



## Bellin Health Benefits Online Enrollment Instructions

For benefit eligible employees (regular part-time and full-time, .5 – 1.0 FTE)

**Benefit enrollment is completed online using one of the following:**

**On Julius, click on "Infor (Lawson)" under Quick Links, or**

**Go to [BellinBenefits.org](https://BellinBenefits.org) and click on**

Employee Space 

**button on bottom of home page.**

Online enrollment on Employee Space (Infor), is a secure and easy process that can be completed from any computer with internet access after you have logged in at least once on a Bellin Computer. Note: If you are a new hire or an existing employee that has never logged in at a Bellin computer, you will not be able to access Employee Space from an off-site computer and will need to complete your enrollment on a Bellin computer. In addition, mobile browsers are not currently supported. If you don't know your Bellin Network Username and Password, you will need to contact the IS Service Desk at (920) 436-8600.

**Online Enrollment must be completed within 30 days of date of hire/date of benefit eligibility.** After enrolling online, you will have secure online access to your benefit information 24 hours a day. Follow the steps below to access the system and complete your enrollment.

**Important:** You should always log out of Employee Space (Infor) and close your browser when you are done, to insure that no one else will have access to your personal information.

### What you need before you start...



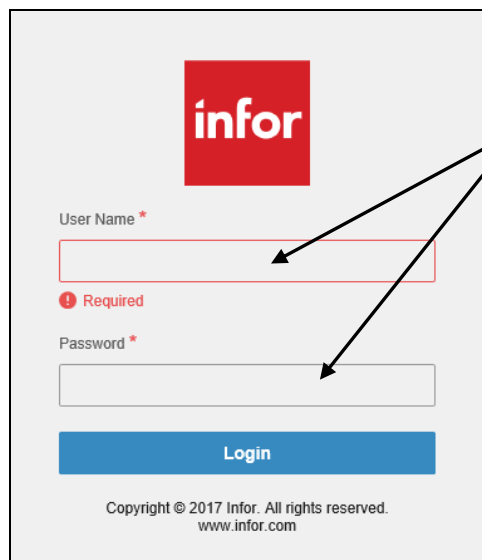
**You will need the dates of birth and social security numbers for your dependents** (social security number is required for dependents being enrolled in the Medical insurance by the Centers of Medicare and Medicaid, CMS) *Note: Only the last four digits of the social security number will be displayed when you view dependents online in Employee Space.*



**Once you have completed your enrollment, you will not be able to log back into the system to make changes. If you need to change your enrollment, you will need contact Human Resources within 30 days of your date of hire/date of status change) to make changes.**

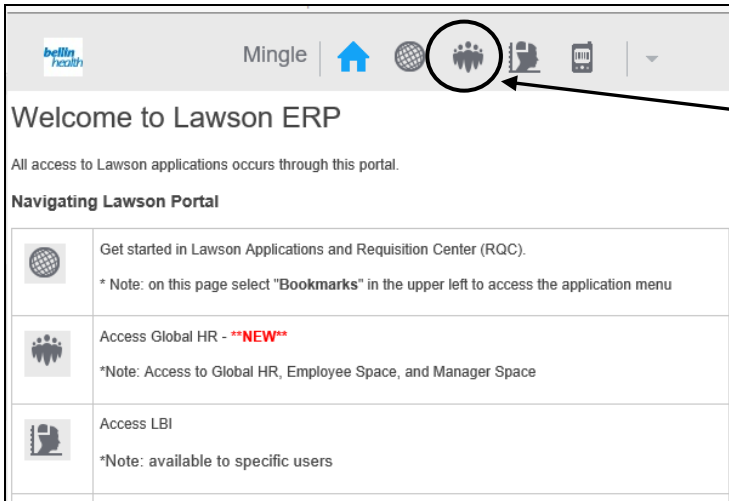
### How to Log in...

Log on to the internet and access Employee Space using the instructions at the top of this page. You should see the screen shown below:



Enter your Bellin Network Username and Password (the same Username and Password you use to log into your computer at Bellin).

