HUMAN RESOURCES
Illinois State University

Mybenefits.illinois.gov

Enrolling in Benefits

STATE
your passion.

Enrolling in Benefits

Benefit Choice Enrollment

Once you know which plan is best for you, you can begin the enrollment process.

On the MyBenefits home page, click **Enroll Now** to launch the Enrollment tool.

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Benefit Choice Enrollment

On the MyElections page, click **Benefit Choice**, and then click **Restart**.

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 1. Click **View Profile** under your name tile to review your information and make necessary changes.

2. Click **Add Dependent** if necessary, and enter the required information.

3. Once you have reviewed all information and made any necessary changes, click **Next** to continue.

Add a Dependent

1. Add the dependent information. Required fields are marked with an asterisk (*). If the dependent does not yet have a SSN, please contact Human Resources.

Make sure the **Additional Coverage** question is answered correctly for the dependent. This only applies if the dependent you are enrolling in health/dental coverage has other health/dental coverage.

2. To add another dependent, click **Save and Add Another**. To return to the Family page, click **Save and Close**.

Note: You may be required to submit supporting documentation for covered dependents. This process is reviewed in the Upload Required Documents section.

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Personalize your benefits plan

Benefit Choice - July 1, 2017

Choosing Medical and Dental Coverages

1. Click the **Medical Selection** list and choose your medical plan. Note that some medical plans require you to select a Primary Care Provider.

2. If necessary, click **Change who is covered** to add or remove dependents from the benefit.

3. Click the **Dental Selection** list and choose your dental plan.

4. If necessary, click **Change who is covered** to add or remove dependents from the benefit.

5. Click **Next** to move to Life Insurance. If there is any missing information, a message will be displayed to alert you.

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Opting Out of Medical and Dental Coverages

1. If you are a full-time employee opting out of medical and dental coverage, you will see an error until you provide proof of other coverage.

2. Click **Prove that you already have coverage** to enter required information. The information you'll need should be on the group insurance card or certificate from your existing coverage.

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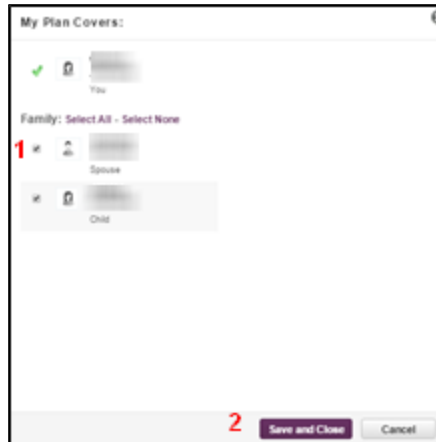
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Collecting Proof of Coverage

1. Select where your coverage originates.

2. Enter the appropriate information, which should be available on your existing group insurance card or certificate. Note that all fields are required.

3. Click the checkbox to accept the terms and conditions and acknowledge that you understand you will not be covered by your employer's medical and benefits.

4. Click **Save and Close** to save your entry and return to the .Medical and Dental Benefit selection page.

On the Medical and Dental Benefit selection page, click Next to move to **Life Insurance**. If there is any missing information, a message will be displayed to alert you.

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<u>Change Who Is Covered</u>

1. Click the checkbox next to each participant's name to change whether or not they are covered by the selected benefit.

2. Click **Save and Close** to return to the Benefit page.

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If you have chosen an HMO:

1. Click **Select your Primary Care Provider**.

2. Enter the missing information. Required fields are marked with an asterisk (*).

3. If you don't know the 10-digit NPI/PCP number or three-digit Facility Code, click the search button to open the Provider Directory in a separate tab or window and look it up. Make note of the NPI number and, if enrolling in one of the Blue Cross/Blue Shield plans, the Facility Code, and then enter the information in the appropriate field.

4. Click **Save and Close** to return to the Benefit page

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Life Insurance

1. Click each insurance selection list and choose your coverage amount. If you do not want to elect optional coverage, select **Waive**.

