

## 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".



Good Afternoon, On Behalf of: John Wayne

It's Thursday, June 20, 2024

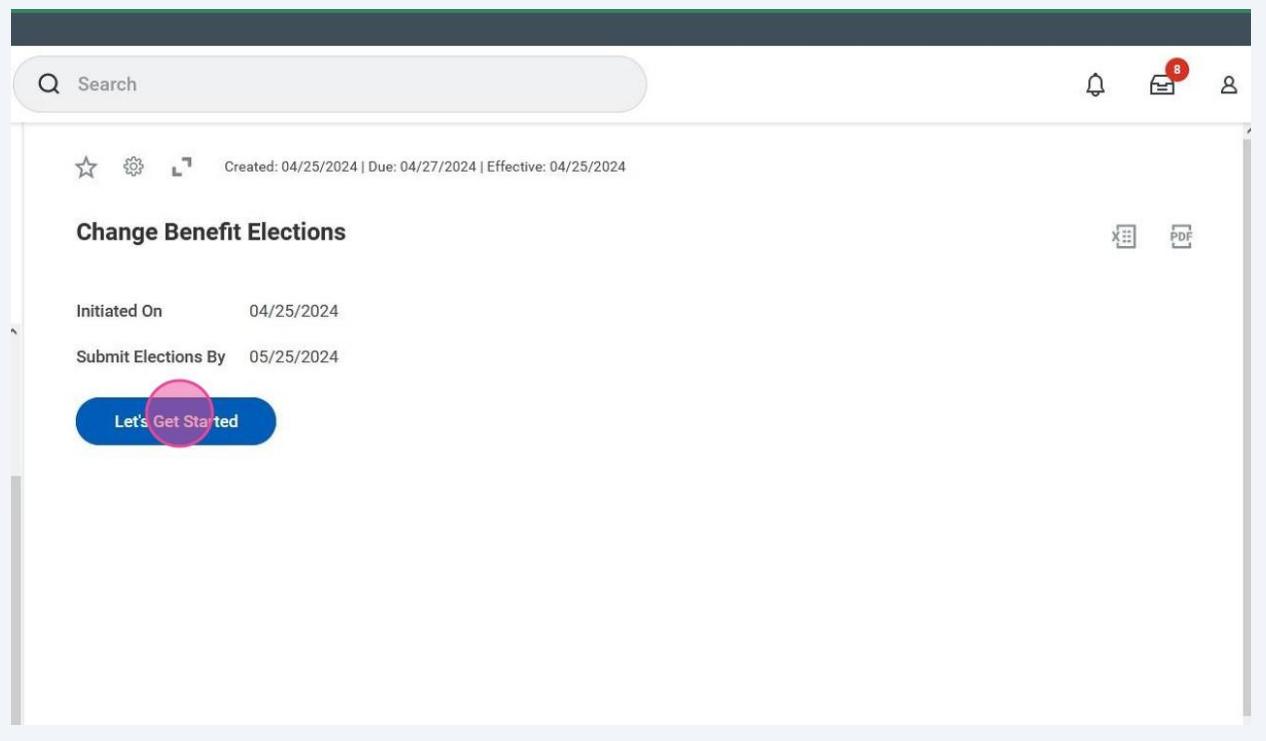
#### Awaiting Your Action

-  **Veteran Status Identification**  
My Tasks - 1 month(s) ago
-  **Disability Self-Identification**  
My Tasks - 1 month(s) ago
-  **Payment Election Enrollment Event**  
My Tasks - 1 month(s) ago

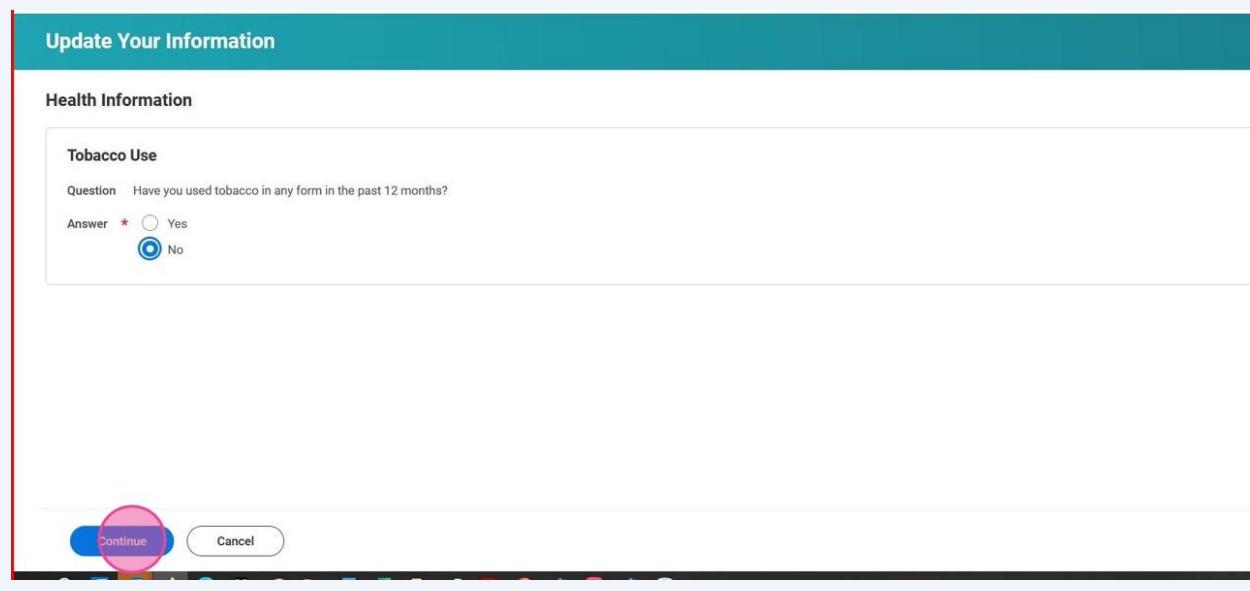
#### Your Top Apps

-  **Benefits and Pay**
-  **Jobs Hub**
-  **Requisitions**

2 Click "Let's Get Started".



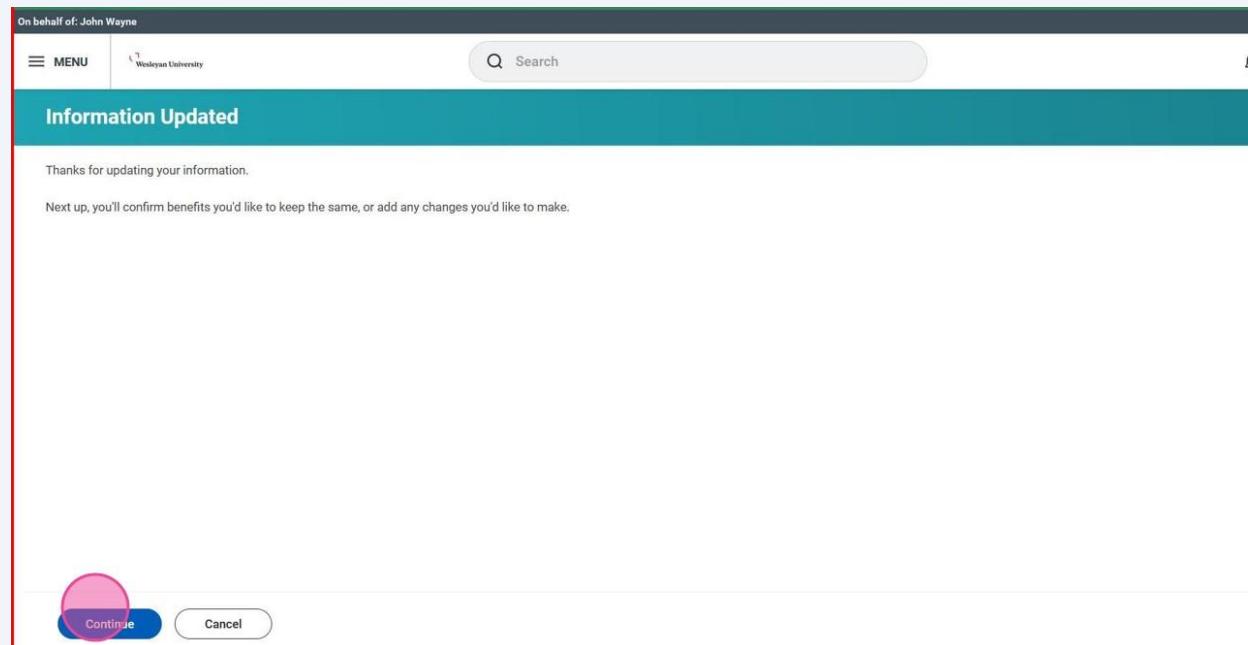
3 Our supplemental life insurance rates are based on whether or not an employee has used tobacco in the last twelve months. Select "Yes" or "No" to the Tobacco Use question and click "Continue". If you have previously answered this question, your last selection will be shown.



