

## Tufts University Human Resources New Hire Benefits Enrollment

Online New Hire Benefits Enrollment allows fast and convenient processing of your New Hire Benefits Enrollment elections. You will be able to print a confirmation statement after you have completed your New Hire Benefits Enrollment.

**Prior to enrolling online**, you should have the following information available:

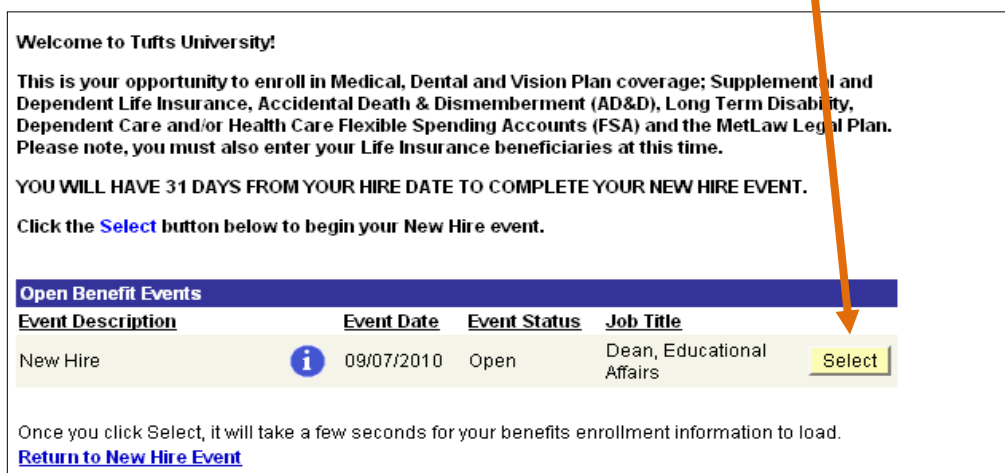
- Dependent(s) Social Security Number(s)
- Dependent(s)\_ AND Beneficiary(ies) Dates of Birth
- Primary Care Physician's Full Name & ID number from Health Plan's Website (if applicable)- for yourself and covered dependents
- Health Care and/or Dependent Care Flexible Spending Account annual pledge (for the rest of the calendar year) - If enrolling

### **IMPORTANT:**

1. If you are **NOT electing Medical coverage**, you **must complete** the Commonwealth of Massachusetts Health Insurance Responsibility Disclosure Form (HIRD) through the below online process.
2. In addition, you **must enter your Basic Life beneficiary information** as well as % allocations through the below online process.

**To enroll online** through Employee Self Service, follow the simple steps below:

1. Open Internet Explorer or Mozilla Firefox (Other browsers may not display information accurately).
2. Go to <http://eServe.hr.tufts.edu/> and select the Employee Self Service Login.
3. On the Employee Self-Service Login page, enter your User ID and Password.
4. Click on **Self Service** under the Main Menu on the left side of the page.
5. Click on **Benefits** on the right side of the page.
6. Click on **Benefits Enrollment** on the right side of the page.
7. The Benefits Enrollment page will be displayed. Click on the **Select** button to start your New Hire Benefits Enrollment process.




Welcome to Tufts University!

This is your opportunity to enroll in Medical, Dental and Vision Plan coverage; Supplemental Life and Dependent Life Insurance, Accidental Death & Dismemberment (AD&D), Long Term Disability, Dependent Care and/or Health Care Flexible Spending Accounts (FSA) and the MetLaw Legal Plan. Please note, you must also enter your Life Insurance beneficiaries at this time.

YOU WILL HAVE 31 DAYS FROM YOUR HIRE DATE TO COMPLETE YOUR NEW HIRE EVENT.

Click the **Select** button below to begin your New Hire event.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Title
New Hire		09/07/2010	Open	Dean, Educational Affairs

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

[Return to New Hire Event](#)

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The New Hire Benefits Enrollment Page will appear with a list of all the Benefits you are eligible to enroll in.

Please note that certain plans may require additional information.

