiary Designation

If you wish to add or remove a beneficiary, please complete this step. If you want to designate your Estate as your sole beneficiary, please

## 42 Click "Enroll Supplemental Life" if applicable.

**Healthcare FSA (MERA)**  
Group Dynamics  
UPDATED  
Contribution per paycheck \$100.00  
Manage

**Dependent Care FSA**  
Waived

**Insurance and Retirement**

**Basic Life**  
Unum (Employee Only)  
UPDATED  
Cost per paycheck Included  
Coverage 1 X Salary  
Manage

**Supplemental Life**  
Waived  
Enroll

**Spousal/Domestic Partner Life**  
Waived

**Child Life**  
Waived

Review and Sign Save for Later

## 43 Click "Select" then click "Confirm and Continue".

**Supplemental Life**

Projected Total Cost Per Paycheck  
\$432.76

**Plans Available**  
Select a plan or Waive to opt out of Supplemental Life.

1 item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Employee Only)	Select Waive		

**Insurance Instructions**

**Important Information**  
When you select Supplemental Life - Unum (Employee Only), you can also select Child Life (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). If you waive at Supplemental Life - Unum (Employee Only), Workday automatically waives any of these: C Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner).

You can select either of the following plans, but not both: Grandfathered Supp Life - Unum Only) or Supplemental Life - Unum (Employee Only). When you select one of the plans, Wo automatically waives any other plans.

**General Instructions**  
Supplemental Life Insurance

Confirm and Continue Cancel

## 44 Elect supplement life amount, then click "Save".

Supplemental Life - Unum (Employee Only)

Projected Total Cost Per Paycheck

\$432.76

Coverage

1 X Salary

2 X Salary

3 X Salary

4 X Salary

5 X Salary

Search

Calculated Coverage

Coverage

\*

Plan cost per paycheck

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries

0 items

Save

Cancel

Insurance Instructions

Provider Website

Unum URL Address

General Instructions

## 45 Add "Beneficiary"

Coverage

Calculated Coverage

\$75,000.00

Coverage

\*

1 X Salary

Plan cost per paycheck

\$1.50

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries

0 items

Insurance Instructions

Provider Website

Unum URL Address

General Instructions

Supplemental Life Insurance

Employees may purchase additional term life insurance equal to 1, 2, 3, 4, or 5 times annual salary up to a maximum of \$750,000 with evidence of good health. If you wish to apply for the first time or increase your current level of coverage, you will be required to fill out an Evidence of Insurability form. Please include the amount that you are requesting. The amount of supplemental life insurance and your premium automatically changes when you receive a pay increase. Your coverage will not be effective until approved by the insurance carrier. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time.

Save

Cancel

**46** Click here to add Beneficiary/Trust and percentage.

**Coverage**

Calculated Coverage \$75,000.00

Coverage \*

Plan cost per paycheck \$1.50

**Beneficiaries**

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries: 0 items

Existing Beneficiary **Persons**

Existing Trusts

Add New Beneficiary or Trust

Search

Percentage

0

Secondary Beneficiaries: 0 items

Beneficiary

Percentage

Save Cancel

**Insurance Instructions**

Provider Website Unum URL Address

**General Instructions**

**Supplemental Life Insurance**

Employees may purchase additional term life insurance equal to 1, 2, 3, 4, or 5 times annual salary up to a maximum of \$750,000 with evidence of good health. **If you wish to apply for the first time or increase your current level of coverage, you will be required to fill out an Evidence of Insurability form. Please include the amount that you are requesting.** The amount of supplemental life insurance and your premium automatically changes when you receive a pay increase. Your coverage will not be effective until approved by the insurance carrier. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time.

**47** Click "Save"

**Coverage**

Coverage \*

Plan cost per paycheck \$1.50

**Beneficiaries**

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries: 1 item

Beneficiary

Percentage

100

Secondary Beneficiaries: 0 items

Beneficiary

Percentage

No Data

Save Cancel

**Insurance Instructions**

Provider Website Unum URL Address

**General Instructions**

**Supplemental Life Insurance**

Employees may purchase additional term life insurance equal to 1, 2, 3, 4, or 5 times annual salary up to a maximum of \$750,000 with evidence of good health. **If you wish to apply for the first time or increase your current level of coverage, you will be required to fill out an Evidence of Insurability form. Please include the amount that you are requesting.** The amount of supplemental life insurance and your premium automatically changes when you receive a pay increase. Your coverage will not be effective until approved by the insurance carrier. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time.

