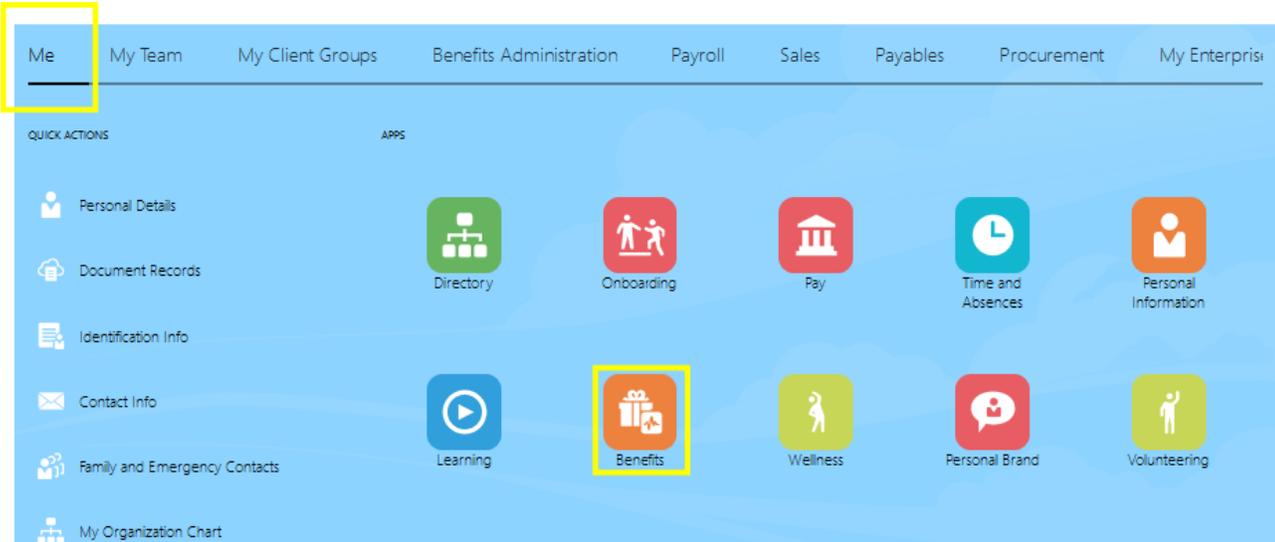


Completing Open Enrollment in Oracle Middlebury College

The guide walks you through how to enroll in benefits during Open Enrollment.

Audience: All Benefit Eligible Employees

Process Step & Description	Action
<p>1.0 Navigation Path</p>	<p>Getting Started</p> <ul style="list-style-type: none"> ➤ Navigation Path Me > Benefits <p>From the Home Screen, be on the “Me” tab.</p> <ul style="list-style-type: none"> ● Click on the “Benefits” Icon. 

- On this screen, click on **“Make Changes”**

Review your benefits package and relevant info before you enroll. Click on Make Changes to proceed.

Make Changes

Time Remaining: Days Make Changes Until: 11:59 PM EST

Pending Actions
Address your open items to complete enrollment

Your Benefits
See your current, past, and future enrollments

Report a Life Event
Record a life event for enrollment opportunities

Before You Enroll
Add family and others before you enroll

Document Records
Upload documents to support your enrollments

Need Help? Contact Us
Contact your representative for help

2.0 Review People to Cover

Before You Enroll

On the **“Before You Enroll”** screen:

- Review the people listed under People to Cover.
- To Add additional people to cover under your plans or include as a beneficiary click **Add**.
- If you do not have any additional people to add (or after you have added new people), click **Continue**.

Before You Enroll **Continue** Cancel

Information
To cover family and others in benefits, add them now before you enroll.

People to Cover **+ Add**

Test Friend (Test Friend)
Other

Test Spouse (Test Spouse)
Spouse

- After clicking Add, **enter the person's information.**
 - *Be sure the start date of the relationship is the date the relationship began or your date of hire, whichever is later.*
- After all information has been entered, click **Submit**.