Note: If you choose to add optional life coverage or spouse life coverage, you or your spouse will need to complete a Statement of Health and submit it to Minnesota Life. Statement of Health forms are available on the main page under Forms and Documents.

2. Click **Next** to move to Flexible Spending Accounts.

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Flexible Spending Accounts

1. Click in the Medical Care Assistance Plan and enter the total annual amount you want to contribute.

2. Click in the Dependent Care Assistance Plan and enter the total annual amount you want to contribute.

3. Monthly costs are figured over a 12 month period. If your contract is less than 12 months, your actual costs will be higher that those displayed on your enrollment.

4. Click **Next** to move to the final review. If you want to review Medical/Dental or Life Insurance selections, click **Previous**.

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Finalizing Your Benefits Choices

1. Review your Benefits Plan. Any changes you have made from your previous choices are highlighted in blue.

2. Review the Terms and Conditions. Click the checkbox to agree.

3. If you need to make changes, click **Previous**.

4. Click **Next** to finish. You'll see the confirmation page and the option to **print your confirmation statement**. Click **Done** to leave enrollment and complete this step. You'll be notified if there are any required documents you'll need to upload.

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Self-Service Tools – View and Upload Required Documents

Some benefit choices will require you to provide supporting documentation before they can be applied.

Click either location to begin uploading documents.

All documents must be uploaded by June 5, 2017, for coverage changes to be effective.

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Upload Required Documents

Upload documents

This page lists the documents that you are required to submit related to enrolment changes that you recently submitted.

If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as i

For each required document, you can upload a file a maximum of five times.

- Click **Upload** to attach a document.
- Click **View** or a document name to view the document.
- Click **Replace** to attach a new version of a document you have already submitted.
- Click **Remove** to remove a document submitted in error and re-set it to "Not received". Note: If there is more than one version of a remove all of them.
- Click **Reject** to indicate that a document is not satisfactory and re-set its status to "Not received" so that the participant can submit
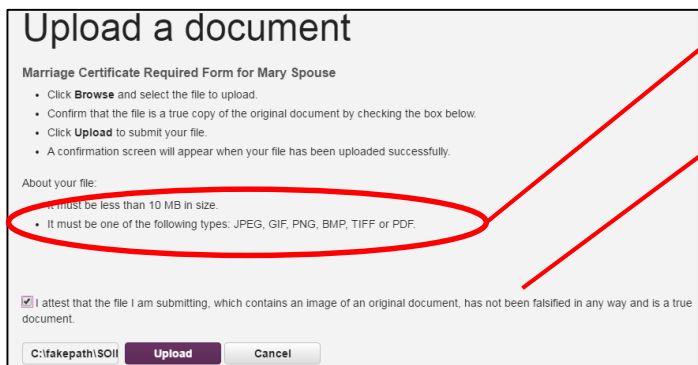
Marriage Certificate Required Form - Not Received

Required for **Mary Spouse** [Upload]

Upload a document

Marriage Certificate Required Form for Mary Spouse
- Click **Browse** and select the file to upload.
- Confirm that the file is a true copy of the original document by checking the box below.
- Click **Upload** to submit your file.
- A confirmation screen will appear when your file has been uploaded successfully.

About your file:
- It must be less than 10 MB in size.
- It must be one of the following types: JPEG, GIF, PNG, BMP, TIFF or PDF.

☑ I attest that the file I am submitting, which contains an image of an original document, has not been falsified in any way and is a true document.

C:\fakepath\SOII [Upload] [Cancel]

Click to show details about the Required Form and to access the upload function.

Click **Upload** to begin the process.

Click **Browse** and select the document to be uploaded. Note the file requirements.

Click to accept the statement attesting that the document is true and valid.

Click **Upload**. A confirmation screen will be displayed when the file has uploaded successfully.

If you have issues uploading documents, please bring your documents to HR and we will upload them for you.