# Wesleyan Workday Training



- 4 Click "Continue"



On behalf of: John Wayne

≡ MENU Wesleyan University Search

Information Updated

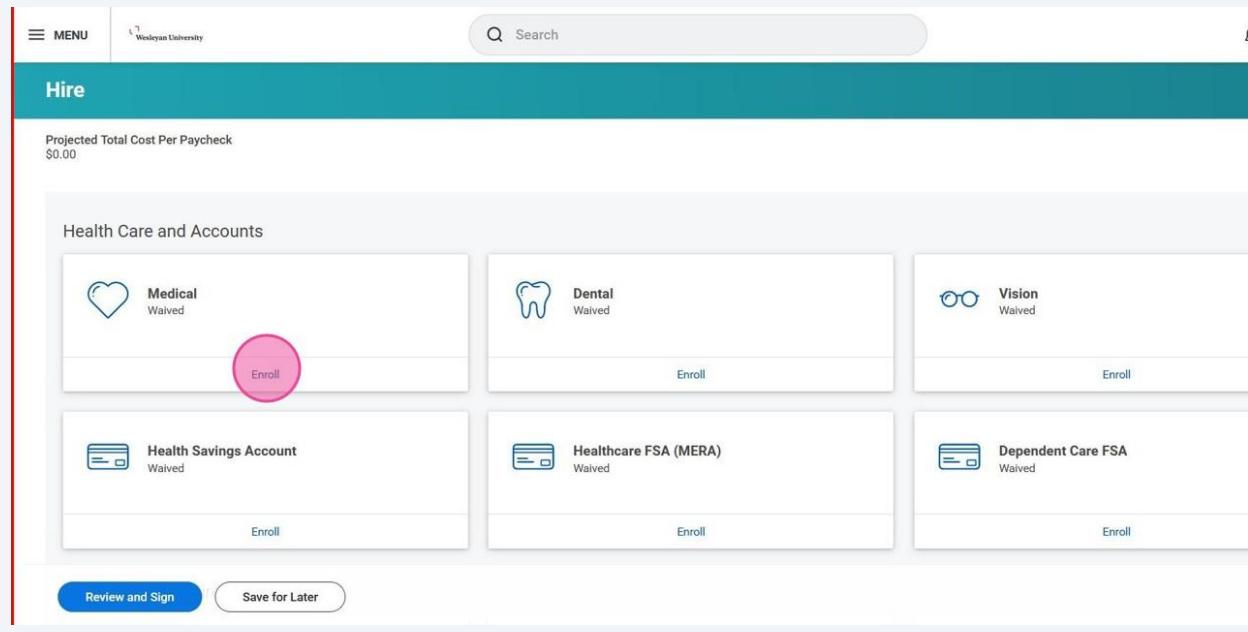
Thanks for updating your information.

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

 Medical Waived  <a href="#">Enroll</a>	 Dental Waived  <a href="#">Enroll</a>	 Vision Waived  <a href="#">Enroll</a>
 Health Savings Account Waived  <a href="#">Enroll</a>	 Healthcare FSA (MERA) Waived  <a href="#">Enroll</a>	 Dependent Care FSA Waived  <a href="#">Enroll</a>

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

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

Plans Available

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

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 choose Medical - Cigna HMO OAPIN. Workday automatically selects the plan with the lowest cost.

You can select either of the following plans, but not both. Dynamics. When you select one of the plans, Workday automatically selects the plan with the lowest cost.

**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 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**

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**

**Health Care Instructions**

Provider Website [Cigna URL Address](#)

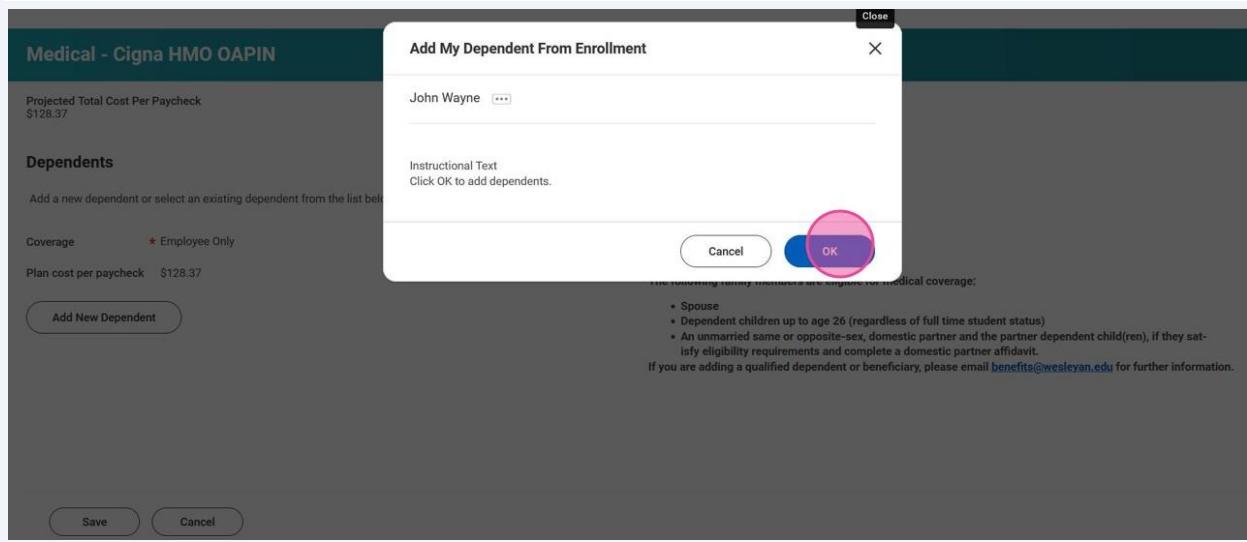
**General Instructions**

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 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.

**Save** **Cancel**



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

Save Cancel

Add My Dependent From Enrollment

John Wayne ...

Instructional Text  
Click OK to add dependents.

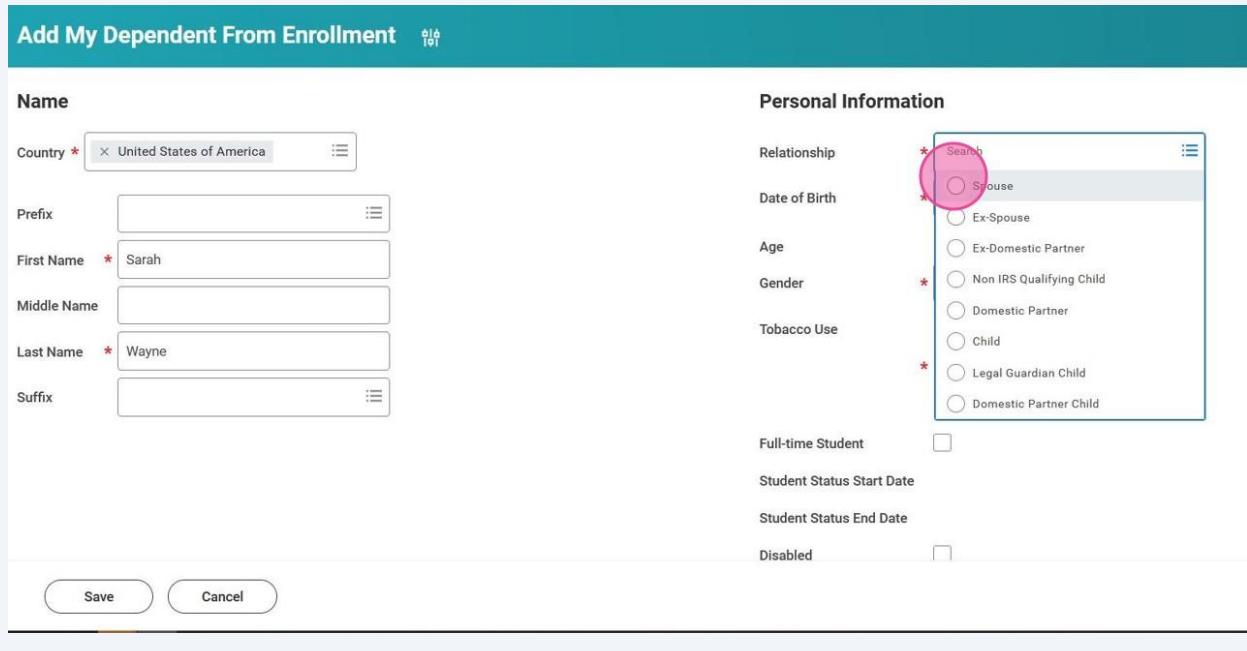
Cancel OK

The following is a list of eligible dependents 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 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.

