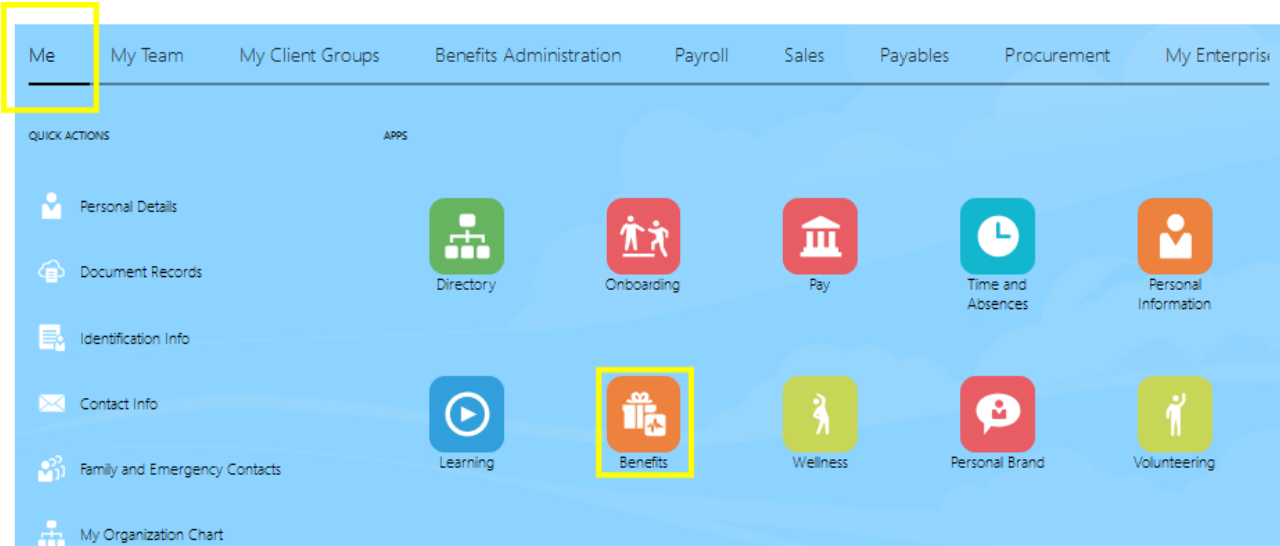


Completing Open Enrollment in Oracle Middlebury College

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

Submit Cancel

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 Spouse	Middle Name
Legal First Name Test	*Preferred First and Last Name Test Spouse
Prefix Select a value	Preferred Pronoun Select a value
Suffix Select a value	Previous Last Name
*Relationship Spouse	Gender Female
*What's the start date of this relationship? 01-Jun-2021	Date of Birth 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

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/marriage 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/Marriage 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.

I also understand that I cannot change my coverage election until open enrollment unless I experience a change in family status, as defined by the IRS. By adding a dependent designated as a spouse or child: I attest that the person(s) listed are my dependents as defined in the Middlebury College Health and Welfare Benefit Plan Summary Plan Description, and 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. I further agree to notify the GMHEC Benefits Services Team, at benefits@gmhec.org or by initiating a life event in Oracle, within 30 days of a change in family status that may affect benefits eligibility.

I understand that by electing to participate in the Flexible Spending Accounts(s) (FSA), I authorize the adjustment of my annual taxable salary, with the "tax protected" funds being transferred into my Flexible Spending Account(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 above, 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 March 31 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.

- 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

Medical

MIDD - Medical PPO Employee Only	56.58
	▼

Dental

MIDD - Dental PPO Employee Only	4.30
	▼

Vision

MIDD - Vision - Base Employee Only	0.76
	▼

- 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 type="checkbox"/>	Family 5,476.38 Annually	210.63 Employee Contribution
Employer Contribution 1,006.83		

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

MIDD - Medical PPO Family	210.63 Employee Contribution
Annual Amount 5,476.38	
Employer Contribution 1,006.83	
Who do you want to cover?	
<input checked="" type="checkbox"/>	Test Test Spouse (Test Spouse) (Spouse)
<input checked="" type="checkbox"/>	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

 Edit

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



- Allocate your beneficiaries by placing percentages within the Primary and Contingent Beneficiaries sections. Click **Ok**. Be sure to do this for both your Basic Life and Basic AD&D Insurance provided by the college.