**Beneficiary Designation**

If you wish to add or remove a beneficiary, please complete this step. If you want to designate your Estate as your sole beneficiary, please

## 48 Click "Enroll Spousal/Domestic Partner Life"

### Insurance and Retirement

**Basic Life**  
Unum (Employee Only)  
UPDATED

Cost per paycheck

Coverage

Manage

Includ

1 X Sale

**Supplemental Life**

Your Supplemental Life changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

**Spousal/Domestic Partner Life**  
Waived

Enroll

**Child Life**  
Waived

Enroll

**Short Term Disability**  
Unum (Employee Only)

Cost per paycheck

Coverage

Review and Sign

Save for Later

Includ

\$1

**Long Term Disability**  
Unum (Employee Only)

Cost per paycheck

Coverage

View

Includ

60% of Salary

## 49 Click "Select"

### Spousal/Domestic Partner Life

Projected Total Cost Per Paycheck  
\$434.26

#### Plans Available

Select a plan or Waive to opt out of Spousal/Domestic Partner Life.

1 item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Spouse/Domestic Partner)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Confirm and Continue

Cancel

#### Insurance Instructions

##### Important Information

When you select Supplemental Life - Unum (Employee Only), you can also select Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). If you waive any of these: Supplemental Life - Unum (Employee Only), Workday automatically waives any of these: Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner).

You can select either of the following plans, but not both: Grandfathered Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner) or Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). When you select one of the plans, Workday automatically waives any other plans.

Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner) is limited to 50% of total coverage in Supplemental Life - Unum (Employee Only).

## 50 Click here to select dependent.

### Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner)

Projected Total Cost Per Paycheck  
\$434.26

**Coverage**

Coverage \*

**Dependents**

Add a new dependent or select an existing dependent from the list below.

[Add New Dependent](#)

1 item

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

[Save](#) [Cancel](#)

**Insurance Instructions**

Provider Website [Unum URL Address](#)

**General Instructions**

**Spousal/Domestic Partner Life Insurance**

Optional spouse or qualified partner life insurance may be purchased in increments of \$10,000 with evidence of good health. If you wish to apply for the first time or increase your current level of coverage, you will be required to fill out an Evidence of Insurability form. Please include the amount that you are requesting. Your coverage will not be effective until approved by the insurance carrier. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time. The beneficiary for optional Spouse/Domestic Partner Life Insurance is the employee.

## 51 Enter supplement life insurance amount and click "Save".

**Coverage**

Calculated Coverage \$1,225.00

Coverage \*

Plan cost per paycheck \$0.90

**Dependents**

Add a new dependent or select an existing dependent from the list below.

[Add New Dependent](#)

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

[Save](#) [Cancel](#)

**Insurance Instructions**

Provider Website [Unum URL Address](#)

**General Instructions**

**Spousal/Domestic Partner Life Insurance**

Optional spouse or qualified partner life insurance may be purchased in increments of \$10,000 with evidence of good health. If you wish to apply for the first time or increase your current level of coverage, you will be required to fill out an Evidence of Insurability form. Please include the amount that you are requesting. Your coverage will not be effective until approved by the insurance carrier. The amount of coverage will reduce by 65% on the plan anniversary (January 1) following your 65th birthday and again when turning 70. Premiums are automatically reduced at this time. The beneficiary for optional Spouse/Domestic Partner Life Insurance is the employee.