## 8 Complete each (\*) field.



Add My Dependent From Enrollment ...

**Name**

Country \*  ...

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

**Personal Information**

Relationship  Spouse ...

Date of Birth

Age

Gender

Tobacco Use

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Save Cancel

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 \*

National ID Type \*

Current ID (empty)

Add/Edit ID \*

Issued Date

Expiration Date

Issued By

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

Allow Duplicate Name

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

Disabled

National IDs

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

Country \*

National ID Type \*

Current ID (empty)

Add/Edit ID \*

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

Issued Date

Expiration Date

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

Issued By

Series

Verification Date 06/20/2024

Verified By John Wayne

[Remove](#)

[Add](#)

**Address**

[All](#) >

[By Contact](#) >

Use Existing Address [Search](#)

Country  [Edit](#)

Address Line 1  \*

Address Line 2

City  \*

State  \*

**Phone & Email**

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

Email Address

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

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

Issued By

Series

Verification Date 06/20/2024

Verified By John Wayne

[Remove](#)

[Add](#)

**Address**

[By Contact](#) >

John Wayne >

WU Main Campus >

Use Existing Address [Search](#)

Country  [Edit](#)

Address Line 1  \*

Address Line 2

City  \*

State  \*

**Phone & Email**

Use Existing Phone

Country Phone Code

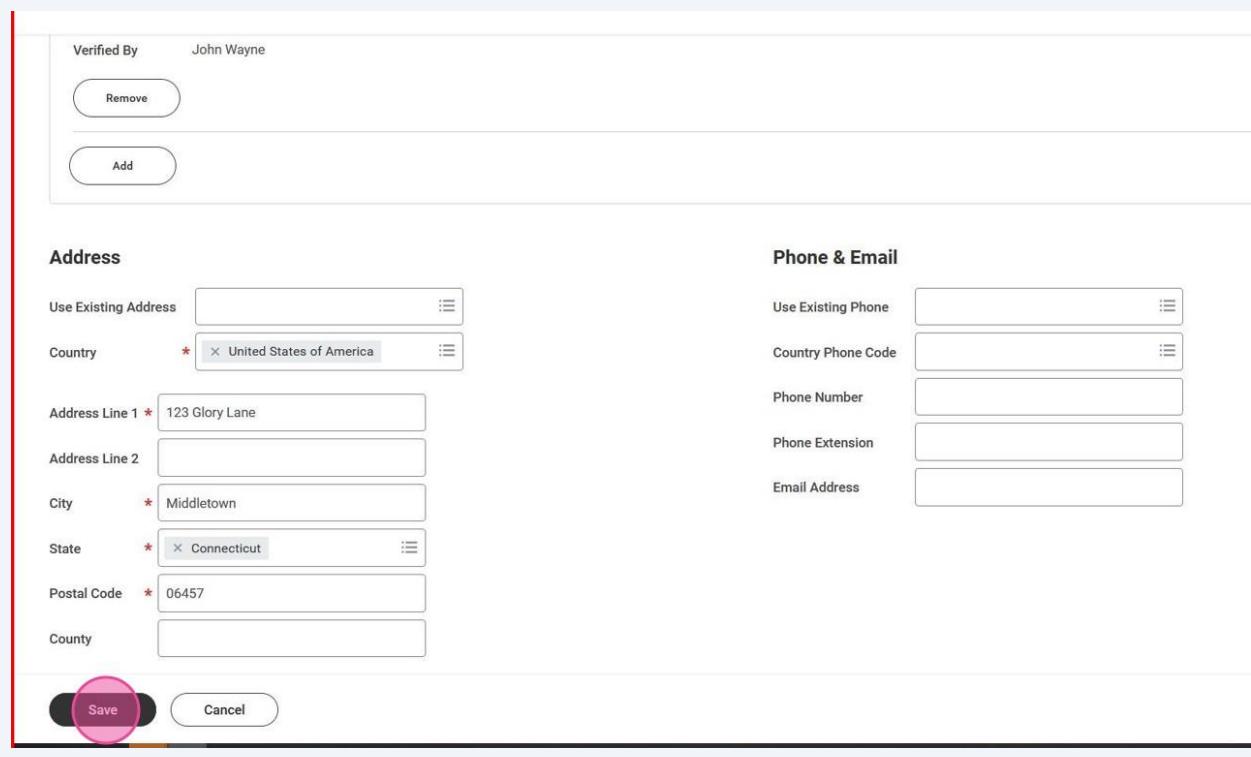
Phone Number

Phone Extension

Email Address

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

**13** Once complete Click "Save".



Verified By John Wayne

Remove

Add

**Address**

Use Existing Address

Country \* United States of America

Address Line 1 \* 123 Glory Lane

Address Line 2

City \* Middletown

State \* 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), iffy 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 furt

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

Health Care and Accounts

Medical Cigna HMO OAPIN UPDATED	Dental Waived
Cost per paycheck Coverage Dependents	Enroll
Manage	

Vision Waived	Health Savings Account Waived
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Review and Sign Save for Later

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.

**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.

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 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) 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.

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 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) 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**

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

**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.

**Save** **Cancel**

**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**

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

**Health Care Instructions**

Provider Website Delta Dental URL Address

**General Instructions**

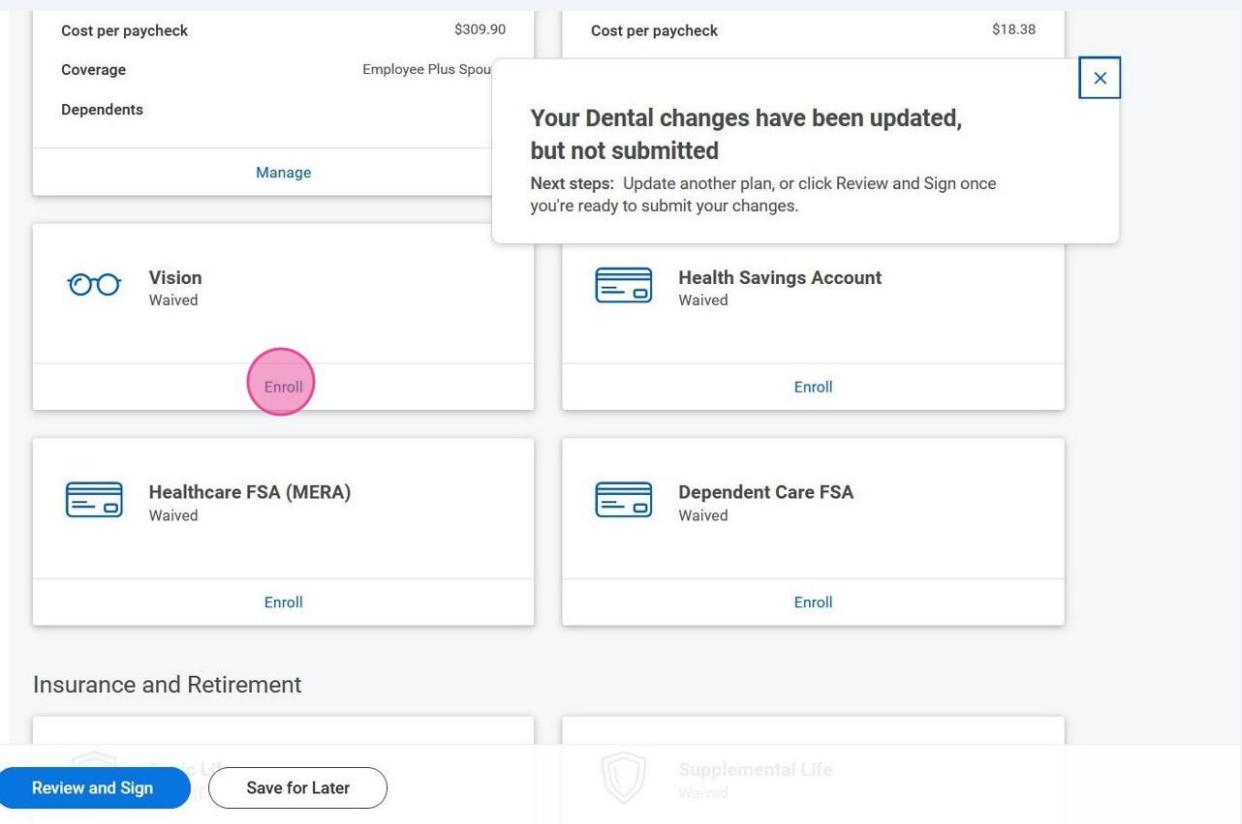
The following family members are eligible for dental coverage:

- 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.