New Contact

Basic Information

Contact Effective Start Date should be the date when employee acquired the contact or their date of hire whichever is later.

*Legal Last Name <input type="text" value="Spouse"/>	Middle Name <input type="text"/>
Legal First Name <input type="text" value="Test"/>	*Preferred First and Last Name <input type="text" value="Test Spouse"/>
Prefix <input type="text" value="Select a value"/>	Preferred Pronoun <input type="text" value="Select a value"/>
Suffix <input type="text" value="Select a value"/>	Previous Last Name <input type="text"/>
*Relationship <input type="text" value="Spouse"/>	Gender <input type="text" value="Female"/>
*What's the start date of this relationship? <input type="text" value="01-Jun-2021"/>	Date of Birth <input type="text" value="dd-mmm-yyyy"/>

This person is an emergency contact

- Click on your **Health & Welfare Program** icon to begin Open Enrollment.

Start Enrollment

Select a Benefit



MIDD - EFAP



Middlebury College Health and Welfare Program

3.0 Start Your Enrollment

- Read and **Accept** the Authorization.

Authorization

Accepting this acknowledgement is not enrolling in or waiving benefits. I understand that to enroll in benefits I must complete the process within Oracle by clicking submit and viewing the enrollment page. If I have questions I will contact the Benefits Team at 802-443-5485 or benefits@gmhec.org.

Health and Welfare Plan Changes: I understand that I cannot change my health and welfare coverage elections outside of open enrollment or my initial enrollment period unless I experience a change in family status as defined by the IRS as a qualifying life event (marriage, divorce, birth, adoption, etc.). If I enroll in a medical plan with an HSA, I understand I can change the amount of my HSA contribution. I further agree to notify the GMHEC Benefits Team at benefits@gmhec.org or by initiating a life event in Oracle within 30 days of the event that may affect benefits eligibility.

Retirement Benefits Changes: I understand that I may make changes to my retirement contributions throughout the year and they will be effective coinciding with the pay period that I submit the change.

Benefit Dependents: I attest that the person(s) listed and enrolled in my benefits are my dependents as defined in the Middlebury College Health and Welfare Benefit Plan Summary Plan Description. I certify that I can provide proof of dependent status (valid marriage or civil union certificate, civil union certificate, CA domestic partnership registry certificate, birth/adoption certificate, proof of legal guardianship etc.) if requested to do so.

Paycheck Deductions: I hereby authorize Middlebury College to withhold the pre-tax employee portion of the medical, dental, and/or vision premium from my pay. I understand that employee contributions for medical, dental, and/or vision premiums are withheld on a pre-tax basis except those for civil union partners & Registered Domestic Partners, which are subject to federal and FICA taxation, and Non-State Registered domestic partner coverage which is subject to FICA, State, and Federal taxes and that Civil Union and Domestic Partner (CA Registered and Non-State Registered) coverage also result in additional taxable imputed income equal to the Fair Market Value of the employer's contribution to the coverage. Additionally, I authorize Middlebury College to withhold premiums for voluntary coverage elections I make that are not pre-tax.

Flexible Spending Accounts: I understand that by electing to participate in Flexible Spending Account (FSA) options I authorize the adjustment of my annual taxable salary, with the "tax protected" funds being transferred into my FSA(s). I understand that my election cannot be changed during the plan year unless I experience an eligible change in status. I understand my total annual election stated in my enrollment will be divided by the remaining number of payrolls in the calendar year to determine a per pay period amount. I understand that I will have until 90 days following the end of the plan year to submit receipts for reimbursement for services received during the plan year, and that any unused amounts remaining at the end of this claims run out period will be forfeited, per IRS regulations.

Electronic Communication Agreement: I agree to receive electronic communications, notices, and documents related to my benefits in accordance with applicable laws and regulations. I understand that this authorization pertains to all information regarding my benefits, including but not limited to enrollment information, plan updates, coverage details, claims information, Summary Plan Documents, Plan Documents, and relevant correspondence.