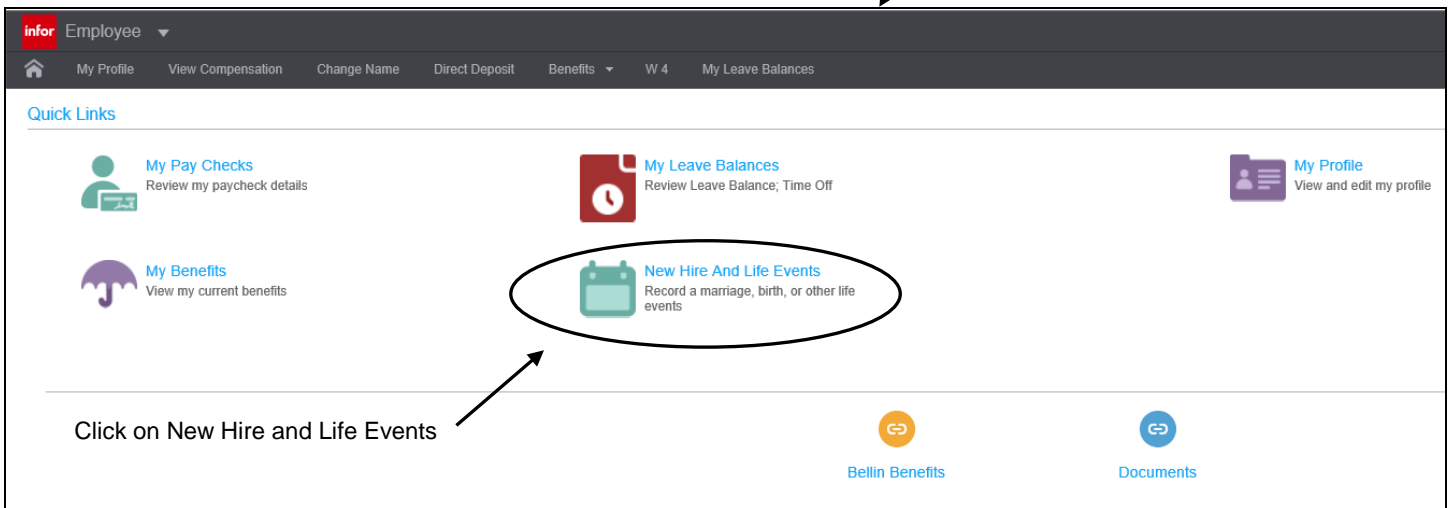
Click "Login".



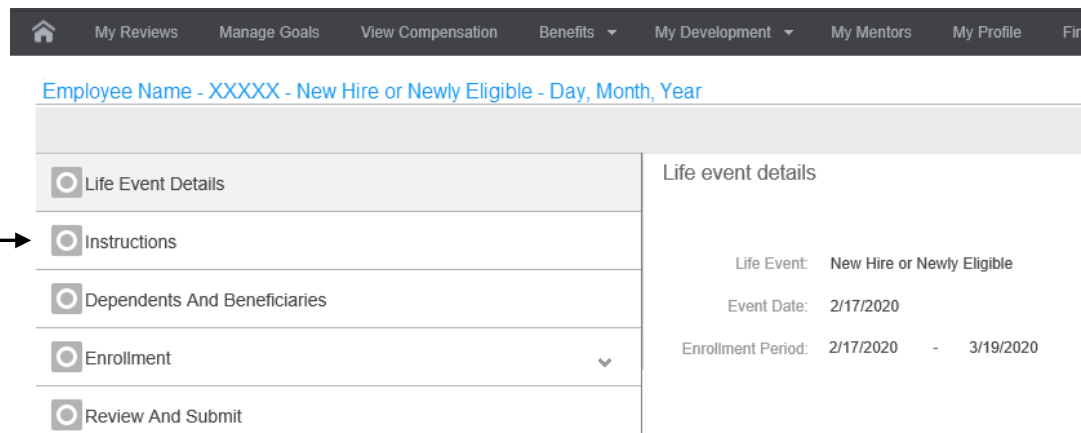
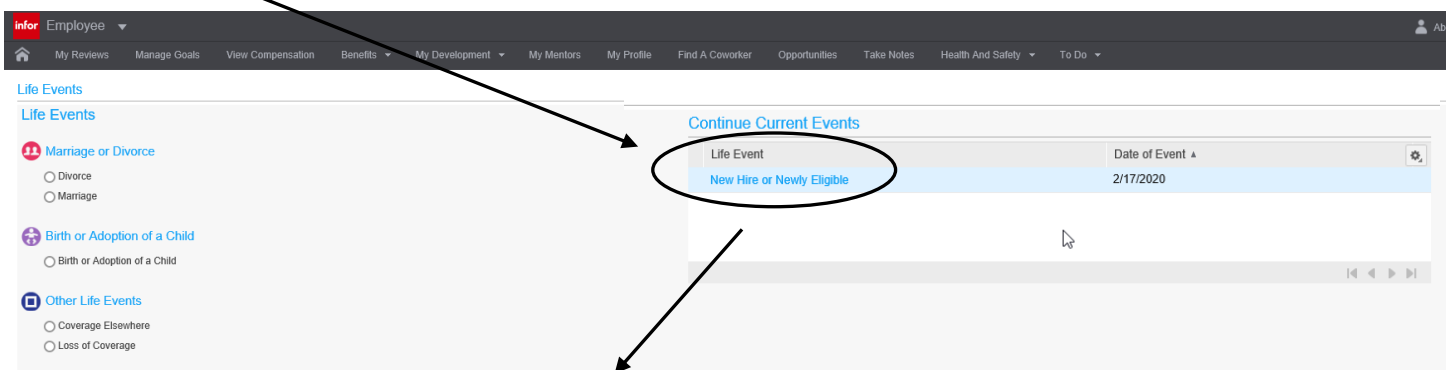
If you access Lawson ESS from Julius, you will see this screen:

