

## 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.

 Home	<b>Personal</b>	<b>Career &amp; Education</b>	<b>Benefits</b>
	Employee Summary	Licenses	Benefits Summary
	Name, Address, and Telephone	Previous Employment	Beneficiaries/Dependents
	Status/Key Dates	Education	PTO Plans
	Contacts	<b>Career Development</b>	<b>Open Enrollment</b>
	Emergency Contacts	Available	<b>Life Events</b>
	Private Info	Current	Life Events
	Other Personal Info	Completed	<b>Documents</b>
	<b>My Company</b>	<b>UltiPro Learning</b>	Employee Documents
	Company Info	<b>Pay</b>	Document Acknowledgment
Electronic Forms	Current Pay Statement		
Employee Directory	Pay History		
Organization Chart	YTD Summary		
View Opportunities	Direct Deposit		
UltimateSoftware.com	Income Tax		
<b>Jobs</b>	W-2		
Job Summary	<b>Time Management</b>		
Compensation			
Job History			

**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

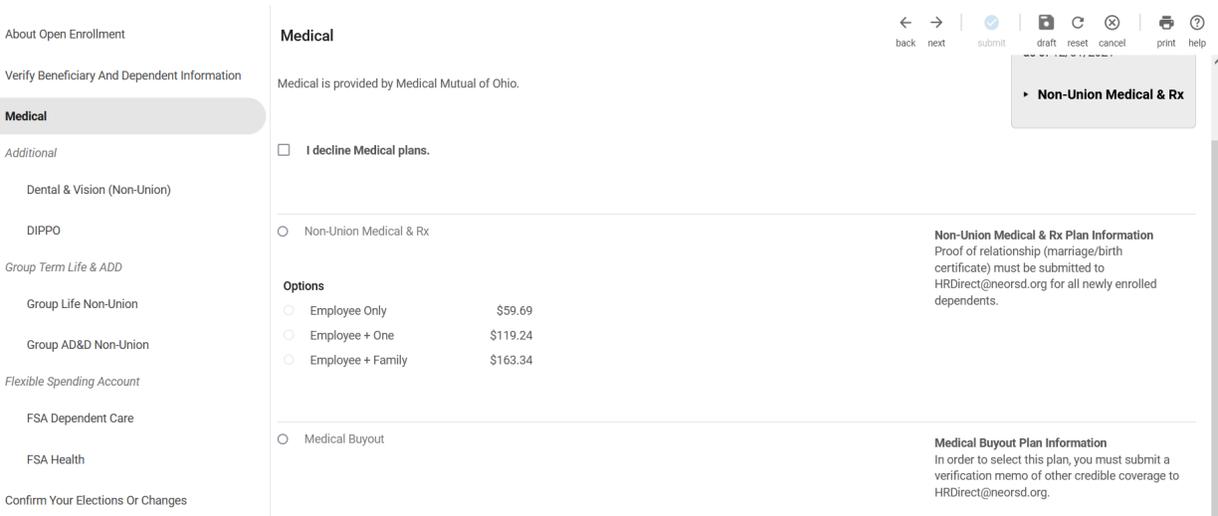
Find by Status ▾ Active ▾

Name ▲	Relationship	Designation
<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

**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.



The screenshot shows a web form for medical insurance enrollment. On the left is a navigation menu with options like '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', and 'Confirm Your Elections Or Changes'. The 'Medical' option is selected. The main content area is titled 'Medical' and states 'Medical is provided by Medical Mutual of Ohio.' There are three main options: 1) 'I decline Medical plans.' with an unchecked checkbox; 2) 'Non-Union Medical & Rx' with a radio button selected, which includes a table of options: 'Employee Only' (\$59.69), 'Employee + One' (\$119.24), and 'Employee + Family' (\$163.34); and 3) 'Medical Buyout' with an unchecked radio button. To the right of the 'Non-Union Medical & Rx' option is a box titled 'Non-Union Medical & Rx Plan Information' stating that proof of relationship must be submitted to HRDirect@neorsd.org for newly enrolled dependents. Below the 'Medical Buyout' option is a box titled 'Medical Buyout Plan Information' stating that a verification memo of other credible coverage must be submitted to HRDirect@neorsd.org. At the top right of the form are navigation buttons: back, next, submit, draft, reset, cancel, print, and help.

**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

- |   |        |
|---|--------|
| <input type="radio"/> Employee Only     | \$2.56 |
| <input type="radio"/> Employee + One    | \$5.10 |
| <input type="radio"/> 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.

