

Instructions for Open Enrollment via Employee Self Service (ESS)

Tips:

1. Before you get started please use Google Chrome for Open Enrollment. Internet Explorer experiences several issues.
2. Enable pop up blockers. Click [here](#) for instructions.
3. If you have a technical problem logging into ESS, contact the UAMS Help Desk at (501) 686-8555.
4. If you need help completing your benefit enrollment once you are logged into ESS, contact UAMS Human Resources/Employee Services at (501) 686-5650.

On the [UAMS HR Website \(www.hr.uams.edu\)](http://www.hr.uams.edu) click on “Employee Self Service”.

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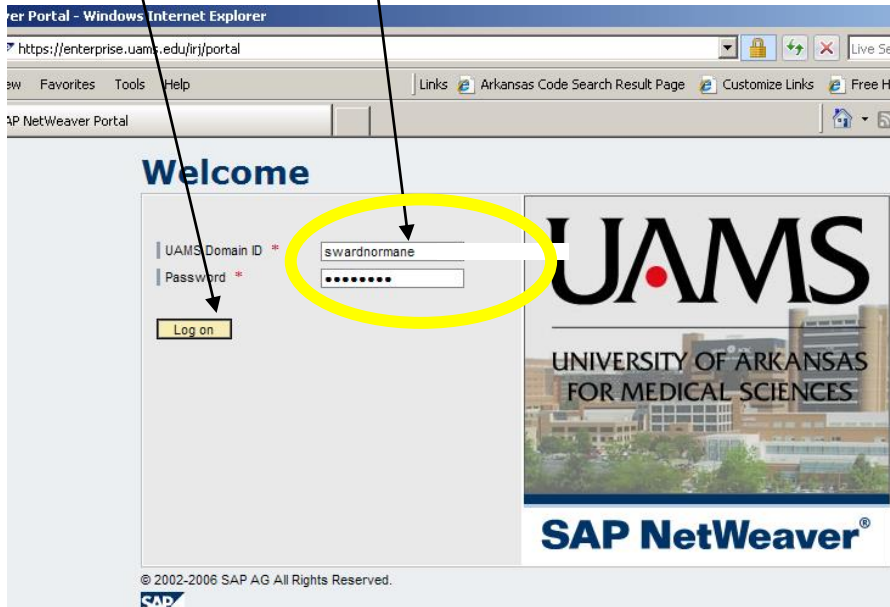
Position Management Process
New Employee Orientation
OHR Calendar
Org Chart
OHR Org Chart
Holidays: 2018, 2019
Employee Separation Process
HR Actions Manual
Employee Engagement Resources

How to get wellness reward and avoid tobacco surcharge
Open Enrollment for 2019
Medical Insurance, SmartCare
Life Events
Get Healthy UAMS (intranet)
Employee Self Svc, Directions
My Compass (Website)
My Compass (Direct Login)

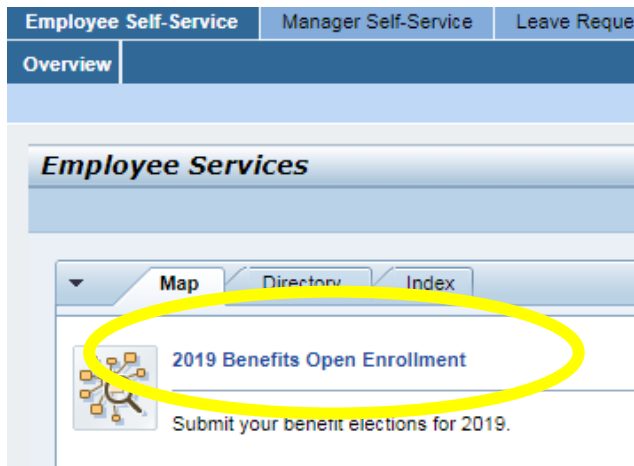
You'll also find a link to Employee Self Service on the UAMS employee intranet site at inside.uams.edu

Enter your domain name and password (the same one you use to sign-in for your email, etc.),

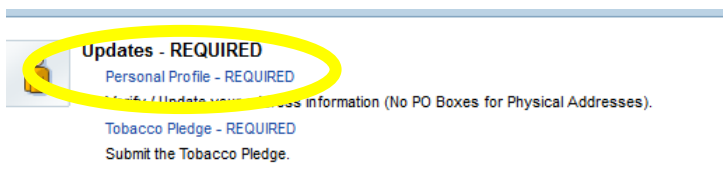
And click "log on".