If you are enrolling in a Medical plan, you will need to specify your primary care provider, and the primary care provider(s) for your dependent(s).

For both the Health Care and Flexible Spending Accounts, contributions are **only for the CURRENT calendar year**. Remember that reimbursements can only be made for expenses incurred on or after your date of hire. You will need to re-enroll annually in the Flexible Spending Accounts during the Open Enrollment process.

**Benefits Enrollment**  
**New Hire**  
Floyd Little


As a new hire you must enroll in benefits within **31** days from your date of hire. Your benefits will be effective on your hire date.

If you do not enroll within 31 days of your hire date, participation in the benefit programs will be limited to the next Annual Benefits Open Enrollment OR if you experience a Qualified Status Change (birth, marriage, divorce, loss of coverage, etc.)

**NOTES:**

**Employees who waive medical insurance coverage will be required to complete a Commonwealth of Massachusetts Health Insurance Responsibility Disclosure Form (HIRD).**

**Employees who wish to enroll coverage dependent children (ages 19 to 26), will be required to complete an Affidavit of IRS Dependent Status. You will be sent this Affidavit once you complete enrollment in the benefit programs below.**



**Enrollment Summary**

Change	Medical	Before Tax	After Tax
	Current: No Coverage		
	New: Waive		
Change	Dental	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		
Change	Vision	Before Tax	After Tax
	Current: No Coverage		
	New: No Coverage		

To enroll in any benefit, simply click the yellow “Change” button.

For example, to enroll in the medical plans, click on the “Change” button next to the word “Medical.”

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**Select an Option**

[Overview of all Plans](#)

Select one of the following plans:

[Tufts Total Health Plan POS](#) [Search for providers in this plan](#)

Coverage Level	Your Costs	Tax Class
Individual	\$70.39	Before-Tax
Two Person	\$253.40	Before-Tax
Family	\$322.09	Before-Tax

[Tufts Health Plan EPO/HMO](#) [Search for providers in this plan](#)

Coverage Level	Your Costs	Tax Class
Individual	\$60.77	Before-Tax
Two Person	\$218.79	Before-Tax
Family	\$278.10	Before-Tax

[Harvard Pilgrim Health Plan](#) [Search for providers in this plan](#)

Coverage Level	Your Costs	Tax Class
Individual	\$65.76	Before-Tax
Two Person	\$236.73	Before-Tax
Family	\$300.91	Before-Tax

[Fallon Community Health Plan](#) [Search for providers in this plan](#)

Coverage Level	Your Costs	Tax Class
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Then, select a plan in which to enroll.

**Enroll Your Dependents**

The following lists your dependents who are on file and are eligible for this plan.

**Special Note:**

If you are enrolling a Same Sex Spouse into your Medical, Dental or Vision Plan(s), your dependent(s) name will appear under the Same Sex Domestic Partner Medical, Dental, and/or Vision Plan(s) options only.

If an individual is missing from this list, click the [Add/Review Dependents](#) button to update this information.

If you wish to enroll your overage dependent, age 19 to age 26, you must update the [Overage Dep-19 to 26](#): dropdown in the Add/Review Dependents screens to **Yes**.

You may enroll any of the following individuals for coverage under this plan by checking the [Enroll](#) box next to the dependent's name.

The following lists your dependents who are on file and are eligible for this plan.

If an individual is missing from this list, click [Add/Review Dependents](#) to update this information.

<u>Enroll</u>	<u>Name</u>	<u>Relationship</u>
<input type="checkbox"/>		

[Add/Review Dependents](#)

Add any dependents by clicking on the "Add/Review Dependents" button.

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## Enrollment Dependent/Beneficiary Summary

Bart Starr

The people listed below may be eligible for Benefit Coverage. Please click on a name to view or modify their personal information.

[Add a dependent or beneficiary](#)

**No Dependents on Record**

In addition to the persons listed above, the following can also be allocated as beneficiaries.

