Employee and Spouse Voluntary Life Insurance Enrollment through ESS

Trigger: An employee is eligible to make changes to their Employee and/or Spouse Voluntary Group Life Insurance plan(s) during the enrollment period for the new guaranteed coverage amounts. The *Employee Voluntary Group Life Insurance* and *Spouse Voluntary Group Life Insurance* will be separate offers. You may be eligible to increase one or both depending on you previous elections. The system will only display the offer(s) that qualify for an increase in coverage to the new guaranteed amounts.

1. From ESS, select *Benefits*.



2. Select Benefits Enrollment.

_	
	Home Employee Self-Service Overview Personal Information Benefits Leave & Time Payroll Travel Management My First Days Help Documents
Þ	Benefits Overview
	Employee Self-Service >> Benefits
	This page will provide you with information about each available Employee Self-Service (ESS) application for you to access in this sub-section of ESS. To access an application, simply have chosen. A link to this sub-sections overview page will be shown to the left of the ESS application that you can use to return to this page.
	Available Applications
	Benefits Participation Overview Display your currently enrolled benefits programs. Benefits Enrollment This page will allow you to enroll in benefits made available through Employee Self-Service.

- 3. Step 1 (Enrollment Start) Benefits Enrollment Enrollment Option Selection screen will display the available offers for Voluntary Group Life Insurance Enrollment under the Enrollment Option section. (Note: If the available offers for enrollment appear to be inaccurate, please contact your human resource department with questions.)
 - **3.1.** Only one enrollment can be completed at a time, so select the desired *Voluntary Group Life Insurance Enrollment* offer by clicking the square next to the appropriate plan.
 - **3.1.1.** If choosing *Employee Voluntary Group Life Insurance Enrollment*, <u>click here for further</u> <u>instructions contained in this document</u>.
 - **3.1.2.** If choosing *Spouse Voluntary Group Life Insurance Enrollment*, <u>click here for further</u> <u>instructions contained in this document.</u>

Home Employee Self-Service Overview Personal Information Benefits Leave & Time Payroll Travel Management My First Days Help Documents								
Benefits Enrollment								
Detailed Navigation Enrollment Enrollment Option Selection								
Benefits Overview	Plan Confirmation Enr the square box to the left o	ollment Complete						
Choose desired	Enrollment Option	Enrollment Start Date	Enrollment End Date					
plan for	Employee Voluntary Group Life Insurance Enrollment	3/27/2013	4/10/2013					
enrollment	Spouse Voluntary Group Life Insurance Enrollment	3/27/2013	4/10/2013					
	Continue 🕨							

Employee Voluntary Group Life Insurance Enrollment

- **1.** Step 1 (Enrollment Start) Benefits Enrollment Enrollment Option Selection screen.
 - **1.1.** Select the *Employee Voluntary Group Life Insurance Enrollment* offer by clicking the square next to the corresponding text.
 - **1.2.** Next, click Continue.

Home Employee Self-Service									
Overview Personal Information	Benefits Leave & Time Payroll Travel Management My Fi	irst Days Help Documents							
Benefits Enrollment									
	Detailed Navigation Benefits Enrollment Enrollment Option Selection								
Benefits Overview 1 2 3 4 5 Enrollment Start Accept Disclaimer Plan Selection Plan Confirmation Enrollment Complete This screen displays your current enrollment offer(s). To begin, click the square box to the left of the offer you wish to review. Then click the continue button.									
	Select an enrollment option below and click "Continue".								
Click to choose	Enrollment Option	Enrollment Start Date Enrollment End Date							
plan for	Employee Voluntary Group Life Insurance Enrollment	3/20/2013 4/3/2013							
enrollment	Spouse Voluntary Group Life Insurance Enrollment	3/20/2013 4/3/2013							
	Continue								

- 2. Step 2 (Accept Disclaimer) Benefits Enrollment Employee Voluntary Group Life Insurance Enrollment screen will appear.
 - **2.1.** Read the agreement terms, which emphasize the importance of completing all pages of the enrollment process in order to receive the confirmation email. To agree to the terms, click in the check box that states "Yes, I have read and agree to the above information."



2.2. After clicking the check box, click *Continue*.



- **3.** Step 3 (Plan Selection) Benefits Enrollment Employee Voluntary Group Life Insurance Enrollment screen will now appear.
 - 3.1. Click Change Enrollment.

Home Employee Self Service							
Overview Personal Information Be	enefits Leave & Tin	ne Payroll Travel Managemer	nt MyFirstDay	s Help Documents			
Benefits Enrollment							
Detailed Navigation	Benefits Enro	liment Employee volu	intary Group	Life insurance	Enrolimen	IT	
Benefits Overview	1	2 3		4	5		
	Enrollment Start	Accept Disclaimer Plan Sele	ection Plan Co	nfirmation Enrollmer	nt Complete		
	This page will display enrollment or change	your current enrollment(s), if applica under "Enrollment Offers".	ble, under "Enrollm	ent(s) as of Today", as v	well as all the be	mefits enrollment options a	vailable to you for
	To make modifications to your enrollment(s), simply select a row from the offers table by clicking the square button to the left and click the "Change Enrollment" button If you have already completed an enrollment or change, your previously selected options will be shown in the "Enrollment Offers" table for you to make any further modifications as your desire						
	Enrollment changes click the "Continue	s will not be finalized until you ha to Confirmation Screen" button	ave reached step at the bottom of	five of this process. this page to proceed	Once you are to the next ste	satisfied with your en ep of this application.	rollment options,
	Enrollment(s) as o	f Today					_
	Plan Type	Plan	Start Date	Coverage	Cos	t Information	
	Vol. Life EE	Voluntary Life Employee	3/20/2013	\$10,000.00	\$0.2	0 Vol. Life EE	
	All costs shown in th	e above table are bi-weekly.					
	Enrollment Offers						
	Plan Type	Plan	Plan Begin	Coverage Amt.	Cost	Plan Information	-
	Vol. Life EE	Voluntary Life Employee	5/1/2013	\$10,000.00	\$0.20	Insurance Plans	
	Change Enrollment	D					
			Contin	ue to Confirmation Scre	en 🕨		