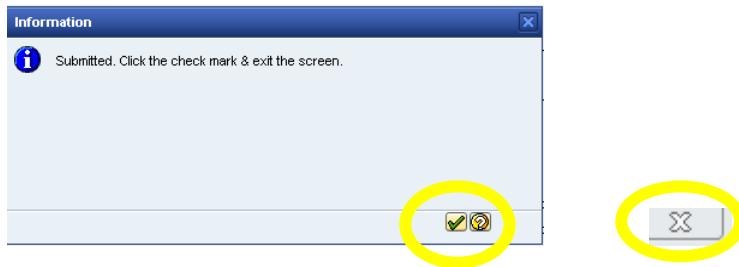


Click on 2019 Benefits Open Enrollment



REQUIRED: All employees are required to view the Personal Profile page to ensure that your address and emergency contact information is correct.

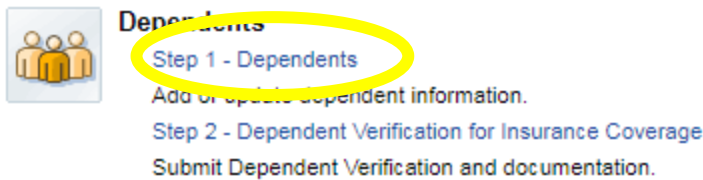




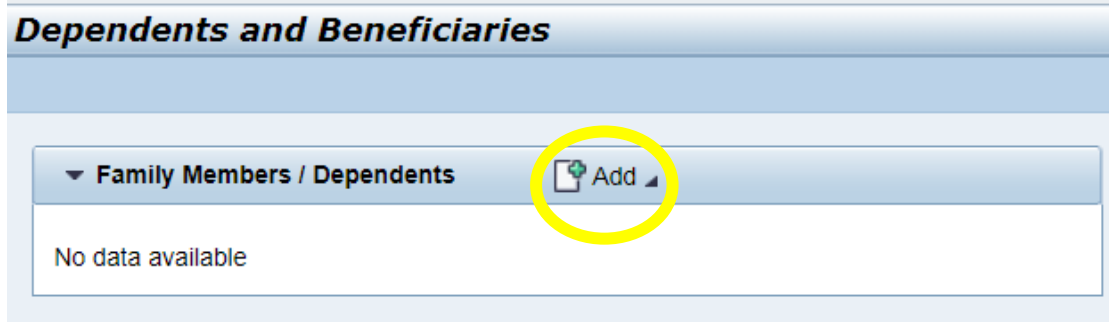
3. If you **do not** need to make any other benefit changes and are not enrolling in a flexible spending account for 2019, you have only 1 step remaining.
 - a. Click the “**Verify 2019 Benefits**” - **REQUIRED** section and ensure that the information for 2019 is correct.

How to add or drop a spouse or child to Medical, Dental or Vision plans Complete Steps 1 and 2 under Dependents, then Enroll in or change Benefits