**No Beneficiaries on Record**

[Return to Event Selection](#)

Click on the “Add a dependent or beneficiary link”.

Bart Starr

Click SAVE once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of September 20, 2010.

### Personal Information

\*First Name:

Middle Name:

\*Last Name:

Name Prefix:

Name Suffix:

Gender:  Male  Female

Date of Birth:

SSN:  (Social Security Number)

\*Relationship to Employee:

### Status Information

Overage Dep-19 to 26:

Disabled:

### Address and Telephone

Same Address as Employee

Country: United States

Address: 200 Boston Ave  
Medford, MA 02155

Same Phone as Employee

Phone:

\* Required Field

Save

Enter your dependent or beneficiary information on this page. Once you have completed all the required fields, click on the “Save” button.

Please note! Once you return to the Medical Enrollment screen, to attach your dependent you must click the “Enroll” checkbox.

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**Choose a Primary Care Provider ID**

Enrollment in a medical plan requires that you select a primary care provider for yourself and any covered dependents. Enter the ID number of the PCP from the medical plan's website or Last Name, First Name. If you do not select a provider, your enrollment will not be processed.

Specify a Primary Care Provider ID:  [Select a Provider](#)

Check here to use the same provider for all your dependents.

**Dependent Provider List**

[Store](#) Click [Store](#) to hold your choice until you are ready to submit your final enrollment on the Enrollment Summary.

[Cancel](#) Click [Cancel](#) to ignore all entries made on this page and return to the Enrollment Summary.

Once you return to the Medical Enrollment page, enter the **ID number** or name of your primary care provider as required by the health plan (see below). You can use the “**Select a Provider**” link to find a primary care provider.

If the primary care provider(s) for your dependent(s) is different from your own, click on the “Dependent Provider List to add their primary care provider(s).

Click on the “**Store**” button to continue.

Please note the following health plan PCP ID Formats must be used when entering your Primary Care Provider on the above screen:

- Tufts Health Plan ID = 6 digit number
- Harvard Pilgrim Health Care ID = combination of letters and numbers
- Fallon Community Health Plan = No ID, enter Last Name, First Name

**Your Choice**

You have chosen Tufts Total Health Plan POS with Two Person coverage.

**Your Estimated per-pay-period Cost**

Your Cost:     \$253.40

The Primary Care Provider ID is WELBY, MARCUS.

**Your Covered Dependents**

Name	Relationship	Select a Provider
Brenda Starr	Spouse	WELBY, MARK

**Notes**

**IMPORTANT:** Your enrollment will not be complete until you [Store](#) your choices on this page, complete a Commonwealth of Massachusetts HIRD form (if waiving medical coverage) and [Agree](#) to the salary reduction information. Once submitted your election(s) will be effective on your date of hire.

[OK](#) Click [OK](#) to store your choices.

[Edit](#) Click [Edit](#) to go back and change your choices.

This page will appear, confirming your choices for the particular benefit. If you need to make changes, click on “Edit”, otherwise, click “OK”.

You will be returned to the main Benefits Enrollment page, where you can continue to make your other benefits selections in a

# Tufts University Human Resources New Hire Benefits Enrollment

manner similar to the process described above.

Click **Store** to save your changes.

I have No Changes; return to the Benefits menu.

**i** **Important:** Your enrollment will not be complete until you **Store** your choices on this page and **Agree** to the salary reduction information. Your changes will be effective on your date of hire.

Once you have finished making all your selections, click “**Store**” at the bottom of the main Benefits Enrollment Summary page to save your elections.

**Benefits Enrollment**

**Submit Benefit Choices**

Bart Starr

Congratulations!

Your benefit enrollment is nearly complete. To complete your New Hire Enrollment, you must read the Salary Reduction Agreement and click **I Agree** at the bottom of this page.

If you are not ready to submit your choices, select **I Do Not Agree** at the bottom of this page, and you will be returned to the Benefits menu. When you select **I Do Not Agree**, your enrollment will not be processed. However, you may return to your New Hire Benefits Enrollment Event in Self Service and complete your elections at any time **within 31 days of your Date of Hire**.