Life and AD&D Insurance

MIDD - Basic Life Employee

MIDD - Basic Life Employee
Elect

Coverage Amount 113,000.00	Employer Contribution 7.46
Primary Beneficiaries <input checked="" type="checkbox"/> Test Spouse (Test Spouse) <input type="text" value="100"/> % <input type="checkbox"/> Test Child (Test Child) <input type="text" value=""/> % <input type="checkbox"/> Test Friend (Test Friend) <input type="text" value=""/> % <input checked="" type="checkbox"/> 0% left	Contingent Beneficiaries <input type="checkbox"/> Test Spouse (Test Spouse) <input type="text" value=""/> % <input type="checkbox"/> Test Child (Test Child) <input type="text" value="50"/> % <input type="checkbox"/> Test Friend (Test Friend) <input type="text" value="50"/> % <input checked="" type="checkbox"/> 0% left

- To select any Voluntary Life or AD&D Coverage, select the **check box** next to the associated insurance you would like to purchase.
- Within each coverage type, enter the amount of coverage you would like to purchase, allocate your beneficiaries, and click **Ok**.

MIDD - Voluntary Life Employee

MIDD - Voluntary Life Employee
Employee Only

25.92
Employee Contribution

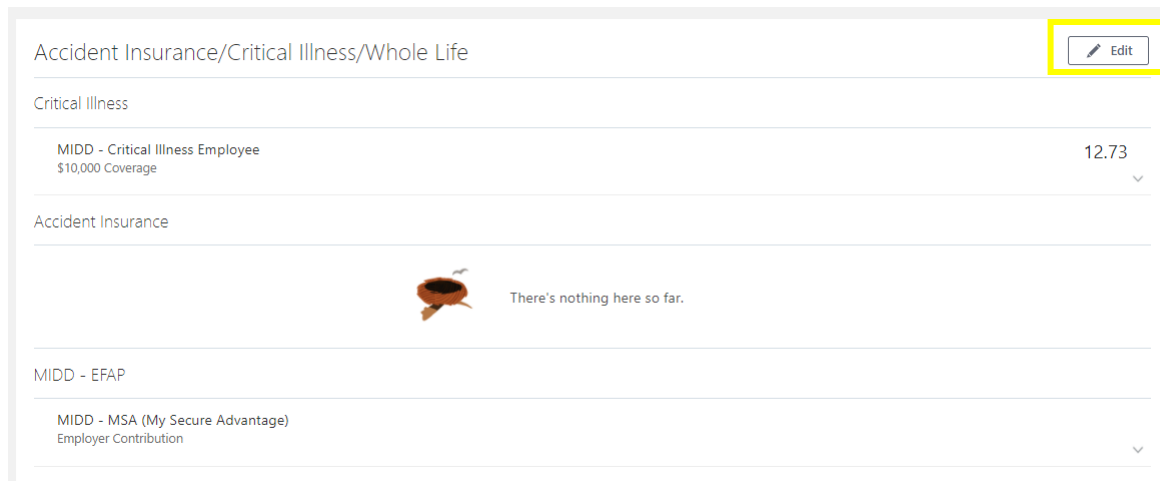
Coverage

 0 to 500000, in increments of 10000

Annual Amount 0/3.79	Primary Beneficiaries <input checked="" type="checkbox"/> Test Spouse (Test Spouse) <input type="text" value="100"/> % <input type="checkbox"/> Test Child (Test Child) <input type="text" value=""/> % <input type="checkbox"/> Test Friend (Test Friend) <input type="text" value=""/> % <input checked="" type="checkbox"/> 0% left	Contingent Beneficiaries <input type="checkbox"/> Test Spouse (Test Spouse) <input type="text" value=""/> % <input type="checkbox"/> Test Child (Test Child) <input type="text" value="75"/> % <input type="checkbox"/> Test Friend (Test Friend) <input type="text" value="25"/> % <input checked="" type="checkbox"/> 0% left
-------------------------	---	--

- After enrolling in each type of life insurance you would like to elect, click **Continue** at the top of the page.