Next, click on the people icon in the toolbar at the top of the page.

If you access Lawson ESS from BellinBenefits.org, you will see the screen below.



Click on the "New Hire or Newly Eligible" event. If you do not see this box, you will need to contact Human Resources.



This screen shows information about your enrollment event (date and enrollment period).

After reviewing the screen, click on "Instructions" on the left side of the screen.

Please review the Enrollment Instructions, then click on “Dependents and Beneficiaries”.

Employee Name - XXXXX - New Hire or Newly Eligible - Day, Month, Year

☒ Life Event Details

☐ Instructions

☐ Dependents And Beneficiaries

☐ Enrollment

☐ Review And Submit

Enrollment Instructions

Welcome New Hire/Newly Eligible Enrollment

Please review the information below before continuing with your enrollment.

**IMPORTANT ENROLLMENT INFORMATION**

Online enrollment for benefits must be completed within 30 days of date of hire (new hires) or within 30 days of a status change in the health, dental or vision insurance.

In addition, changes to enrollment (including canceling or removing dependents) may be made annually during Open Enrollment. If you do not complete enrollment within 30 days of date of hire/date of status change, you will need to wait until the next enrollment period.

Note: Coverage may not be cancelled (or dependents removed) during the plan year without a qualifying event.

Note: You can also use the “Previous” or “Next” buttons to advance or go back.

Previous

Next

Next, Add your dependents/individuals for beneficiaries

#### Adding Dependents and Beneficiaries

Add/Update dependents that you will be enrolling on your benefit plans or individuals for your beneficiaries. NOTE: Date of Birth, Gender and SSN must be completed for Dependents or they will not be eligible for enrollment.

Add							
Name	Relationship	Birthdate	Identification Number	Benefit Enrollment		Beneficiary	
				Eligible	Enrolled	Eligible	Designated

Add Dependent Or Beneficiary

☐ Add a Will or Trust as Beneficiary

Name

Title:

Given Name(First):

Middle Name:

Family Name(Last):

Suffix:

Professional Designation:

Preferred Given Name:

Preferred Family Name:

Identification Number

New Identification Number:

Country: US

Additional

Relationship:

Birthdate:

Adoption Date:

Placement Date:

Gender:

Smoker:

Student:

Disabled:

Benefits

If you click “Add”, the box to the left will open for you to enter information. You must enter information into the fields indicated: Given Name (First), Family Name (Last), New Identification Number (SSN), Relationship, Birthdate and Gender.