## 52 Click "Enroll Child Life"

Insurance and Retirement

**Basic Life**  
Unum (Employee Only)  
UPDATED

Cost per paycheckIncluded  
Coverage1 X Salary  
Manage

**Supplemental Life**  
Unum (Employee Only)  
UPDATED

Cost per paycheck\$1.50  
Coverage1 X Salary  
Manage

**Spousal/Domestic Partner Life**  
Unum (Spouse/Domestic Partner)  
UPDATED

Cost per paycheck\$4.50  
Coverage\$10,000  
Manage

**Child Life**  
Waived

Enroll

**Short Term Disability**  
Unum (Employee Only)

Included

**Long Term Disability**  
Unum (Employee Only)

Cost per paycheckIncluded

Review and Sign
Save for Later

## 53 Click "Select"

Child Life

Projected Total Cost Per Paycheck  
\$438.76

**Plans Available**  
Select a plan or Waive to opt out of Child Life.

1 Item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Child)	<div> Select </div> <div> Waive </div>		

Confirm and Continue
Cancel

**Insurance Instructions**  
**Important Information**  
You can select either of the following plans, but not both: Grandfathered Child Life - Unum (Child) or Child Life - Unum (Child). When you select one of the plans, Workday automatically waives any other plans.  
When you select Supplemental Life - Unum (Employee Only), you can also select Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). If you waive any of these: Supplemental Life - Unum (Employee Only), Workday automatically waives any of these: Child Life - Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner).  
**General Instructions**  
Dependent Child(ren) Life Insurance

## 54 Click "Confirm and Continue"

### Child Life

Projected Total Cost Per Paycheck  
\$438.76

#### Plans Available

Select a plan or Waive to opt out of Child Life.

1 Item

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Child)	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

#### Insurance Instructions

##### Important Information

You can select either of the following plans, but not both: Grandfathered Child Life - Unum Child Life - Unum (Child). When you select one of the plans, Workday automatically waives plans.

When you select Supplemental Life - Unum (Employee Only), you can also select Child Life (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner). If you waive at Supplemental Life - Unum (Employee Only), Workday automatically waives any of these: C Unum (Child), Spousal/Domestic Partner Life - Unum (Spouse/Domestic Partner).

##### General Instructions

###### Dependent Child(ren) Life Insurance

You may purchase a \$5000 insurance policy for dependent children through age 26. The t \$0.36 a month, regardless of how many dependent children are covered. The beneficiary for optional Dependent Children Life insurance is the employee.

Confirm and Continue

Cancel

## 55 Click "Save"

### Child Life - Unum (Child)

Projected Total Cost Per Paycheck  
\$438.94

#### Coverage

Calculated Coverage	\$5,000.00
Coverage	\$5,000
Plan cost per paycheck	\$0.18

#### Insurance Instructions

Provider Website [Unum URL Address](#)

#### General Instructions

##### Dependent Child(ren) Life Insurance

You may purchase a \$5000 insurance policy for dependent children through age 26. The total cost is \$0.36 a month, regardless of how many dependent children are covered. The beneficiary for optional Dependent Children Life insurance is the employee.

Save

Cancel

## 56 After making insurance elections, click "Review and Sign".



**403(b)**  
 2 Plans

TIAA/Fidelity Employer Contribution	\$0.00
TIAA/Fidelity Employer Match	0%

View

### Additional Benefits



**Employee Assistance Program**  
 Business Health Services

Cost per paycheck	Included
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Manage

Review and Sign

Save for Later

## 57 Read the Electronic Signature statement, check "I Agree" and click "Submit".

### Electronic Signature

#### Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings your contributions (if any) for the benefit options elected.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status. Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- You understand that if you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse, and your dependents, provided you request enrollment within 31 days after the marriage, birth, or adoption.
- You understand that medical, dental, vision, and Flexible Spending and Health Savings Account contributions are paid on a pre-tax basis.
- You have access to detailed plan information, including legal notices at [Legal Notices, Human Resources - Wesleyan University](#). Contact [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) for printed copies if needed.
- You understand that if there is a conflict or inconsistency between enrollment materials and the official plan documents, the plan documents govern.
- You understand that Wesleyan University reserves the right to modify, amend, or terminate all or part of any of the plans at any time and to cancel all or part of the coverage and benefits under the plans, subject to the requirements associated with any applicable collective bargaining agreement.

I Accept ☐

enter your comment

Submit

Save for Later

Cancel

58

A "Submitted" screen will populate. Benefit elections can be viewed by clicking "View 2024 Benefits Statement. Once complete, click "Done".

You have successfully completed your New Hire benefit elections! Please contact [benefits@wesleyan.edu](mailto:benefits@wesleyan.edu) with any questions or issues.