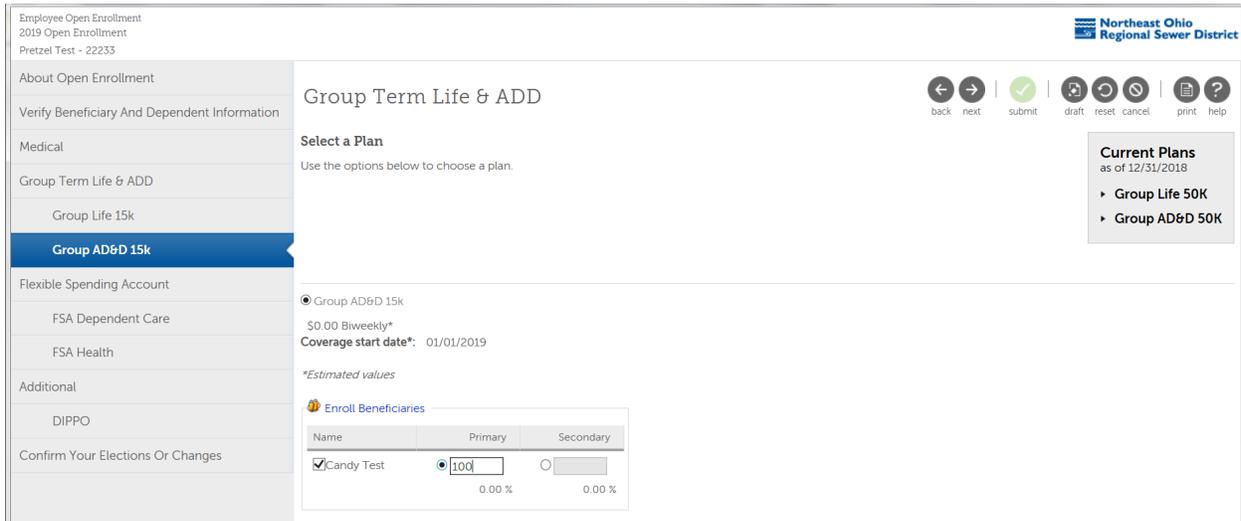
I decline the DIPPO plan.

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

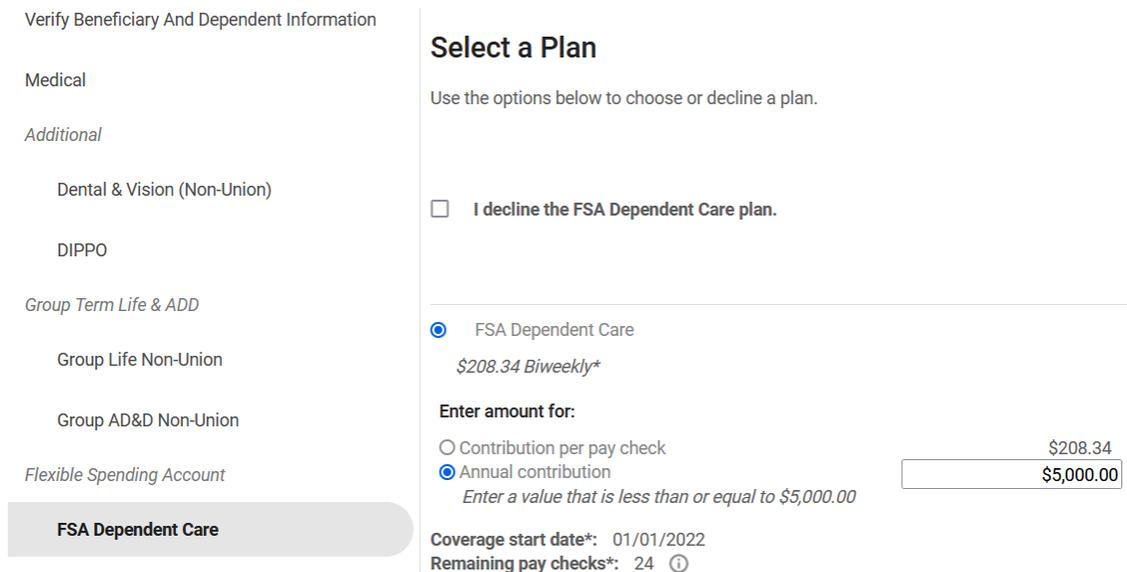
Name	Primary	Secondary
<input checked="" type="checkbox"/> Candy Test	<input checked="" type="radio"/> 100 0.00 %	<input type="radio"/> 0.00 %

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.

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**

### Select a Plan

Use the options below to choose or decline a plan.

I decline the FSA Health plan.

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FSA Health  
*\$114.59 Biweekly\**

**Enter amount for:**

Contribution per pay check

Annual contribution

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

*\*Estimated values*

**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



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