




OPEN ENROLLMENT NAVIGATION THROUGH UKG

You can access UKG using any computer with internet access. Be sure to use the Firefox or Chrome browser. You cannot access open enrollment via the app (i.e. cell phone or tablet). If you are not making any benefit changes or enrolling in Flexible Spending Account, you do not need to complete open enrollment. To review your current benefit elections, navigate to Menu → Myself → Benefits Summary. Once you begin the open enrollment process, the system will require that you make elections on every screen.

STEP 1: Login to UKG and navigate to Menu → Myself → Open Enrollment. Click NEXT to navigate through each screen.

<ul style="list-style-type: none"> <li style="text-align: center; margin-bottom: 10px;"> Home <li style="text-align: center; margin-bottom: 10px;"> Inbox <li style="text-align: center; margin-bottom: 10px;"> Learning Center <li style="text-align: center; margin-bottom: 10px;">Customer Success Portal <li style="text-align: center;">Go To Assist 	<p>Personal</p> <ul style="list-style-type: none"> Employee Summary Name, Address, and Telephone Status/Key Dates Contacts Emergency Contacts Private Info Other Personal Info <p>My Company</p> <ul style="list-style-type: none"> Company Info Electronic Forms Employee Directory Organization Chart View Opportunities UltimateSoftware.com <p>Jobs</p> <ul style="list-style-type: none"> Job Summary Compensation Job History 	<p>Career & Education</p> <ul style="list-style-type: none"> Licenses Previous Employment Education <p>Career Development</p> <ul style="list-style-type: none"> Available Current Completed <p>UltiPro Learning</p> <p>Pay</p> <ul style="list-style-type: none"> Current Pay Statement Pay History YTD Summary Direct Deposit Income Tax W-2 <p>Time Management</p>	<p>Benefits</p> <ul style="list-style-type: none"> Benefits Summary Beneficiaries/Dependents PTO Plans <li style="border: 2px solid red; padding: 2px;">Open Enrollment Life Events Life Events Documents Employee Documents Document Acknowledgment
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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. If you are adding a dependent to your medical insurance, you must update their date of birth, social security number, and gender and check the “Dependent” box. Click NEXT when finished.

Verify Beneficiary and Dependent Information

+ | ← → | ✓ | 📄 ↺ ⊘ | 🖨️ ?
 add | back | next | submit | draft | reset | cancel | print | help

Find by Status ▾ Active ▾

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

STEP 3: Enroll in the Sewer District’s medical insurance or decline coverage.

- Select “I decline Medical plans” if you are waiving coverage. This is for employees who have a spouse or parent working at the Sewer District and are listed as a dependent on their medical insurance.
- Select the appropriate health plan and level of coverage if you are enrolling in the Sewer District’s medical insurance. If you are adding a new dependent, please send proof of relationship to HRDirect@neorsd.org.
- Select Medical Buyout if you are not enrolling in medical coverage. If you are a new enrollee, you must provide verification of other credible coverage to HRDirect@neorsd.org. Medical Buyout and Healthcare Buyout are synonymous with each other.

Click NEXT to continue.

About Open Enrollment

Verify Beneficiary And Dependent Information

Medical

Additional

Dental & Vision (Non-Union)

DIPPO

Group Term Life & ADD

Group Life Non-Union

Group AD&D Non-Union

Flexible Spending Account

FSA Dependent Care

FSA Health

Confirm Your Elections Or Changes

Medical

Medical is provided by Medical Mutual of Ohio.

I decline Medical plans.

Non-Union Medical & Rx

Options

<input type="radio"/> Employee Only	\$59.69
<input type="radio"/> Employee + One	\$119.24
<input type="radio"/> Employee + Family	\$163.34

Medical Buyout

back next submit draft reset cancel print help

Non-Union Medical & Rx

Non-Union Medical & Rx Plan Information
Proof of relationship (marriage/birth certificate) must be submitted to HRDirect@neorsd.org for all newly enrolled dependents.

Medical Buyout Plan Information
In order to select this plan, you must submit a verification memo of other credible coverage to HRDirect@neorsd.org.