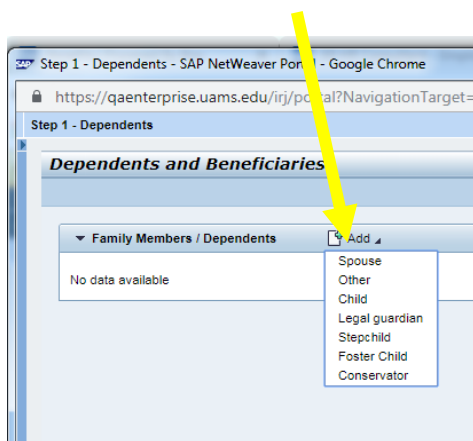
1. Click on **Step 1 - Dependents**



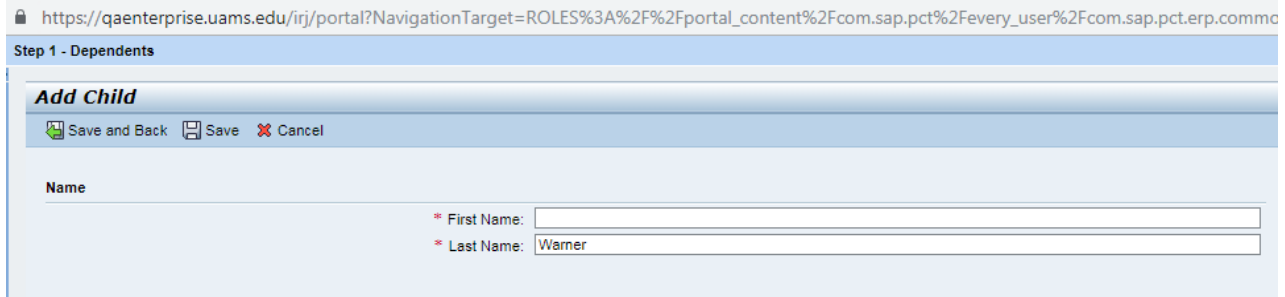
2. Click “Add” if you are adding family members to your coverage.



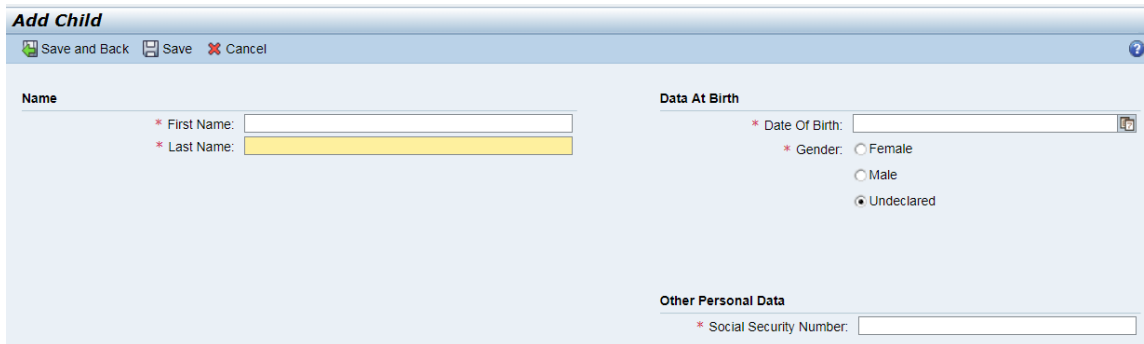
3. Select who you are adding (spouse, child, step child, etc.)



4. Enter the name of the dependent. The last name defaults to the employee's last name but this can be edited.

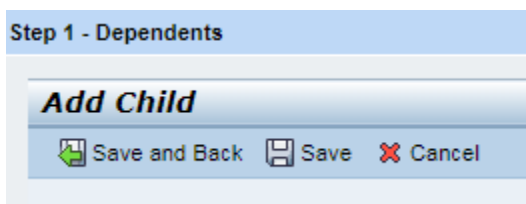


5. Enter the dependent's date of birth, select male or female and social security number. (Newborns or others without SS#, enter 999-99-9999.)

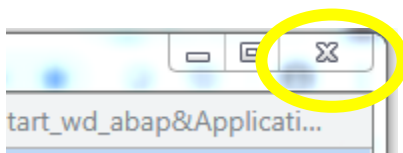


Note...this *does not* add the dependent/spouse to your insurance; it only adds the person to your profile so that they can be verified. You will actually add the dependent/spouse to your coverage in the "Enroll in or change Benefits" step.

6. Once you are done hit "Save and Back" to save and view dependents or just "Save."
Always hit SAVE after every entry!



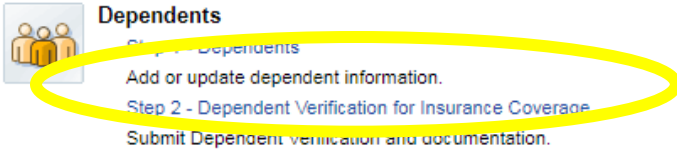
7. Once your changes are "Saved" click the "X" in the top right corner of the screen. Never hit the "X" before saving otherwise your changes were not created.