**Authorize Elections**

**Salary Reduction Agreement - Medical, Dental, Vision and Flexible Spending Accounts**

My salary will be reduced by medical, dental and vision options (except the portion deducted to cover a Qualified Domestic Partner QDP and, for federal tax purposes only, same sex spouses) and by my Health and/or Dependent Care Flexible Spending Accounts that I have elected.

Any previous election and salary reduction agreement for medical, dental and vision or Health and/or Dependent Care Flexible Spending Accounts is hereby revoked. The reduction in my salary under this agreement shall be in addition to, and not in lieu of, any reductions under other agreements or benefit plans.

After the effective date of this agreement, I will not be permitted to change my benefit elections until the following calendar year, unless I have a Qualified Change in Status, in accordance with Internal Revenue Service regulations. I will not make a new election at that time with respect to medical, dental and vision coverages. I will be deemed as having elected to continue these medical, dental and vision coverages for a new calendar year and I have agreed to the continuation of this salary reduction agreement in the amount of the required contributions for these coverages. If I do not make a new

Your changes will take effect when you have read the terms above and have clicked I Agree.

Do not submit my choices at this time. Return to the Benefits Menu.

Before your Benefits Enrollment is completed, you **MUST** agree to the elections you have made.

On this page, click on the “**I Agree**” button to acknowledge your elections and to agree to the Salary Reduction Agreement.

**Benefits Enrollment**

**Submit Confirmation**

Bart Starr

Your benefit elections have been successfully submitted to the Human Resources Benefits Office.

To view your online confirmation statement of your benefit elections, click the OK button below.

Two links will appear at the bottom of the screen:

- Click on the **Go to next step** link to view your confirmation statement and to complete the new hire process.
- Click on the **Return to New Hire Summary** to return to the new hire event. **Please note** that your new hire event will not be complete until you view your confirmation statement.

If you have any questions, please contact the Human Resources Benefits Office at 617-627-3270.

Click the “**OK**” button. A link will appear on the bottom of the screen, click on the “**Go to the next step**” link to view your Confirmation Statement.



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## Human Resources

CONFIRMATION STATEMENT OF BENEFIT ELECTIONS    **New Hire Enrollment**

This Statement confirms your recent benefit election(s). This coverage becomes effective on your Hire Date. Changes to these elections may only be made during the Open Enrollment period or if you experience a Qualified Change in Status.

Bart Starr  
200 Boston Ave

EmpID: 1042788

Date of Birth: 08/01/1982

Medford, MA 02155

[Print Statement](#)   [Sign out](#)

**Your Benefit Elections** View All   First  1-12 of 12  Last

Benefit Plan	Description	Coverage Option	Coverage Summary	Pay Period PreTax Deduction	Pay Period AfterTax Deduction
Medical	Tufts Total Health Plan POS	*Elect	Two Person	\$253.40	
Dental		Waive			
Vision		Waive			
Life		Waive			
Supplemental Life		Waive			
Accidental Death/Dismemberment		Waive			
Dependent Life Child(ren)		Waive			
Dep. Life Spouse/SSDP		Waive			
Long-Term Disability		Waive			
Flex Spending Health - U.S.		Waive			
Flex Spending Dependent Care		Waive			
MetLaw		Waive			

Total Cost per Pay Period:    Before Tax:    \$253.40    After Tax:    \$0.00

**Dependent Coverages** View All   First  1 of 1  Last

Benefit Plan	Dependent Name	Relationship to Employee	Date of Birth
Medical	Brenda Starr	Spouse	01/01/1960

No Beneficiary Information on File

If you need to make additional changes/corrections to the above elections, you may do so within 30 days of employment by contacting the Human Resources Benefits Office at 617-627-3270 or via email at [benefits-feedback@tufts.edu](mailto:benefits-feedback@tufts.edu).

Changes after your first 30 days of employment will be limited to the next Annual Benefits Open Enrollment OR