STEP 4: Enroll in the Sewer District’s dental & vision insurance or decline coverage. If you are adding a new dependent, please send proof of relationship to HRDirect@neorsd.org. Click NEXT to continue.

Verify Beneficiary And Dependent Information

Medical

Additional

Dental & Vision (Non-Union)

DIPPO

Group Term Life & ADD

Group Life Non-Union

Group AD&D Non-Union

Flexible Spending Account

FSA Dependent Care

FSA Health

Confirm Your Elections Or Changes

Select a Plan

Use the options below to choose or decline a plan.

I decline the Dental & Vision (Non-Union) plan.

Dental & Vision (Non-Union)

Options

- Employee Only \$2.56
- Employee + One \$5.10
- Employee + Family \$7.19

STEP 5: Please elect if you want to participate in DIPPO for 2022. If you do not want to participate, click “I decline the DIPPO plan.” Click NEXT to continue.

Verify Beneficiary And Dependent Information

Medical

Additional

Dental & Vision (Non-Union)

DIPPO

Group Term Life & ADD

Group Life Non-Union

Group AD&D Non-Union

Flexible Spending Account

FSA Dependent Care

Select a Plan

Use the options below to choose or decline a plan.

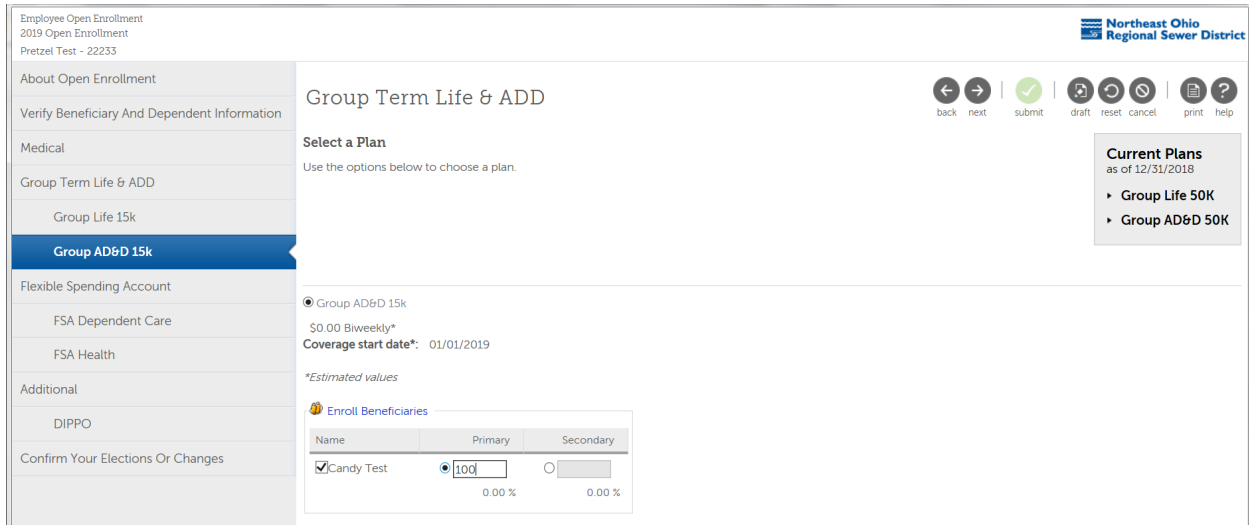
I decline the DIPPO plan.

DIPPO

\$0.00 Biweekly*

Coverage start date*: 01/01/2022

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 and a secondary beneficiary. The percentage for primary and secondary must both equal 100%. Click NEXT to continue.



Employee Open Enrollment
2019 Open Enrollment
Pretzel Test - 22233

About Open Enrollment
Verify Beneficiary And Dependent Information
Medical
Group Term Life & ADD
Group Life 15k
Group AD&D 15k
Flexible Spending Account
FSA Dependent Care
FSA Health
Additional
DIPPO
Confirm Your Elections Or Changes