- From the Health and Welfare Program Page, click **Edit** next to the grouping of benefits you'd like to review or change your enrollment for.
 - *Medical/Dental/Vision is first.*

Medical/Dental/Vision ✎ Edit

Medical

MIDD - Medical PPO Employee Only	56.58
	<small>▼</small>

Dental

MIDD - Dental PPO Employee Only	4.30
	<small>▼</small>

Vision

MIDD - Vision - Base Employee Only	0.76
	<small>▼</small>

- If you would like to keep all of the same enrollments, click Continue at the top of the page.
- If you would like to change your enrollment, click the *check box* next to the plan you would like to enroll in.

<input style="border: 1px solid yellow;" type="checkbox"/>	<p>Family 5,476.38 Annually</p>	<p>210.63 Employee Contribution</p>
	<p>Employer Contribution 1,006.83</p>	

- Select the dependents to enroll, if applicable. Then, click **Ok**.

MIDD - Medical PPO
Family

OK Cancel

210.63
Employee Contribution

Annual Amount
5,476.38

Employer Contribution
1,006.83

Who do you want to cover?

- Test Test Spouse (Test Spouse) (Spouse)
- Test Child (Test Child) (Child)

- Once you have reviewed each Medical, Dental, and Vision, and made applicable changes, scroll to the top and click **Continue**.

Medical/Dental/Vision

Continue Cancel

Currency in USD

Your Total Cost

5.52
Per Pay Period

Please review your current enrollment in your medical, dental and vision plans. To change your current election, click on the blue Selected button. To add a new election, click on Select and add dependents by clicking the box. Dependents will show if you have entered them in the contact screen.

Medical

MIDD - Medical Panther HDHP

- The next group of benefits is FSA/HSA. If you would like to enroll in these benefits, the IRS requires active enrollment and elections each year. Click **Edit**.

FSA/HSA



HSA



There's nothing here so far.

FSA



There's nothing here so far.

FSA Limited Use



There's nothing here so far.

- Click the *check box* next to the Savings Account(s) you would like to enroll in.
- Enter the **dollar amount** you would like to set aside from your pay checks for the calendar year. Notice the bi-weekly paycheck amount appear. Click **Ok**.

MIDD - HSA Panther
Family

192.31
Employee Contribution

Annual Amount

0 to 5300, in increments of 0.01

Employer Contribution
76.92

OK

Cancel

- Once you have reviewed each FSA/HSA and made applicable changes, scroll to the top and click **Continue**.

- Scroll down to Life Insurance, click **Edit**.

Life Insurance



Life and AD&D Insurance

 You haven't picked any beneficiaries yet.

MIDD - Basic Life Employee
Elect

 You haven't picked any beneficiaries yet.

MIDD - Basic AD&D Employee
Employee Only

- Click the **pencil** next to the Basic Life Employee to review and/or update your beneficiaries in the college paid benefit.

MIDD - Basic Life Employee

 You haven't picked any beneficiaries yet.

Elect

Coverage Amount
75,000.00

Employer Contribution
4.95



- Scroll down to Accident Insurance/Critical Illness/Whole Life. Click **Edit**.

Accident Insurance/Critical Illness/Whole Life Edit

Critical Illness

MIDD - Critical Illness Employee \$10,000 Coverage	12.73
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Accident Insurance

 There's nothing here so far.

MIDD - EFAP

MIDD - MSA (My Secure Advantage) Employer Contribution	▼
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- Select the **check box** next to each coverage type you would like to elect. Click **Continue** when finished.

Accident Insurance/Critical Illness/Whole Life Continue Cancel

SAINT MICHAEL'S COLLEGE (800) 416-5209
MIDDLEBURY COLLEGE (888) 503-1106

Critical Illness

MIDD - Critical Illness Employee

<input checked="" type="checkbox"/> \$10,000 Coverage 330.95 Annually	12.73 Employee Contribution
<input type="checkbox"/> \$20,000 Coverage 661.91 Annually	25.46 Employee Contribution
<input type="checkbox"/> \$30,000 Coverage 992.86 Annually	38.19 Employee Contribution

Coverage Amount 10,000.00
Coverage Amount 20,000.00
Coverage Amount 30,000.00

4.0 Submit Your Enrollment

- Once you have made all of your elections, scroll to the top of the page. Review your Per Pay Period cost. Click **Submit**.