- 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
---	-------

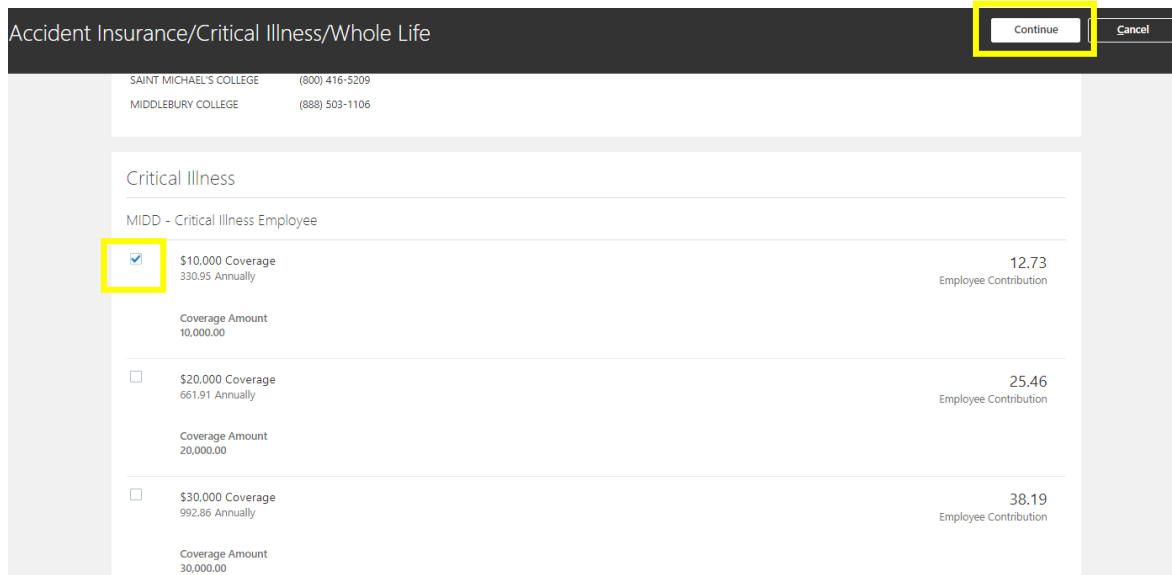
Accident Insurance

There's nothing here so far.

MIDD - EFAP

MIDD - MSA (My Secure Advantage) Employer Contribution	
---	--

- 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

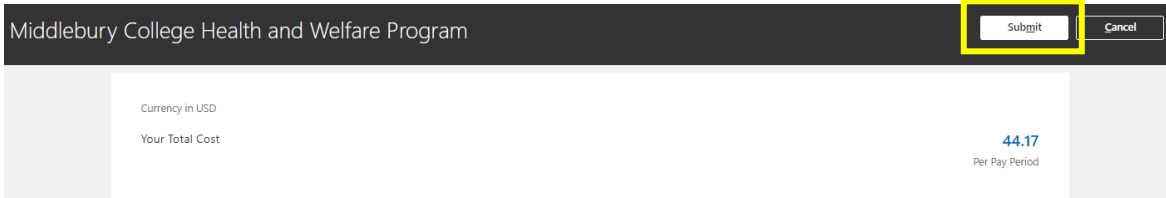
Critical Illness

MIDD - Critical Illness Employee

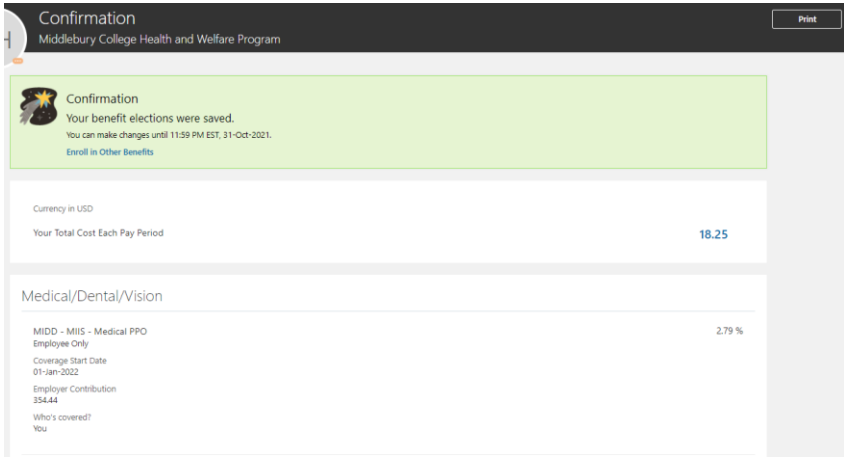
<input checked="" type="checkbox"/> \$10,000 Coverage 330.95 Annually Coverage Amount 10,000.00	12.73 Employee Contribution
<input type="checkbox"/> \$20,000 Coverage 661.91 Annually Coverage Amount 20,000.00	25.46 Employee Contribution
<input type="checkbox"/> \$30,000 Coverage 992.86 Annually Coverage Amount 30,000.00	38.19 Employee Contribution

**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**.

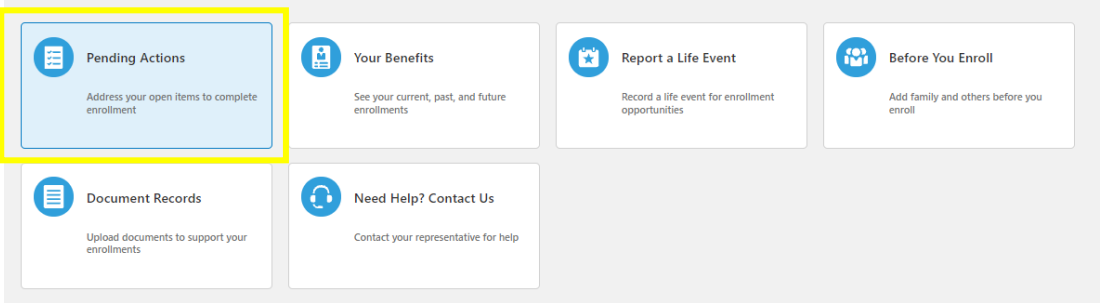


- Review, save, or print your confirmation.



**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**.



	<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>