Relationship	Description	Type
CHARITY	Charity	Non Tax Qualified Dependent
CHILD	Child	Dependent
CIVILUNION	Civil Union	Non Tax Qualified Dependent
COMMONLAW	Common Law	Non Tax Qualified Dependent
DOMESTPART	Domestic Partner	Non Tax Qualified Dependent
EXSPOUSE	Ex-Spouse	Spouse
FATHER	Father	Non Tax Qualified Dependent
LEGALGUARD	Legal Guardian	Dependent
MOTHER	Mother	Non Tax Qualified Dependent
OTHER	Other Non-Relative	Non Tax Qualified Dependent

After completing the fields above, use the gray bar on the right side to scroll down to complete additional information.

Click here to go to the next screen for “Spouse”.

(Continued)

**Benefits**

Health Insurance Claim Number:

Primary Care Physician:

Established Patient:

Prior Months Coverage:

Medicare:

**Home Phone**

Country Code:  Phone Number:

Ext:

**Work Phone**

Country Code:  Phone Number:

Ext:

**Address**

Email Address:

☒ My Home Address

OR

☐ My Mailing Address

OR

Country:

Check the box under address and click on OK to add your dependent.

After adding your dependents, they will be displayed as shown below. They will now be available for you to enroll in your benefit plans and/or designate a beneficiary for your Life insurance.

**Adding Dependents and Beneficiaries**

Add/Update dependents that you will be enrolling on your benefit plans or individuals for your beneficiaries. NOTE: Date of Birth, Gender and SSN must be completed for Dependents or they will not be eligible for enrollment.

Name	Relationship	Birthdate	Identification Number	Benefit Enrollment		Beneficiary	
				Eligible	Enrolled	Eligible	Designated
Smith, Jada	Child	4/4/2004	XXX-XX-5678	Yes	No	Yes	No
Smith, Fred	Spouse	1/1/1980	XXX-XX-7999	Yes	No	Yes	No
Smith, Fritz	Child	2/2/2012	XXX-XX-1111	Yes	No	Yes	No

Click on "Next" (lower right side) or "Enrollment" on the left side to start your benefit enrollment.

☒ Life Event Details

☒ Instructions

☒ Dependents And Beneficiaries

☒ **Enrollment**

- Health Plans
- Dental Plans
- Vision Plans
- Medical/Limited FSA Plans
- Dependent Care FSA Plans
- Short Term Disability Plan
- Voluntary Long Term Disability Plans
- Voluntary Employee Life Insurance Plans
- Voluntary Spouse Life Insurance Plan
- Voluntary Child Life Insurance Plan
- LifeMatters Employee Assistance Plan

☐ Review And Submit

## Enrollment

Complete enrollment in benefit plans.

The plans you are eligible for are displayed on the left. Note: The 401(k) plan is not included in benefit enrollment. See information on page 8.

You will need to click on each plan, choose the plan you are enrolling in and enroll dependents (if applicable), or choose the waive plan option.

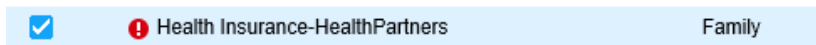
You may advance to the next benefit by clicking on the benefit name or the "Next" button on the lower right side of the screen.

★ Exempt (salaried or contract) employees are provided with EBB (Exempt Benefit Bank) and Long Term Disability and will not see these benefits.

**Health/Dental/Vision Plan Enrollment** – Select plan (with correct option). Note: Only the Base (higher premium level) is shown for the Health plan and the higher premium for the Dental plan are shown during enrollment.

Select	Plan	Options	Pre Tax	Employer
<input type="checkbox"/>	Health Insurance-HealthPartners	EE	95.94	190.03
<input type="checkbox"/>	Health Insurance-HealthPartners	Employee + 1	150.70	477.48
<input type="checkbox"/>	Health Insurance-HealthPartners	Family	172.35	591.17
<input type="checkbox"/>	Waive Health Insurance-HealthPartners		0.00	0.00

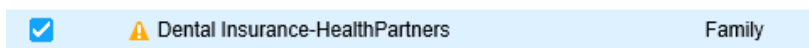
If you select Employee + 1 or Family, the plan will have an error indicator because you need to enroll dependents.



Click on the Enroll Dependents tab on the lower right side and select the dependents you are enrolling.