**Save** **Cancel**

## 20 Click "Enroll Vision"



Cost per paycheck: \$309.90

Coverage: Employee Plus Spouse

Dependents: Manage

**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.

**Vision** Waived **Health Savings Account** Waived

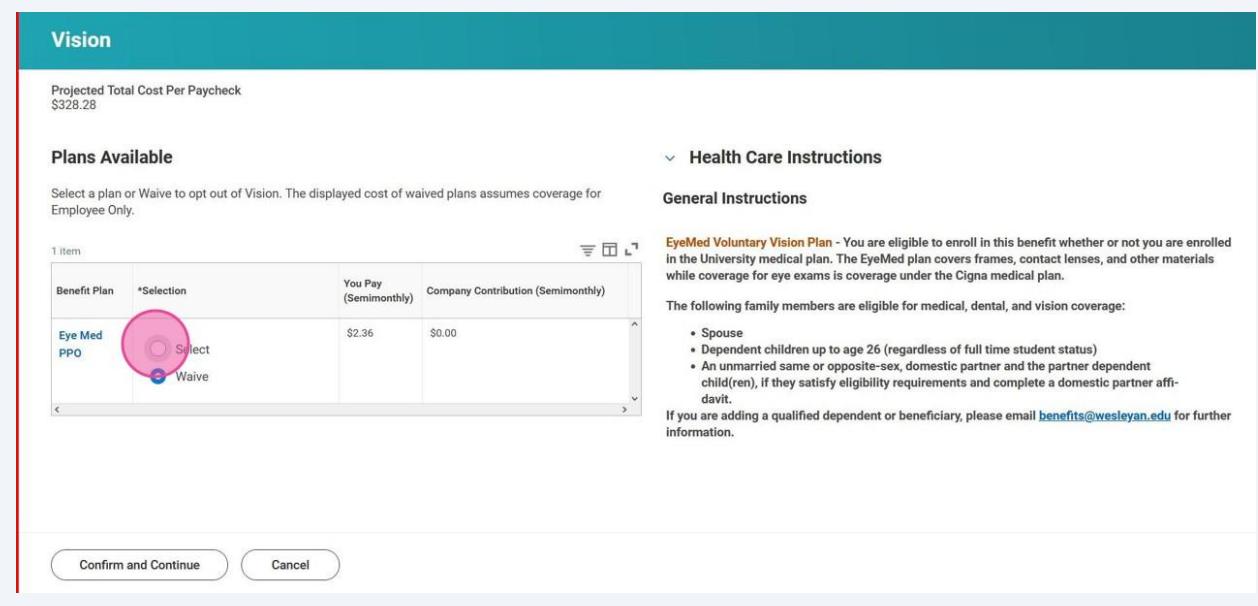
**Healthcare FSA (MERA)** Waived **Dependent Care FSA** Waived

Enroll **Enroll**

**Insurance and Retirement**

**Review and Sign** **Save for Later** **Supplemental Life** Waived

## 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.

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

**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**

## 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**

Select	Dependent	Relationship	Date of Birth
	Sarah Wayne	Spouse	04/01/1950

**Health Care Instructions**

Provider Website [Eye Med URL Address](#)

**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:

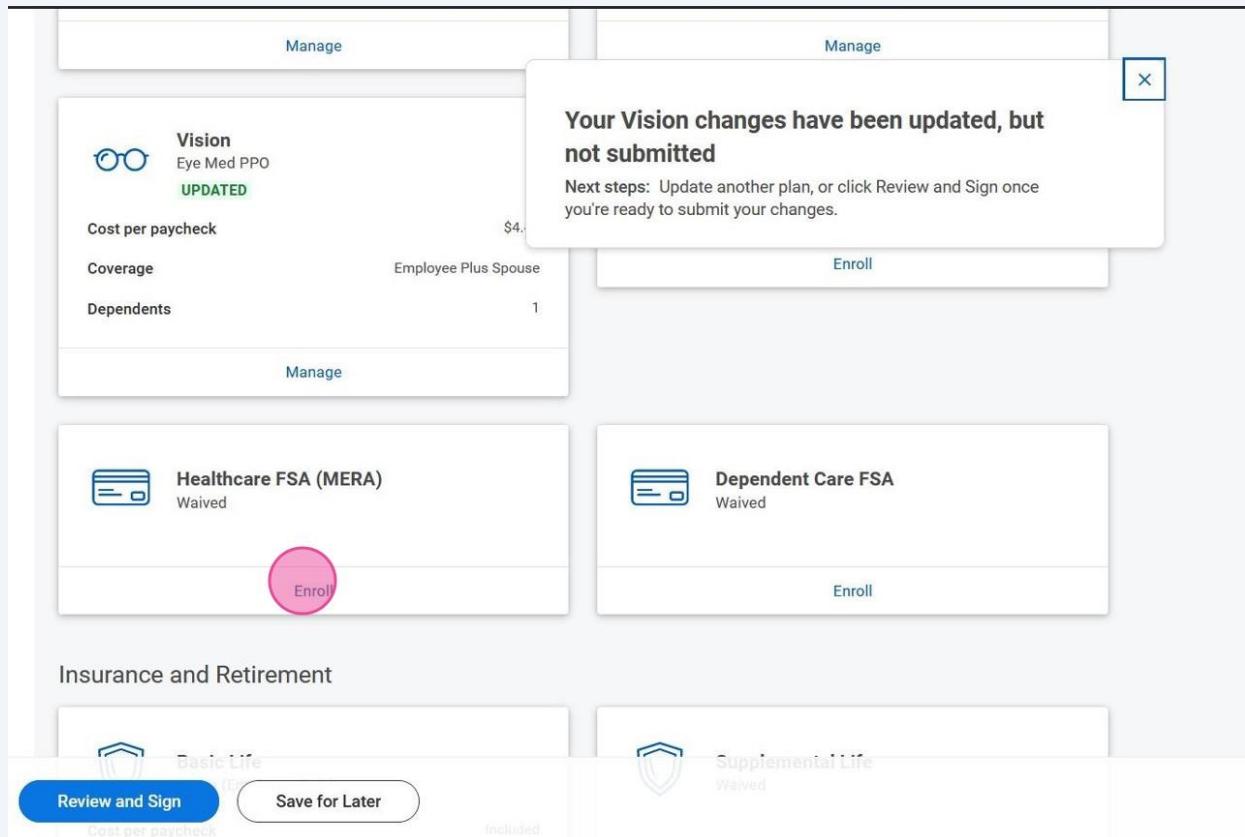
- Spouse
- Dependent children up to age 26 (regardless of full time student status)
- An unmarried same or opposite-sex, domestic partner and the partner dependent child(ren), if they satisfy eligibility requirements and complete a domestic partner affidavit.

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

**Save**  **Cancel**

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.



Your Vision 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.

Enroll

Healthcare FSA (MERA) Waived

Dependent Care FSA Waived

Insurance and Retirement

Basic Life

Review and Sign

Save for Later

Supplemental Life Waived

25

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

## Healthcare FSA (MERA)

Projected Total Cost Per Paycheck  
\$332.76

### Plans Available

Select a plan or Waive to opt out of Healthcare FSA (MERA).

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

### Spending Account Instructions

#### Important Information

You can select either of the following plans, but not both: Health Savings Account - HSA and Healthcare FSA (MERA) - Group Dynamics. When you select one of the plans, Workday automatically waives any other plans.

You can select either of the following plans, but not both: Medical - Cigna HDHP or Healthcare FSA (MERA) - Group Dynamics. When you select one of the plans, Workday automatically waives any other plans.

#### General Instructions

You can establish a Medical Expense Reimbursement Account by authorizing a reduction in pay up to \$3200 a year. Enrolling in MERA allows you to pay for eligible out-of-pocket expenses.