8. Click **Step 2 – Dependent Verification for Insurance Coverage**. Here you will upload supporting documentation such as a birth certificate or marriage license.

Note...this *does not* add the dependent/spouse to your insurance; it only adds the person to your profile so

that they can be verified. You will actually add the dependent/spouse to your coverage in the “Enroll in or change Benefits” step.



9. A separate web form will open. Complete each step and upload the documentation. You can do this step by taking a picture of your document and upload from your phone or scan and save to your desktop.

A screenshot of the 'Dependent Verification for Insurance Coverage' web form. The form includes a breadcrumb trail: 'Home > Forms > Benefit Forms > Dependent Verification for Insurance Coverage'. The title is 'Dependent Verification for Insurance Coverage'. Below the title is a red heading 'Dependent Verification for Insurance Coverage' followed by a note: 'Documentation must be provided if you wish to add a spouse, or child under the age of 26, to your health, dental or vision coverage.' The form contains several input fields: 'Employee's Name *' (split into 'First' and 'Last'), 'SAP/Employee Number or Last 4 Digits of SS Number *', 'Employee's Phone Number', and 'Employee's Email'.

10. Check the “Attestation Box” and the appropriate box(es) for the documentation you are attaching.

11. Click “Select files” to upload from a desktop or drop files here to drag and drop. *This step is required. You Cannot add a dependent without uploading the supporting documents.*

A screenshot of the attestation and file upload section of the web form. It starts with a checkbox labeled 'Check this box to indicate you have read and understand the attestation statement above.' Below this is a heading 'Check one or more boxes to indicate the documentation you are attaching. *'. There are several checkboxes with corresponding text: 'Legal Spouse - Marriage License that is government-issued and signed by the country clerk, state registrar or other assigned government official. Must carry the seal of that office documenting the license has been recorded.', 'Dependent - Biological Child: government issued Birth Certificate identifying you as the parent', 'Dependent - Newborn Child less than 31 days old: hospital issued Birth Certificate may be accepted if the document includes each of the following: newborn's name, parents' names, date of birth, and signature of the attending physician and/or hospital administration', 'Dependent - Step-Child: government-issued Birth Certificate identifying your spouse as a parent AND a government-issued Marriage License showing you are married to the parent', 'Dependent - Adopted Child: court document showing adoption placement, government issued birth certificate, petition for adoption or final adoption certificate; date of birth must be included', 'Dependent - Legal Ward/Guardian Child/Foster Child under age 18: court or agency documentation AND a government issued Birth Certificate', 'Dependent - Medical Support Court Order: court documentation ordering you to provide insurance for your biological child, and government issued birth certificate.', and 'Dependent - Adult Disabled Child: government-issued Birth Certificate identifying you as the parent AND medical certification of disability prior to age 26. If the adult disabled child is your step-child, a government-issued Marriage License showing you are married to the parent is also required.' Below the checkboxes is a note: 'Attach fully legible photocopies only of the original documents. Commemorative certificates and un-recorded documents are NOT acceptable.' This is followed by a heading 'Upload a copy of the documents that you have checked above. Multiple pages can be scanned as one document. *'. At the bottom is a file upload area with a dashed border, containing the text 'Drop files here or' and a 'Select files' button, which is circled in yellow.

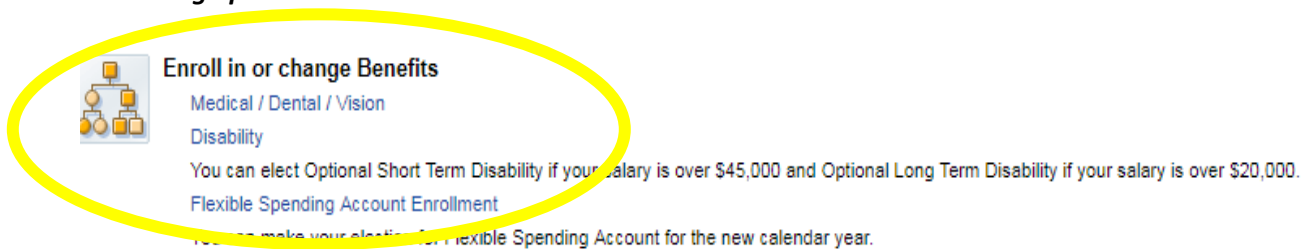
12. Then hit “Submit” at the bottom.