Showing All -1 Rows			
Enroll Dependents			
Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>	Smith, Jada	Child	4/4/2004
<input checked="" type="checkbox"/>	Smith, Fred	Spouse	1/1/1980
<input checked="" type="checkbox"/>	Smith, Fritz	Child	2/2/2012

Note: If you do not enroll your spouse, but have selected the Employee + 1 or Family option (for Health, Dental or Vision), you will see a warning symbol indicating you have not selected your spouse. You may disregard this warning.



Click on "Next" to continue to the Dental and Vision plans, and repeat the same process to enroll.

**Flex Spend Plan Enrollment** – You have the option of enrolling in Medical or Limited Flex and Dependent Care Flex Plans. More information about these benefits is available on page 8. If you select a Flex Plan, a screen will open to set your election amount.

Enroll In Medical Flex Spend-DBI

Amount elected

Enrollment

Pre Tax: 100.00

Annual Number Of Contributions: 26

Limits

26.00 2,600.00

1.00

Annual Total By Year End

Annual Total By Year End

Additional Year To Date Contribution

Per Pay Period

OK

Cancel

#### Making your Flex Election(s):

You can enter the amount you would like deducted per pay period, or you can change or total you want for the whole year.

Your total will be divided equally over the remaining number of pay periods in the year.

Click "OK" when you are finished. To move to the next benefit.

Then click "Next" to move to the next plan.

**Short Term Disability Enrollment** – This benefit is provided by Bellin for non-exempt (hourly employees). The amount shown is your weekly benefit. Click on "Select" and "Next" (lower right corner).

Select	Plan	Coverage Amount	Employer
<input checked="" type="checkbox"/>	Short Term Disability-UNUM	560.00	18.07

**Voluntary Long Term Disability Enrollment** – This benefit is offered to non-exempt (hourly employees). You will choose the amount of coverage you desire and the system will calculate your premium based on your age and amount of coverage selected.

## Enroll In Voluntary Long Term Disability-UNUM

### Enrollment

Coverage Amount: 36,000.00

Annual Number Of Contributions

Coverage cannot exceed 29,243.14

OK Cancel

### Making your Election

Enrollment is entered as an annual amount, which will be paid in monthly increments (if a claim is paid). The minimum election is \$500/month = \$6,000/year. You may elect annual coverage up to 60% of your annual income in \$1,200 increments.

#### To calculate your annual coverage:

Starting with the \$500/month (minimum benefit), you can choose a monthly benefit in \$100 increments, then multiply this amount by 12 to get the annual election. For example: If you choose \$1,000 as your monthly benefit, your annual coverage is \$12,000 (\$1,000 x 12).

#### The system will not let you exceed 60% of your salary:

The example shown to the right is showing the employee tried to elect more than 60% of their annual salary and coverage may not exceed \$29,243.13. As the election must be in \$1,200 increments, the employee may elect \$28,800 (= \$2,400 per month)

Click “OK” once you have determined the benefit amount you wish to enroll in. The enrollment screen will now show the monthly coverage you selected and the premium per pay period. If you wish to change your election click on “Change Entry”.

Change Entry			
Select	Plan	Coverage Amount	After Tax
<input type="checkbox"/>	Waive Voluntary Long Term Disability-UNUM	0.00	0.00
<input checked="" type="checkbox"/>	Voluntary Long Term Disability-UNUM	2,400.00	9.97

**NOTICE:** If you do not elect this benefit when you are first eligible, you will need to provide Evident of Insurability (EOI) in order to elect it during annual open enrollment. See more information on page 8.

Click “OK” once you have determined the benefit amount you wish to enroll in. The enrollment screen will now show the monthly coverage you selected and the premium per pay period. If you wish to change your election click on “Change Entry”.

**Voluntary Life Insurance** – Bellin provides employees with a Base Life benefit of two times annual wage. This benefit is for supplemental (additional) life insurance paid for by employee. You may elect coverage for yourself, your spouse and your children.

Change Entry			
Select	Plan	Coverage Amount	After Tax
<input checked="" type="checkbox"/>	Voluntary Employee Life-UNUM	250,000.00	10.73
<input type="checkbox"/>	Waive Employee Voluntary Life-UNUM	0.00	0.00

After selecting your coverage (for employee), the coverage you selected and the premium per pay period will be displayed. Click on “Change Entry” if you want to change your election. A warning indicator will be shown reminding you to designate beneficiaries. Click on the “Designate Beneficiaries” tab on the lower left side to select beneficiaries and designate Primary (first beneficiary) or Contingent (beneficiary if Primary is no longer living) and percentage.