Confirm and Continue

Cancel

# Wesleyan Workday Training



**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 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"

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**

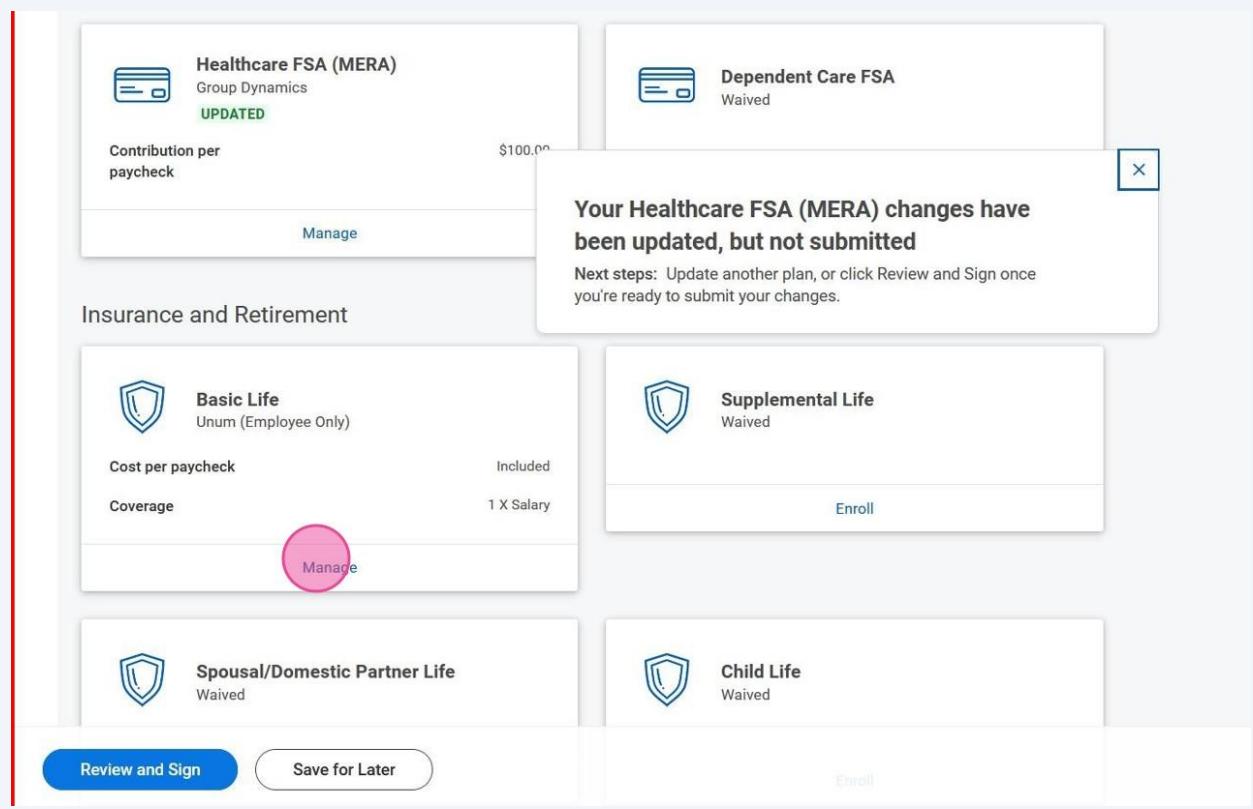
You can establish a Medical Expense Reimbursement Account by authorizing a reduction in your salary up to \$3200 a year. Enrolling in MERA allows you to pay for eligible out of pocket expenses with pre-tax dollars. As Wesleyan has adopted the IRS grace period of 2 1/2 months, you will have until March 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

**Your Healthcare FSA (MERA) 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.

**Insurance and Retirement**

**Basic Life**  
Unum (Employee Only)

Cost per paycheck: Included

Coverage: 1 X Salary

**Manage**

**Supplemental Life**  
Waived

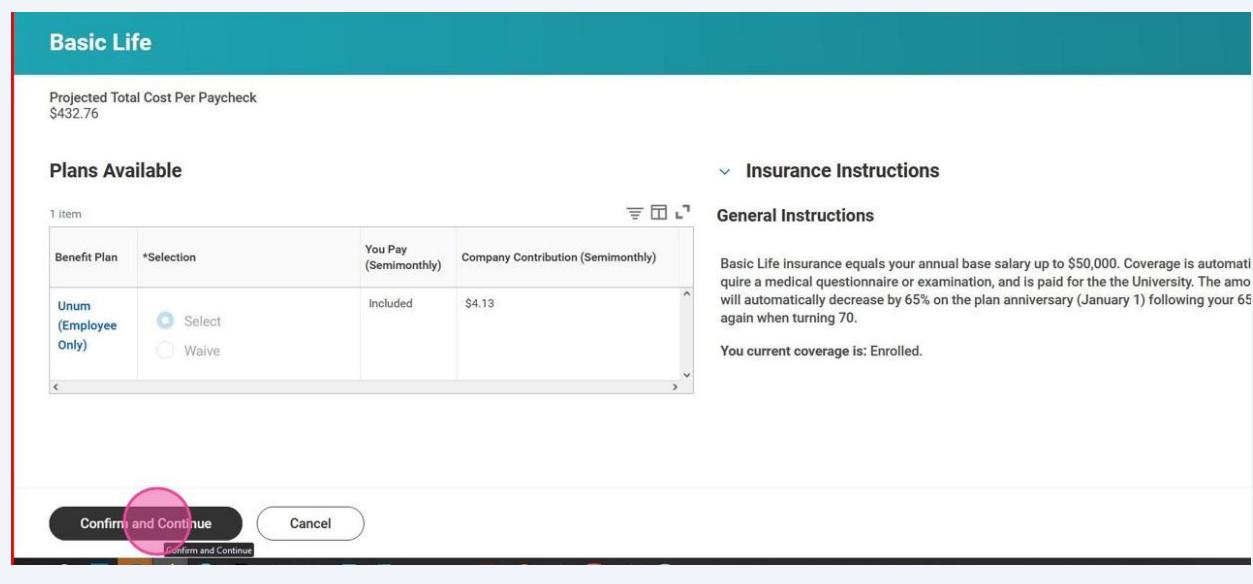
**Enroll**

**Spousal/Domestic Partner Life**  
Waived

**Child Life**  
Waived

**Review and Sign** **Save for Later** **Enroll**

**29** Click "Confirm and Continue"



**Basic Life**

Projected Total Cost Per Paycheck  
\$432.76

**Plans Available**

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**

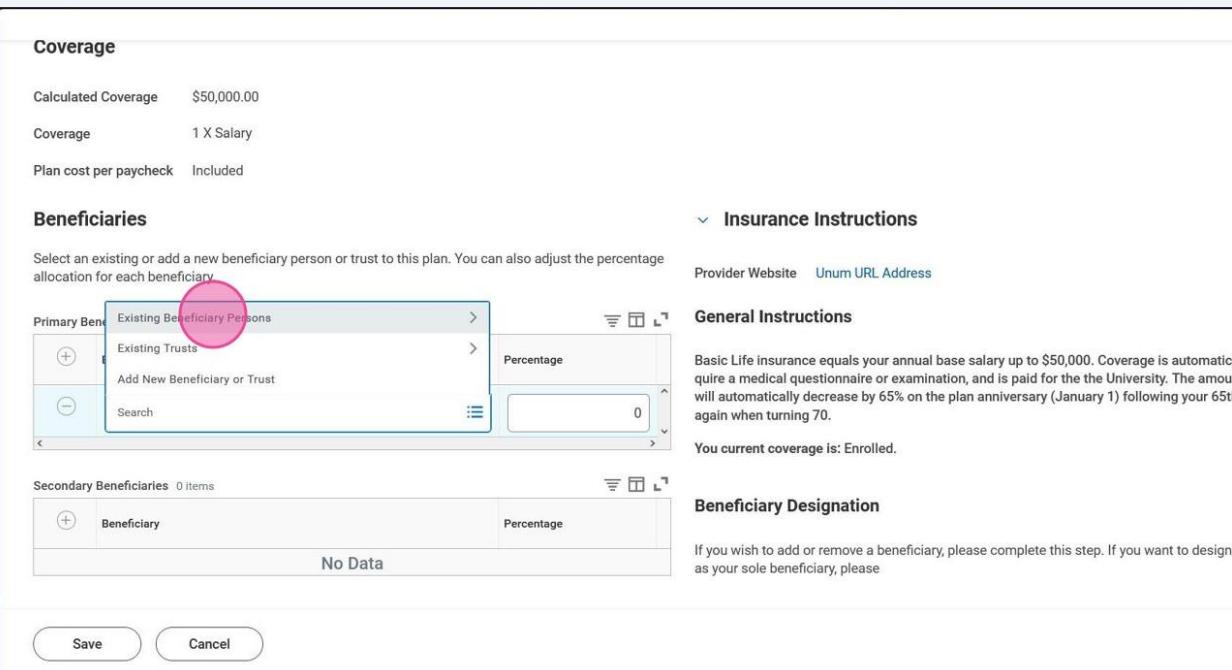
Basic Life insurance equals your annual base salary up to \$50,000. Coverage is automatically reduced by 65% on the plan anniversary (January 1) following your 65th birthday, and again when turning 70.