Middlebury College Health and Welfare Program

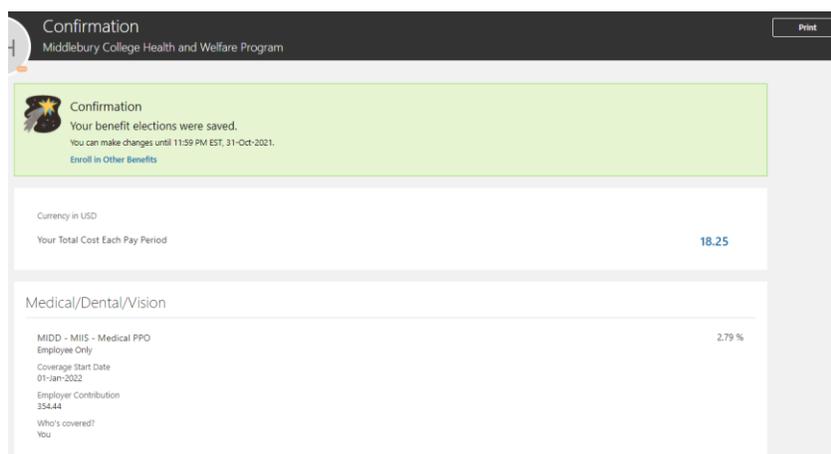
Submit Cancel

Currency in USD

Your Total Cost

44.17
Per Pay Period

- Review, save, or print your confirmation.



Confirmation
Middlebury College Health and Welfare Program

Print

Confirmation
Your benefit elections were saved.
You can make changes until 11:59 PM EST, 31-Oct-2021.
[Enroll in Other Benefits](#)

Currency in USD

Your Total Cost Each Pay Period

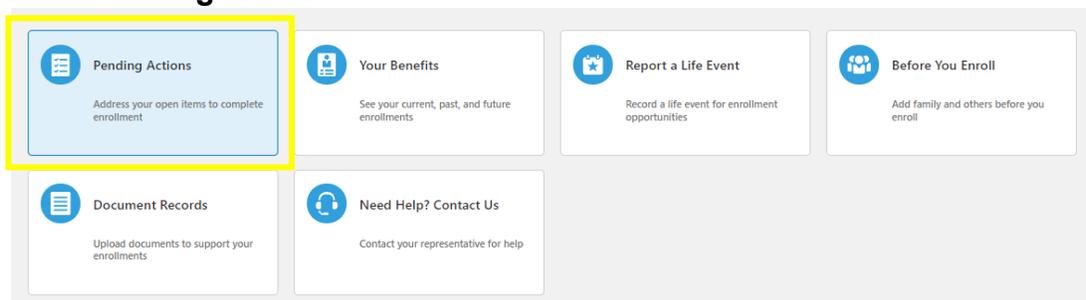
18.25

Medical/Dental/Vision

MIDD - MIIS - Medical PPO Employee Only Coverage Start Date 01-Jan-2022 Employer Contribution 354.44 Who's covered? You	2.79 %
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5.0 Review and Resolve Action Items

- Navigate back to the Benefits home page.
- Click the **Oracle Icon** at the top > **Me** > **Benefits (Orange Presents Icon)**
- Click **Pending Actions**.



Pending Actions
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	<ul style="list-style-type: none"> ● Review any actions requiring resolution. <ul style="list-style-type: none"> ➤ Perhaps you did not elect a beneficiary for your Life insurance. Click the item, review your elections, make necessary changes, and click Submit. ➤ Note: If you have enrolled in Life Insurance requiring an Evidence of Insurability form, the benefits team will reach out to you with a link to the form and resolve this Pending Action for you once requirements have been met.
<p>6.0 CELEBRATE! 😊</p>	<ul style="list-style-type: none"> ● <i>Congratulations! You have now completed your annual benefits open enrollment!</i>