Showing All -1 Rows				
Designate Beneficiaries				
Select	Name	Relationship	Primary Or Contingent	Percent
<input type="checkbox"/>	Smith, Jada	Child		
<input type="checkbox"/>	Smith, Fred	Spouse		
<input type="checkbox"/>	Smith, Fritz	Child		

**NOTICE:** If you do not elect this benefit when you are first eligible, you will need to provide Evident of Insurability (EOI) in order to elect it during annual open enrollment. See more information on page 8.

Continue through the Spouse and Child Voluntary Life Plan enrollment screens, selecting or waiving coverage.

If you elect more than the Guarantee Max (\$300,000 for employee or \$25,000 for spouse), you will see an indicator shown by the plan. Please see information on page 8.

Select	Plan
<input checked="" type="checkbox"/>	Voluntary Spouse Life-UNUM

**Life Matters Employee Assistance Plan** – Bellin provides this benefit at no cost to all employees (and family members). Please check on “Select” and “Next” to continue your enrollment.

Select	Plan
<input checked="" type="checkbox"/>	LifeMatters

**You're Almost done! You are now at “Review and Submit”. Before you click “Submit”, review your benefit plan enrollment. Once you have submitted enrollment, you will not be able to make changes. However, you may request that HR make changes to your enrollment within 30 days of your date of hire/date of benefit eligibility.**

#### Errors, Warnings and Messages:

Please review these messages.

If you have Errors marked with , you will not be able to submit your enrollment until these have been corrected.

You can go back to the previous benefit screens by clicking on the item in the column on the left side or the “Previous” button. After making changes, you can click on “Review and Submit” to come back to this screen.

When you are finished with enrollment, click on “Submit” and you will be able to view PDF with your enrollment, that you may print and keep for your records.

Life Event Details

Instructions

Dependents And Beneficiaries

Enrollment

Review And Submit

Health Plans

Dental Plans

Vision Plans

Medical/Limited FSA Plans

Dependent Care FSA Plans

Short Term Disability Plan

Voluntary Long Term Disability Plans

Voluntary Employee Life Insurance Plans

Voluntary Spouse Life Insurance Plan

Voluntary Child Life Insurance Plan

LifeMatters Employee Assistance Plan

Click on the submit button to submit your enrollment. Note: You will receive an email shortly confirming your enrollment. You will not receive a message onscreen that enrollment was submitted.

**Submit**

#### Errors, Warnings, And Messages

Warnings

Dental Insurance-HealthPartners - Benefit plan includes spouse but spouse has not been enrolled

Messages

Voluntary Spouse Life-UNUM - Evidence of Insurability Needed, Amount subject to evidence of insurability: 225,000.00

#### Benefits Cost Summary - Pay Period

Type	Cost / Percent	
	Employee	Employer
Health Plans	172.35	591.17
Dental Plans	23.59	28.83
Vision Plans	0.00	0.00
Medical/Limited FSA Plans	100.00	0.00
Dependent Care FSA Plans	192.31	0.00
Short Term Disability Plan	0.00	18.07
Voluntary Long Term Disability Plans	9.97	0.00
Voluntary Employee Life Insurance Plans	10.73	0.00
Voluntary Spouse Life Insurance Plan	1.13	0.00
Voluntary Child Life Insurance Plan	1.99	0.00
LifeMatters Employee Assistance Plan	0.00	0.00
Pay Period Total	512.07	638.07

**Previous**



## You're Done! Great job!

Always sign out or close the program when you are done to protect your personal information.

If you enrolled in benefit plans, check your [Benefit Action Items Checklist](#), as there may be documents/activities due based on your enrollment.

All Benefit information and forms are available on the [New Hires & Newly Eligible page](#) on [BellinBenefits.org](#)

### Problems?

If you are having a problem with your enrollment or do not see enrollment options for benefits you feel you may be eligible for, please contact Human Resources at [HumanResourceInsurance@bellin.org](mailto:HumanResourceInsurance@bellin.org) or call (920) 445-7240.