You current coverage is: Enrolled.

**General Instructions**

**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.

Primary Beneficiaries

- Existing Beneficiary Persons (highlighted with a pink circle)
- Existing Trusts
- Add New Beneficiary or Trust
- Search

Percentage: 0

Secondary Beneficiaries: 0 items

Beneficiary	Percentage
No Data	

**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.

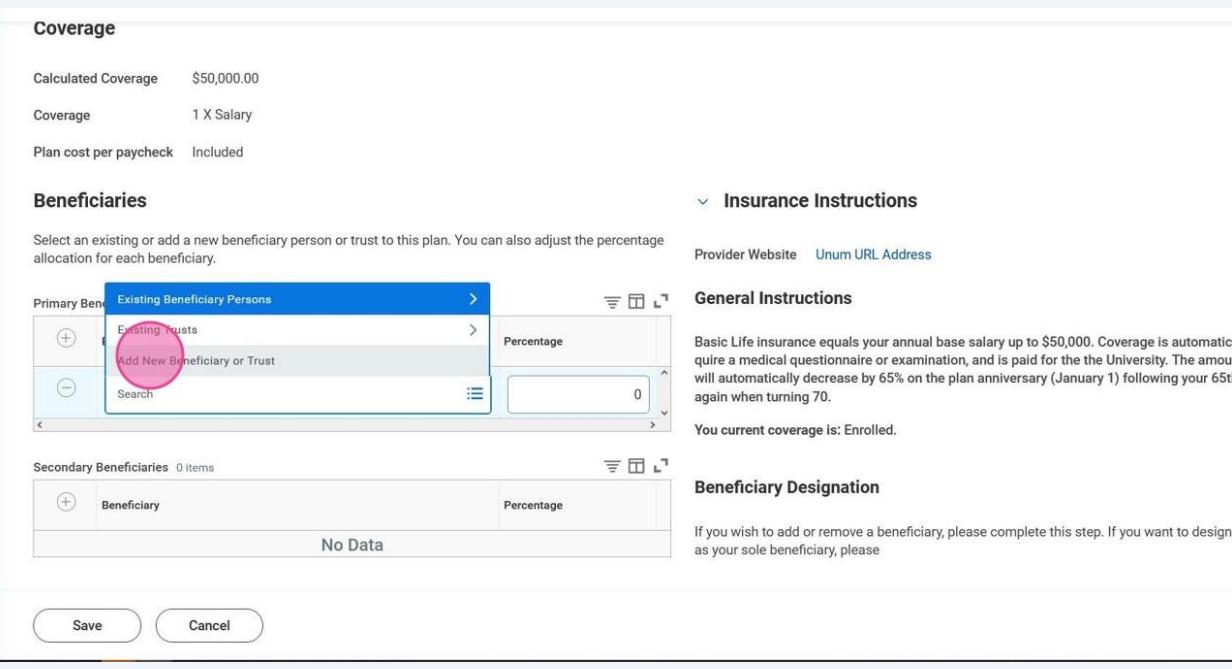
You current coverage is: Enrolled.

**Beneficiary Designation**

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

**Buttons:** Save, Cancel

**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.

Primary Beneficiaries

- Existing Beneficiary Persons (highlighted with a pink circle)
- Existing Trusts
- Add New Beneficiary or Trust
- Search

Percentage: 0

Secondary Beneficiaries: 0 items

Beneficiary	Percentage
No Data	

**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.

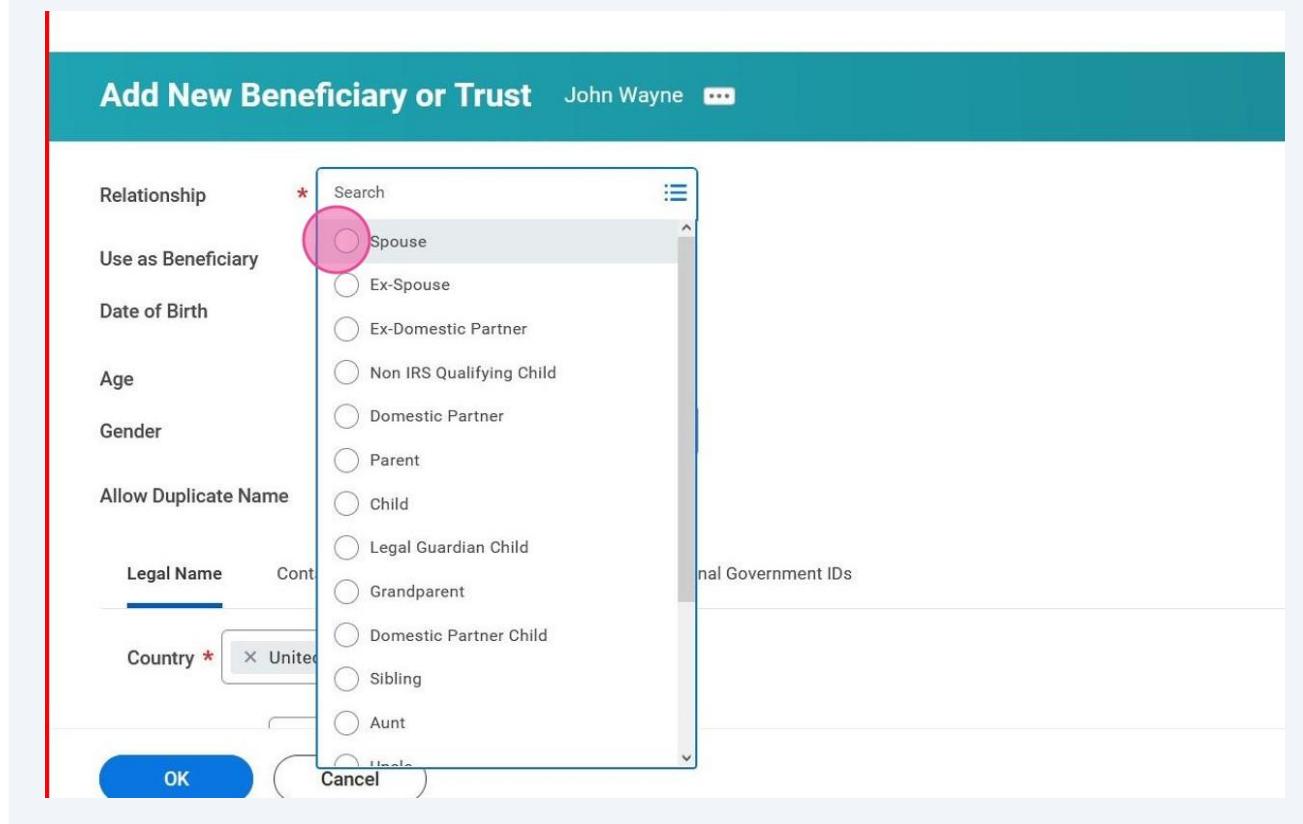
You current coverage is: Enrolled.