13. Once you hit submit you should get an email acknowledging that you have submitted your document.
14. Click the “X” at the top right to close this screen.

How to Enroll in or change Benefits (including the final step to add dependents to your Medical, Dental or Vision plans)

*In this section you can add or remove yourself and dependents from the medical, dental and vision plans. You can also add or delete short and/or long term disability coverage, and enroll in flexible spending accounts for health care and/or dependent daycare. If you are already enrolled in medical, dental, vision, short term/long term disability and do not need to make changes you are not required to complete or edit these section. **However, you must re-enroll in the Flexible Spending Account each year to continue that benefit.***

1. Click on the benefit you need to complete
 - a. **Medical/Dental/Vision-** (here you advance to the benefit you need. For example: if you only want to enroll in Flexible Spending Account, click on “**Flexible Spending Account Enrollment**”.
 - b. **Disability** – Optional Long Term Disability and Optional Short Term Disability
 - c. **Flexible Spending Account - Note you must re-enroll in the Flexible Spending Account each year during open enrollment.**



2. If you need to make a change to medical, dental or vision, click on “**Medical / Dental / Vision plans** and the benefits enrollment screen will open for these plans. *This screen should reflect your current elections that will still be in effect as of 1-1-2019 unless you make a change.*

Medical / Dental / Vision History

2019 BEN Enrollment: Step 1 (Health Plans)

Previous Next Save

1 2
Health Plans Review and Save

Enroll in Health Plans									
Actions	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
	Dental	01/01/2019	Current	Dental	Dental Coverage	Employee Only		11.88 USD Bi-weekly	
	Medical	01/01/2019	Current	Health Savings Medical	Health Savings Plan	Employee Only		34.14 USD Bi-weekly	
	Vision	01/01/2019	Current	Enhanced Vision Plan	Enhanced Vision Coverage	Employee Only		5.36 USD Bi-weekly	

Click this paper with plus sign icon to add coverage you currently do not have:



Click the pencil to change current coverage:



Click the trashcan to delete coverage:



3. After you plan selection box opens, use the scroll bar to the right side to find the **plan option you want** (Classic, Health Savings Plan, or Premier for Medical as an example) **and select the coverage tier** (Employee Only, Employee and spouse, or Employee and Children)
In this example, the employee is enrolling in Employee + Children Classic coverage.
4. Scroll down and find “**Classic**” and Highlight the line for that represents the family members you are covering (Employee Only, Employee and Children, Employee and Spouse or Employee Spouse and Children). **You can only be in one plan option and one coverage.**
5. Select “**Pre-Tax Deduction**” or “**Post-Tax Deduction.**” It defaults to Pre-tax but you can change it.
6. Now you can add the child/spouse that you set up earlier. Be sure to **check the box** next to dependent’s name. Click “**Add**” at the bottom of the box. Now your new dependent is added to the plan you selected.

Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Classic	Employee Only	48.23 USD Bi-weekly	
Classic	Employee & Children	94.78 USD Bi-weekly	
Classic	Emp, Spouse, Childrn	163.56 USD Bi-weekly	
Classic	Employee and Spouse	119.57 USD Bi-weekly	
Premier	Employee Only	80.64 USD Bi-weekly	
Premier	Employee & Children	162.17 USD Bi-weekly	