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

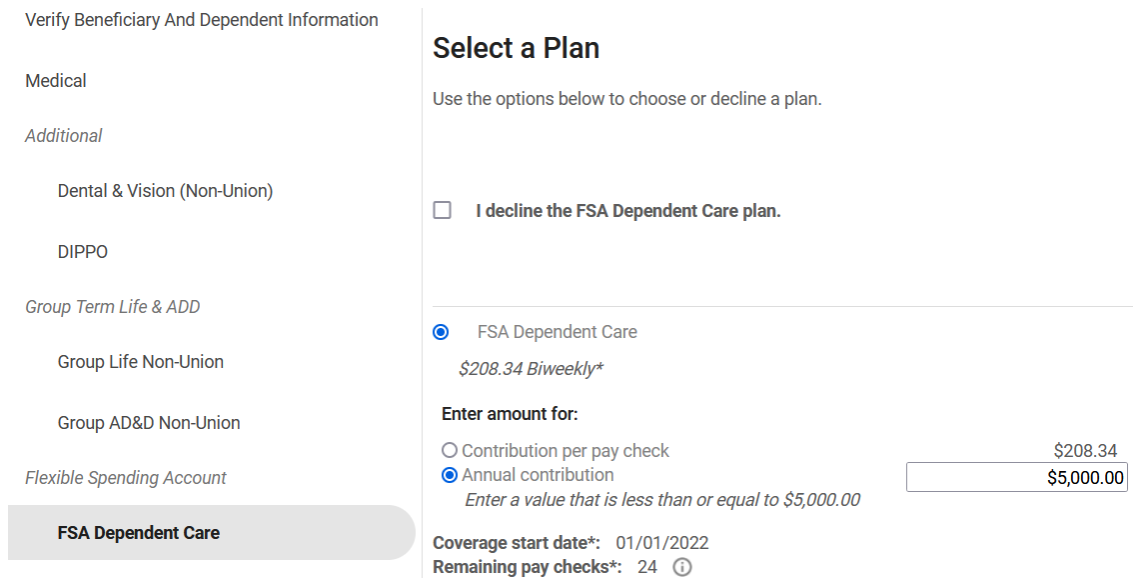
Name	Primary	Secondary
<input checked="" type="checkbox"/> Candy Test	<input checked="" type="radio"/> 100 0.00 %	<input type="radio"/> 0.00 %

Current Plans
as of 12/31/2018

- Group Life 50K
- Group AD&D 50K

The IRS requires FSA participants to make annual elections. Your elections will NOT carry-over from year-to-year. FSA Dependent Care is strictly for Child Care or Elderly Care purposes. FSA Dependent Care accounts cover qualified daycare expenses for children younger than 13 and adult dependents who are incapable of caring for themselves.

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 2022, click FSA Dependent Care and enter the amount. Click NEXT to continue.



Verify Beneficiary And Dependent Information
Medical
Additional
Dental & Vision (Non-Union)
DIPPO
Group Term Life & ADD
Group Life Non-Union
Group AD&D Non-Union
Flexible Spending Account
FSA Dependent Care

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

I decline the FSA Dependent Care plan.

FSA Dependent Care
\$208.34 Biweekly*

Enter amount for:

Contribution per pay check \$208.34
 Annual contribution
Enter a value that is less than or equal to \$5,000.00

Coverage start date*: 01/01/2022
Remaining pay checks*: 24 ⓘ

The IRS requires FSA participants to make annual elections. Your elections will NOT carry-over from year-to-year. You and/or your dependents do not have to be enrolled in the Sewer District's medical insurance to participate in FSA.

STEP 8: 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 2022, click FSA Health and enter the amount. Click NEXT to continue.

Select a Plan

Use the options below to choose or decline a plan.

I decline the FSA Health plan.

FSA Health
\$114.59 Biweekly*

Enter amount for:

Contribution per pay check

Annual contribution \$2,750.00

Coverage start date*: 01/01/2022
Remaining pay checks*: 24 ⓘ

**Estimated values*

Medical

Additional

Dental & Vision (Non-Union)

DIPPO

Group Term Life & ADD

Group Life Non-Union

Group AD&D Non-Union

Flexible Spending Account

FSA Dependent Care

FSA Health

CONGRATULATIONS! You are finished with Open Enrollment!

Confirm your elections and click Submit. Please print or save your benefit elections for 2022.

Confirm Your Elections or Changes

← → **submit** draft reset cancel print help

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 01/01/2022