**Beneficiary Designation**

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

**Buttons:** Save, Cancel

32 Click beneficiary "Relationship Status"



**33** Add Beneficiary or Trust information.

**Add New Beneficiary or Trust** John Wayne 

Relationship	<input type="text" value="Spouse"/> *	
Use as Beneficiary	<input checked="" type="checkbox"/>	
Date of Birth	<input type="text" value="MM/DD/YYYY"/> 	
Age	(empty)	
Gender	<input type="text"/>	
Allow Duplicate Name	<input type="checkbox"/>	
<hr/>		
Legal Name	Contact Information	National IDs
<hr/>		
Country *	<input type="text" value="United States of America"/> 	
<hr/>		
 		

**34** Complete (\*) fields.

Relationship **\***  

Use as Beneficiary

Date of Birth  

Age

Gender  

Allow Duplicate Name

**Legal Name** **Contact Information** **National IDs** **Additional Government IDs**

Country **\***  

Prefix

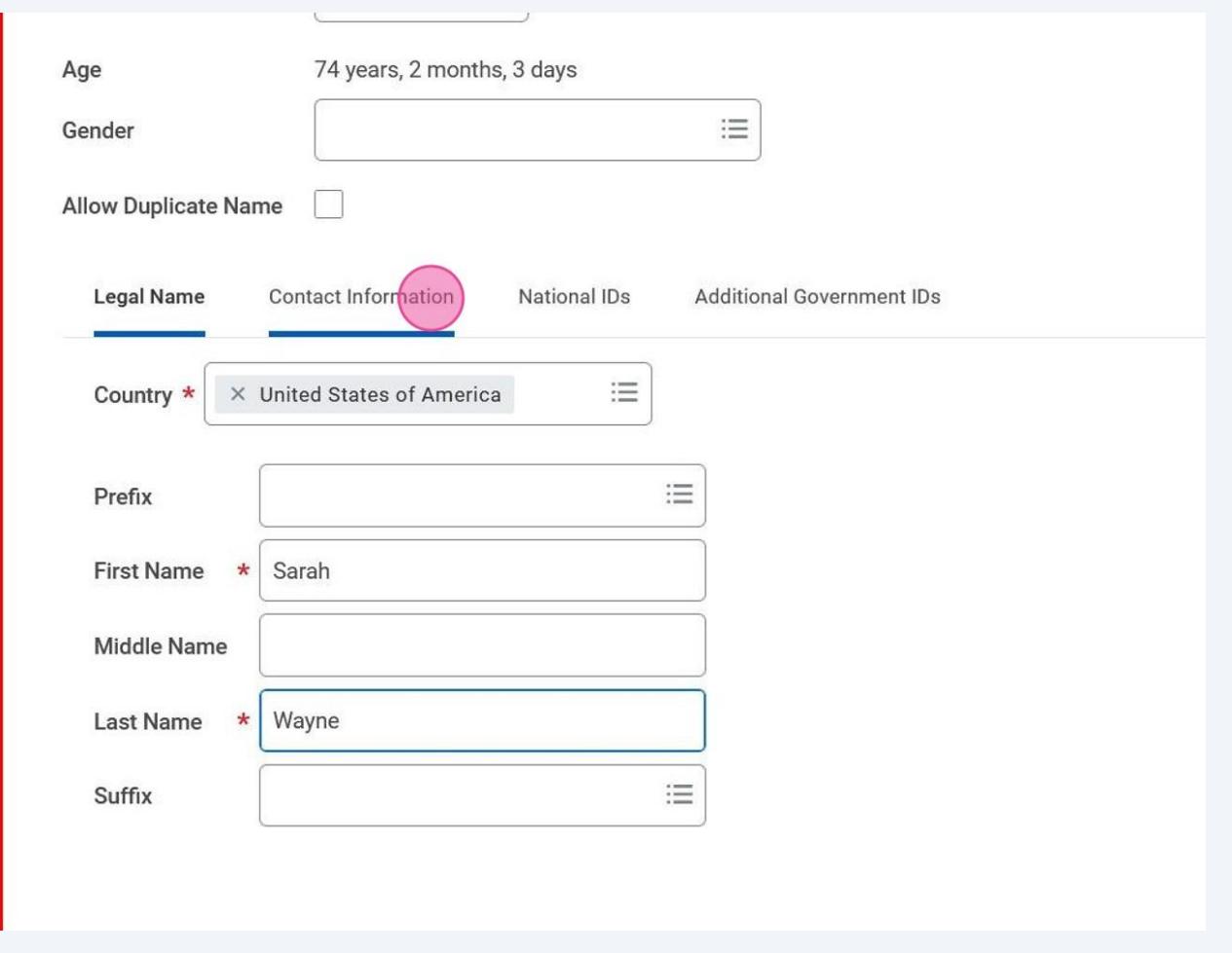
First Name **\***  

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

← By Contact

John Wayne



Sarah Wayne



WU Main Campus



Search



## Address

Use Existing Address



United States of America



Country

Address Line 1 \*

OK

Cancel

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

- All
- By Contact
- Search

Use Existing Address

Country \*



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**

---

**Address**

← All  123 Glory Lane for Sarah Wayne

Use Existing Address

Country \*

Address Line 1 \*

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

Use Existing Address  

Country United States of America

Address Line 1 123 Glory Lane

Address Line 2

City Middletown

State Connecticut

Postal Code 06457

County   
**Usage**  
 Home  
 Work  
 

Type  

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		Percentage
<input data-bbox="230 752 262 774" type="button" value="+"/> Beneficiary	<input data-bbox="294 752 325 774" type="button" value="X"/> Sarah Wayne	0

Secondary Beneficiaries 0 items		Percentage
<input data-bbox="230 909 262 932" type="button" value="+"/> Beneficiary		No Data

**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 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

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		Percentage
<input data-bbox="230 1605 262 1628" type="button" value="+"/> Beneficiary	<input data-bbox="294 1605 325 1628" type="button" value="X"/> Sarah Wayne	100

Secondary Beneficiaries 0 items		Percentage
<input data-bbox="230 1763 262 1785" type="button" value="+"/> Beneficiary		No Data

**Insurance Instructions**

Provider Website Unum URL Address

**General Instructions**

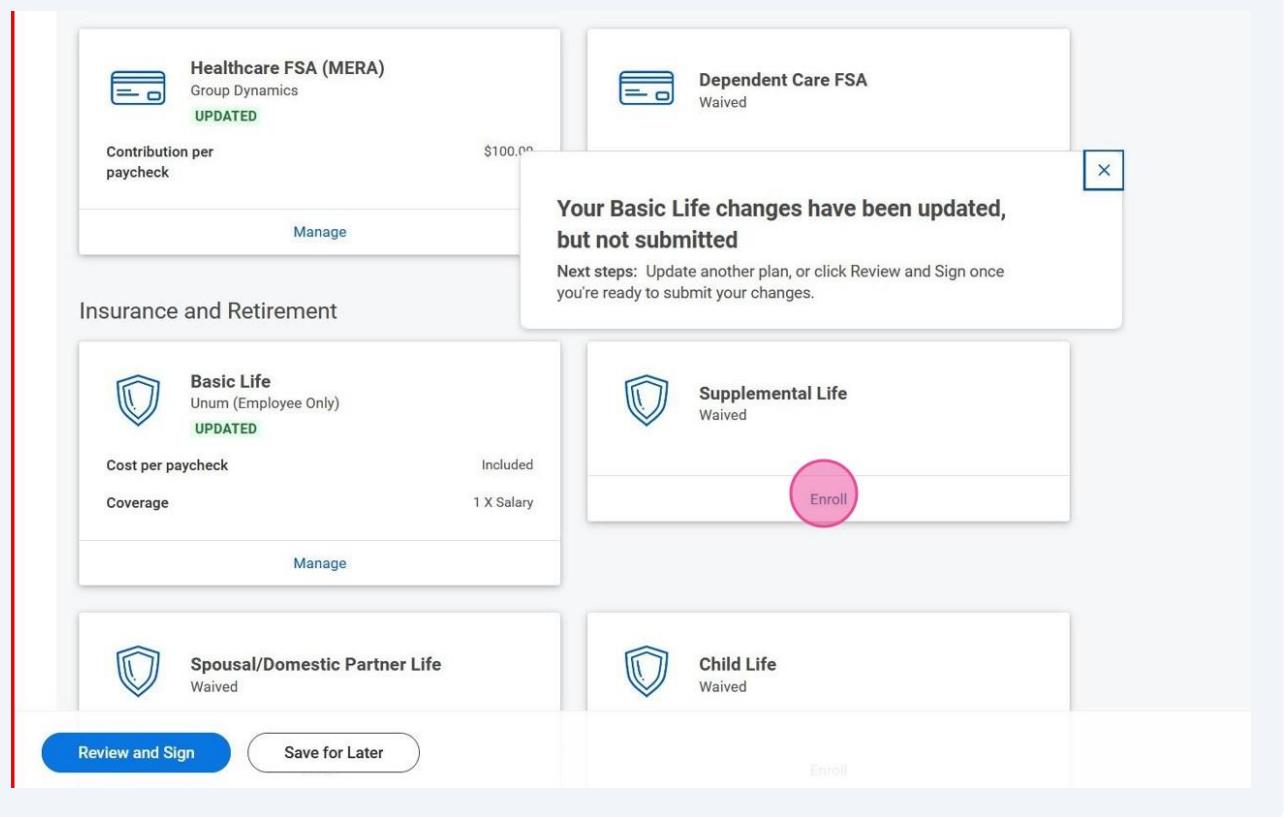
Basic Life insurance equals your annual base salary up to \$50,000. Coverage is automatic, does not require a medical questionnaire or examination, and is paid for the University. The amount of coverage will automatically decrease by 65% on the plan anniversary (January 1) following your 65th birthday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

Your Basic 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.