**Need to change your Benefit Enrollment Elections?** If you have completed your Benefit Enrollment the system will not allow you to change your elections. If you need to update your elections after completing your enrollment, please send your election changes to Human Resources at [HumanResourceInsurance@bellin.org](mailto:HumanResourceInsurance@bellin.org) within 30 days from the date of hire/benefit eligibility.

## More Benefit Information

### **About Medical Flex Spend vs. Limited Flex Spend...**

Medical Flex Spend can be used for qualifying health, dental and vision expenses. Limited Flex Spend can only be used for qualifying dental and vision expenses.

Per IRS regulations, individuals enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) (outside of Bellin)\* may not enroll in medical flex spend. But, they may enroll in limited flex spend. This is also true if the employee's spouse is enrolled in a HDHP with an HSA.

*\*Note: Bellin's health plan is not HSA compliant and has an imbedded Health Reimbursement Account (HRA).*

Please see additional information on the Flex page on [BellinBenefits.org](https://bellinbenefits.org) (hover on "Benefits" in blue bar at the top of the page and click on "Flex Spend" to make sure you understand how the plan works.

### **About Enrolling in Voluntary Long Term Disability (VLTD)...**

This benefit is also offered annually. However, if you do not enroll in VLTD when you are first eligible, and you elect this benefit during Annual Open Enrollment, you will need to complete Evidence of Insurability form, as your coverage is subject to approval by Bellin's VLTD carrier, UNUM.

Please see additional information on the Disability page on [BellinBenefits.org](https://bellinbenefits.org) (hover on "Benefits" in blue bar at the top of the page and click on "Disability".

### **About Enrolling in Voluntary Life Insurance...**

This benefit is also offered annually. However, if you do not enroll in the minimum coverage for yourself and spouse (if applicable) when you are first eligible, and you elect this benefit during Annual Open Enrollment, you will need to complete an Evidence of Insurability form (yourself and spouse if applicable), and coverage is subject to approval by UNUM, Bellin's Voluntary Life Insurance carrier.

The minimum election is \$10,000 for employee and \$5,000 for spouse. In addition, if you elect coverage over the lesser of 5 times your annual salary or \$300,000 for yourself and/or over \$25,000 for your spouse, you will also need to complete EOI within 60 days of your date of hire/date of benefit eligibility. Please see additional information on the Life Insurance page on [BellinBenefits.org](https://bellinbenefits.org) (hover on "Benefits" in blue bar at the top of the page and click on "Voluntary Life".

### **401(k) Retirement Plan**

Entrance dates to begin deferrals into the 401(k) retirement plan are April 1 and October 1. You will receive notification several weeks prior to the next entrance date about plan enrollment and how to set up your deferrals. More information about the plan is available on the 401(k) page on [BellinBenefits.org](https://bellinbenefits.org) (hover on "Benefits" in the blue bar at the top of the page and click on "401(k)".

## ***Don't forget about these other items:***



#### **If you enrolled on the Health Plan:**

- ✓ HRA (Health Risk Assessment)\*\* for you and spouse (if applicable) within 30 days of date of hire/eligibility
- ✓ Spouse Statement\*\* (if spouse is enrolled on the health plan) within 30 days of date of hire/eligibility
- ✓ Wellness Statement\*\* for you and spouse (if applicable) within 90 days of date of hire/eligibility

#### **If you enrolled on the Dental Plan:**

- ✓ You and spouse (if enrolled), complete Preventive Dental Form(s)\*\* within 90 days of date of hire/eligibility

#### **If you enrolled on the Voluntary Life Insurance:**

- ✓ Complete EOI, if you enrolled in more than 5 times your annual salary for yourself and/or more than \$25,000 for your spouse, the EOI form will be sent to you via email shortly after enrollment.

#### **If you enrolled dependents on the health, dental, vision or voluntary life insurance:**

- ✓ Submit proof of dependent eligibility\*\* documentation to Human Resources within 30 days of your date of hire/eligibility. Scan (or take a picture) and email information to [humanresourceinsurance@bellin.org](mailto:humanresourceinsurance@bellin.org) or fax to (920) 445-7249.

\*\*Item/information available on New Hires & Newly eligible page on [BellinBenefits.org](https://bellinbenefits.org).