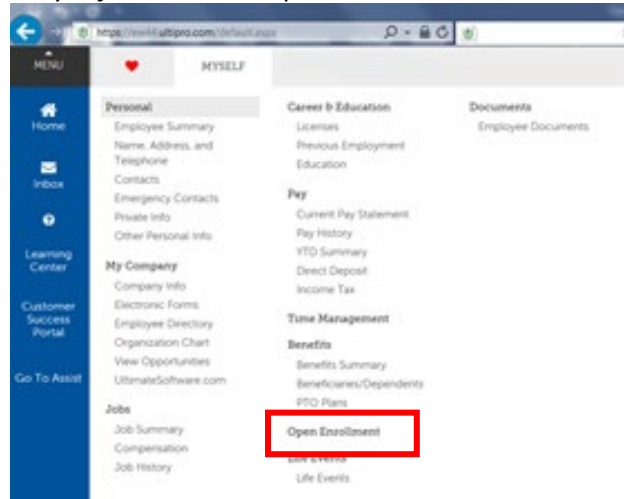


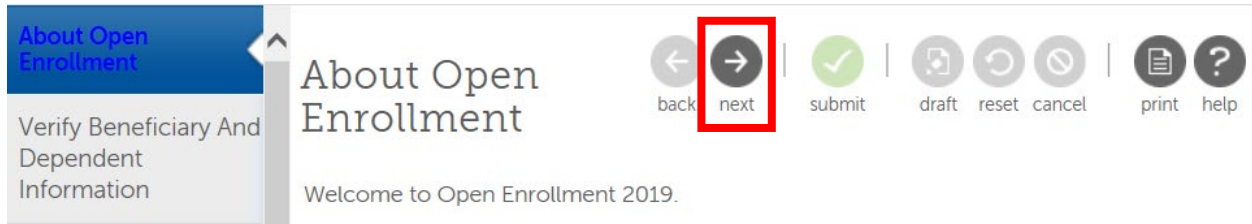
# OPEN ENROLLMENT NAVIGATION THROUGH ULTIPRO

**PLEASE NOTE!** You can access UltiPro using any computer with internet access. You cannot access open enrollment via the app (i.e. cell phone or tablet).

Login to UltiPro and select "Myself" then Select Open Enrollment



**STEP 1:** Click NEXT to navigate through the Open Enrollment pages.



# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

**STEP 2:** The first page will ask you to verify beneficiary and dependent information. If you have changes to make to existing contacts, click on their name (blue, underscored) and make appropriate edits. Click NEXT when finished.

Employee Open Enrollment  
2019 Open Enrollment  
Bruce Wayne - 91234



- About Open Enrollment
- Verify Beneficiary And Dependent Information**
- Medical
- Additional
  - Supplemental (Non-AFSCME)
  - DIPPO
- Group Term Life & ADD
  - Group Life 50K
  - Group AD&D 50K
- Flexible Spending Account
  - FSA Dependent Care
  - FSA Health
- Confirm Your Elections Or Changes

## Verify Beneficiary and Dependent Information

add | back | **next** | submit | draft | reset | cancel | print | help

Find by: Status ▾ Active ▾

Name ▲	Relationship	Designation ▼
<a href="#">Pennworth, Alfred</a>	Other	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
<a href="#">Prince, Diana</a>	Spouse	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
		<input type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact

# OPEN ENROLLMENT NAVIGATION THROUGH ULTIPRO

**STEP 3:** If you are not making changes to your medical plan, click NEXT. If you are making changes to your medical plan, check the correct box.

- Select “I decline Medical plans” if you are waiving coverage. This is for employees who have a spouse or parent working at the District.
  - Skip the decline box and select the appropriate health plan and level of coverage if you are making a change to your existing level of coverage. If you are adding dependents, please send proof of relationship to Janelle Girod in HR.
  - Select Medical Buyout if you are dropping your coverage or are now eligible to select Buyout (no longer required to select “waive”). To select buyout, you must provide a verification memo of other credible coverage.
- Click NEXT to continue.

Employee Open Enrollment  
2019 Open Enrollment  
Pretzel Test - 22233

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Medical

I decline Medical plans.

2798 Medical & Rx

Options

<input type="radio"/> Employee Only	\$67.42
<input type="radio"/> Employee + One	\$101.00
<input type="radio"/> Employee + Family	\$134.40

Medical Buyout Union

2798 Medical & Rx Plan Information

Proof of relationship (marriage/birth certificate) must be provided for all dependents listed on an employee's coverage.

Medical Buyout Union Plan Information

In order to select this plan, you must provide a verification memo of other credible coverage.

Navigation: back, next, submit, draft, reset, cancel, print, help

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

**STEP 4:** If you are not making changes to your supplemental coverage (dental, vision, hearing), click NEXT. If you are making changes to your supplemental coverage plan, check the correct box.

If you are NOT covering dependents on your supplemental coverage, select "choose not to enroll dependents." Click NEXT to continue.