Pre-Tax or Post-Tax Deduction

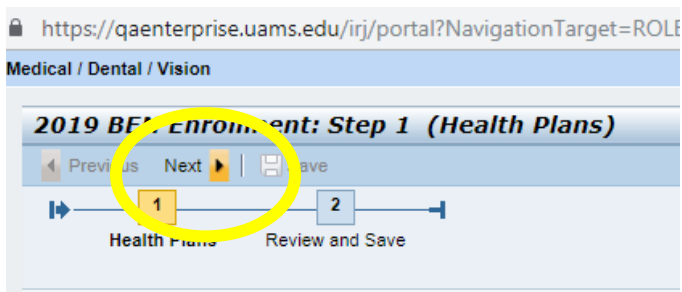
Pre-Tax Deduction
 Post-Tax Deduction

Enroll Dependents

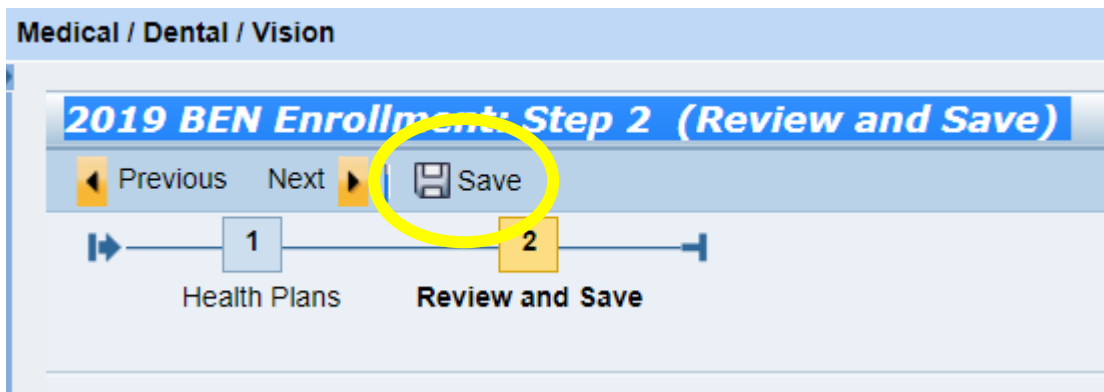
Test Child 1 Jones (Child)

Add **Cancel**

7. Follow the same steps for Dental and Vision if you are making changes to those plans. Or Click **Next** to advance to the next step.



8. When you are done making your changes to medical/dental/vision, be sure to click “Save” on the next screen.



NOTE: If you are currently in the Health Savings Plan and are changing to either Classic or Premier, you will get an error message. Contact our office at 686-5650, as we will need to first end your H.S.A. on 12-31-2018 in order for you to elect a different medical plan effective 1-1-2019.

9. Click **Disability** to add or delete either/both of these two benefit plans. Be sure to click the **Save** button to preserve your changes. When you are done and have saved your changes, exit the screen.
 - a. Optional LTD (long term disability) – available to staff with annual salaries over \$20,000. Resident Physicians and FGP members are not eligible.
 - b. Optional STD (short term disability) – available to staff and FGP members with annual salaries over \$45,000. Resident Physicians are not eligible.
10. Click **Flexible Spending Account Enrollment** to enroll in an FSA.
 - a. First read the terms and condition and click “Accept” at the bottom.
 - b. Then click the add icon to enroll in a 2019 FSA. Remember, these plans automatically end on December 31; re-enrollment is required to participate each year. You can enroll in one or both FSA plans. But if you enroll in the Health Savings medical plan (which is a qualified high-deductible plan associated with an Health Savings Account), you are not eligible to also enroll in a medical FSA.
 - c. Enter your **Annual Contribution Amount**. Be sure to put the annual amount for the entire year. Hit the **Calculate** button to see the amount deducted from each paycheck in 2019. Then click “Add.”

Select Plan

Plan Name	FSA Medical		
Details:	Annual Contribution for FSA Medical for period 01/01/2019 - 12/31/2019		
Annual Contribution Amount:	0.00	USD (Minimum	120.00 USD - Maximum 2,650.00 USD)
Amount per Paycheck:	0.00	USD	<input type="button" value="Calculate"/>
			<input type="button" value="Add"/> <input type="button" value="Cancel"/>

- d. Click **Next**, then **Save** to complete your enrollment.
- e. To confirm you completed your FSA enrollment, the next screen -- **Benefit Election Summary** -- will show you are enrolled as of 01/01/2019.
- f. Close (x) this screen, as your original session is still open.

DISCLAIMER

Data changes made in Employee Self-Service are transferred immediately to the Human Resources system. It is a live system. You are responsible for changes you make and the effects they may have on your paycheck (bank, tax, and address information).

11/1/2018

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