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

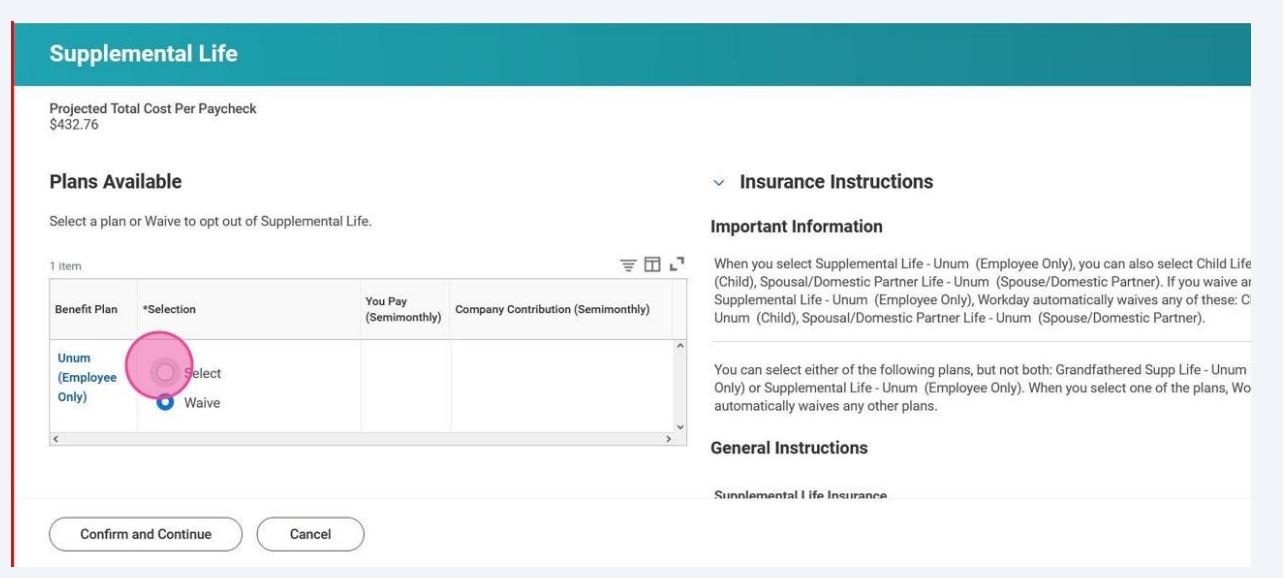
Child Life  
Waived

Review and Sign

Save for Later

Enroll

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.

Benefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Unum (Employee Only)	<input checked="" type="radio"/> Select <input type="radio"/> 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 or 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 Supp Life - Unum Only or Supplemental Life - Unum (Employee Only). When you select one of the plans, Workday 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

Calculated Coverage

Coverage  \* Search

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



### 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



Percentage

No Data

Secondary Beneficiaries 0 items



No Data

### 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.

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

Existing Beneficiary Persons


Existing Trusts


Add New Beneficiary or Trust


Search


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 \*  

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


Sarah Wayne


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

 <b>Basic Life</b> Unum (Employee Only) <small>UPDATED</small>	 <b>Supplemental Life</b> <small>Included</small>
Cost per paycheck  Coverage	1 X Sale
<a href="#">Manage</a>	
<b>Your Supplemental Life changes have been updated, but not submitted</b> Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.	
 <b>Spousal/Domestic Partner Life</b> <small>Waived</small>	 <b>Child Life</b> <small>Waived</small>
<a href="#">Enroll</a>	<a href="#">Enroll</a>
 <b>Short Term Disability</b> Unum (Employee Only)	 <b>Long Term Disability</b> Unum (Employee Only)
Cost per paycheck  <a href="#">Review and Sign</a>	Cost per paycheck  <a href="#">Review and Sign</a>
<small>Included</small>	<small>Included</small>
<small>\$1</small>	<small>Coverage</small>
<small>Waived</small>	<small>60% of Salary</small>
<a href="#">Save for Later</a>	

## 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.

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

**Insurance Instructions**

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).

**Important Information**

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).

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

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 checked="" type="checkbox"/>	Sarah Wayne	Spouse	04/01/1950

### 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.

[Save](#)

[Cancel](#)

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

### 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 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.

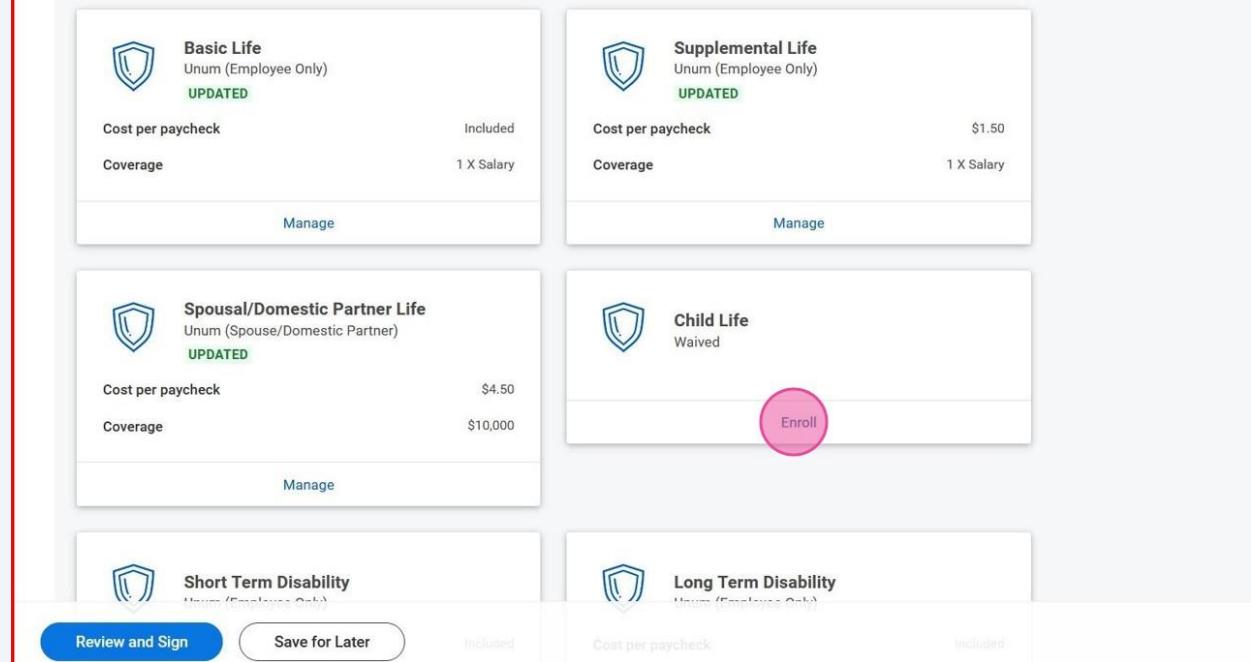
The beneficiary for optional Spouse/Domestic Partner Life insurance is the employee.

[Save](#)

[Cancel](#)

## 52 Click "Enroll Child Life"

### Insurance and Retirement



<b>Basic Life</b> Unum (Employee Only) <small>UPDATED</small>	<b>Supplemental Life</b> Unum (Employee Only) <small>UPDATED</small>
Cost per paycheck  Coverage	Cost per paycheck  Coverage
Included  1 X Salary	\$1.50  1 X Salary
<a href="#">Manage</a>	
<b>Spousal/Domestic Partner Life</b> Unum (Spouse/Domestic Partner) <small>UPDATED</small>	<b>Child Life</b> Waived
Cost per paycheck  Coverage	<a href="#">Enroll</a>
\$4.50  \$10,000	
<a href="#">Manage</a>	
<b>Short Term Disability</b> Unum (Employee Only)	<b>Long Term Disability</b> Unum (Employee Only)
<a href="#">Review and Sign</a>	<a href="#">Save for Later</a>
<small>Included</small>	<small>Included</small>

## 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)	<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) 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

[Confirm and Continue](#)

[Cancel](#)

## 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.

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 a 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 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.

**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
-------------------	----------

[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.