Employee Open Enrollment  
2019 Open Enrollment  
Janelle L Girod - 11009

Northeast Ohio  
Regional Sewer District

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### Additional

**Select a Plan**  
Use the options below to choose or decline a plan.

I decline the Supplemental (Non-AFSCME) plan.

Supplemental (Non-AFSCME)  
\$0.00 Biweekly\*  
Coverage start date\*: 01/01/2019  
*\*Estimated values*

choose not to enroll dependents  
**Enroll Dependents**  
You may enroll a maximum of 99 dependents in the plan.  
You do not have any contacts that are designated as a dependent.

back next submit draft reset cancel print help

**Current Plan**  
as of 12/31/2018  
► Supplemental (Non-AFSCME)

**STEP 5:** If you are not making changes to your DIPPO coverage, click NEXT. If you are making changes to your DIPPO coverage plan, check the correct box. Click NEXT to continue.

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Janelle L Girod - 11009

Northeast Ohio  
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### Additional

**Select a Plan**  
Use the options below to choose or decline a plan.

I decline the DIPPO plan.

DIPPO

**DIPPO Plan Information**  
Please select if you plan to participate in DIPPO.

\$0.00 Biweekly\*  
Coverage start date\*: 01/01/2019  
*\*Estimated values*

choose not to enroll dependents  
**Enroll Dependents**  
You may enroll a maximum of 99 dependents in the plan.  
You do not have any contacts that are designated as a dependent.

back next submit draft reset cancel print help

**Current Plan**  
as of 12/31/2018  
► Supplemental (Non-AFSCME)

Your current elections are shown here.

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI<sup>PRO</sup>

**STEP 6:** If you are not making changes to your beneficiaries, click **NEXT**. If you are making changes, indicate the correct distribution. It is recommended that you have both a primary & a secondary beneficiary. Click **NEXT** to continue.

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2019 Open Enrollment  
Pretzel Test - 22233

About Open Enrollment

Verify Beneficiary And Dependent Information

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## Group Term Life & ADD

**Select a Plan**

Use the options below to choose a plan.

Group AD&D 15k

\$0.00 Biweekly\*

Coverage start date\*: 01/01/2019

\*Estimated values

**Enroll Beneficiaries**

Name	Primary	Secondary
<input checked="" type="checkbox"/> Candy Test	<input checked="" type="radio"/> 100 0.00 %	<input type="radio"/> 0 0.00 %

**Current Plans**  
as of 12/31/2018

- ▶ Group Life 50K
- ▶ Group AD&D 50K

← back
next →
✓ submit

📄 draft
↺ reset
⌂ cancel

🖨 print
👤 help

**NOTE!** The IRS requires FSA participants to make annual elections. Your elections will NOT carry-over from year-to-year.

**STEP 7:** If you are not participating in the Flexible Spending Account for Dependent Care, click “I decline” and then click **NEXT**. If you are electing for 2019, click **FSA Dependent Care** and enter the amount. Click **NEXT** to continue.

Employee Open Enrollment  
2019 Open Enrollment  
Janelle L. Girod - 11009

About Open Enrollment

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Group AD&D 50K

Flexible Spending Account

FSA Dependent Care

FSA Health

Confirm Your Elections Or Changes

## Flexible Spending Account

**Select a Plan**

Use the options below to choose or decline a plan.

I decline the FSA Dependent Care plan.

FSA Dependent Care

Enter amount for:

Contribution per pay check

Annual contribution

Coverage start date\*: 01/01/2019

Remaining pay checks\*: 24 📌

\*Estimated values

**FSA Dependent Care Plan Information**

FSA Dependent Care can be used for expenses related to the care of your children such as daycare or afterschool care.

**Current Plan**  
as of 12/31/2018

No current plans for this type.

← back
next →
✓ submit

📄 draft
↺ reset
⌂ cancel

🖨 print
👤 help

# OPEN ENROLLMENT NAVIGATION THROUGH ULTI PRO

**NOTE! The IRS requires FSA participants to make annual elections. Your elections will NOT carry-over from year-to-year.**

**STEP 7: If you are not participating in the Flexible Spending Account for Health Care, click "I decline" and then click NEXT. If you are electing for 2019, click FSA Health Care and enter the amount. Click NEXT to continue.**

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Regional Sewer District

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**FSA Health**  
Confirm Your Elections Or Changes

### Flexible Spending Account

Select a Plan  
Use the options below to choose or decline a plan.

I decline the FSA Health plan.

FSA Health

Enter amount for:  
 Contribution per pay check  
 Annual contribution

Coverage start date\*: 01/01/2019  
Remaining pay checks\*: 24

\*Estimated values

back next submit draft reset cancel print help

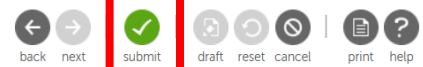
**Current Plan**  
as of 12/31/2018  
No current plans for this type.

**FSA Health Plan Information**  
FSA Health allows employees to use tax-free income to pay for out-of-pocket medical expenses.

**CONGRATULATIONS! You are finished with Open Enrollment!**

**Confirm your elections and print a copy before clicking on submit.**

## Confirm Your Elections or Changes



This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the Submit button on the toolbar.

Effective 01/01/2019