NOTE: To read more information regarding Voluntary Group Life Insurance plans, users can follow either the <u>Vol. Life EE</u> or the <u>Insurance Plans</u> link as shown here:

lan Type	Plan	Start Date	Coverage	Cost Information
/ol. Life EE	Voluntary Life Employee	3/20/2013	\$10,000.00	\$0.20 Vol. Life EE
COSIS SHOWN IN	and abore table are brindenty.			
rollment Offer	s			\langle
rollment Offer Plan Type	s Plan	Plan Begin	Coverage Amt.	Cost , Plan Information

- 4. The Enrollment Offer for: Vol. Life EE will appear.
 - **4.1.** Employees <u>must</u> enter an *Additional Units* amount between 10 and 14. (Reminder: If no additional units are desired by the employee, the employee does not need to complete the Enrollment process.)

Please enter the a	mount of coverage you would like below.
Number of additiona	I units must be between 10 and 14.
10,01 Benefit Salary:	\$32,000.00
Basic Coverage:	\$10,000.00
Additional Units:	10 x \$10,000.00
Total Coverage:	\$10,000.00 max: \$150,000.00
Am Bi-weekly Cost:	\$0.20 Refresh Total Coverage and Cost
<mark>00.0</mark>	

- **4.2.** Once the desired additional units have been entered, click *Refresh Total Coverage and Cost* to see the new coverage and bi-weekly cost calculations.
- 4.3. When satisfied with the changes, click Update Selection and Return.

	fe, Cone Enrollment Offer for	r: Vol. Life EE	ter a the second se	~~.~^,~~^,~~^,~~~,~~~,~~~,~~~,~~~,~~~,~~
	Please enter the am	ount of coverage you	would like below.	
<u>۸</u>	Number of additional u	inits must be between 10	and 14.	
ve				
0,01 E	Benefit Salary:	\$32,000.00	Updated coverage and	
5 E	Basic Coverage:	\$10,000.00	cost	
4	Additional Units:	10 x \$10,000	.00	
	Total Coverage:	\$110,000.00 ma	x: \$150,000.00	
Sm: E	Bi-weekly Cost:	\$2.23 R	efresh Total Coverage and Cost	
0.0				
		Update Selection and	d Return Discard Changes	
_				

4.4. The new *Coverage Amt.* and *Cost* columns will reflect the new amounts. Click *Continue to Confirmation Screen*.

	Plan Type	Plan	Plan Begin	Coverage Amt.	Cost	Plan Information		
	Vol. Life EE	Voluntary Life Employee	5/1/2013	\$110,000.00	\$ 2.23	Insurance Plans		
_								
Your changes are not yet saved. Click continue. >>> Continue to Confirmation Screen								

NOTES: The following errors may occur while adding additional units to insurance coverage.

This error will occur if the user attempts to add any number of additional units less than 10 or greater than 14. To proceed, the user must enter a value between 10 and 14.

is pro	cess. Once you are satisfied with your enrollment options, Enrollment Offer for: Vol. Life EE
ł	Please enter the amount of coverage you would like below.
	Number of additional units must be between 10 and 14.
Se10.00	Benefit Salary: \$32,000.00
310,0	Basic Coverage: \$10,000.00
1 (Additional Units: 0 \$10,000.00
(]	Total Coverage: \$10,000.00 max: \$150,000.00
5	Bi-weekly Cost: \$0.20 Refresh Total Coverage and Cost
1ge Am 10,000.0	Please enter a value between 10 and 14.
$\sum_{i=1}^{n}$	Update Selection and Return Discard Changes
2	

This error will occur if the user attempts to submit additional units that are unchanged from the previous value. To proceed, the user must either make a change to the value or if no change is desired, the user may *Discard Changes*.

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ige t	Enrollment Offer for:	Vol. Life EE							
< ∣	Please enter the amo	unt of coverage you would like below.							
\square	Number of additional u	ts must be between 10 and 14.							
\geq									
3	Benefit Salary:	\$32,000.00							
H	Basic Coverage:	\$10,000.00							
ş	Additional Units:	14 x \$10,000.00							
$\langle $	Total Coverage:	\$150,000.00 max: \$150,000.00							
\succeq	Bi-weekly Cost:	\$3.05 Refresh Total Coverage	and Cost						
age 150,	You have not made a	hange to your coverage. Please enter a	a new value or click "Discard Changes".						
		Update Selection and Return Disca	ard Changes						

This error will occur if no changes are made to the current enrollment. Remember, this enrollment process does not need to be completed unless changes to the plan are desired.

() You have not made any changes to your current enrollment. You do not need to complete open enrollment unless you plan to make changes.

- 5. Step 4 (Plan Confirmation) on the Benefits Enrollment Review of Changes Before Submission screen will appear. The highlighted message will state Enrollment is not complete until you click Submit Enrollment below.
 - 5.1. Review the amounts provided under *Enrollment Summary* one final time prior to submission.
 - 5.2. If satisfied with the new *Bi-Weekly Cost* and *Total Coverage* amounts, click the *Submit Enrollment* button. (If changes to the amounts are desired, click the *Return to Plan Selection* button and repeat steps <u>3.1 through 5.1 in the Employee Voluntary Group Life Insurance Enrollment section</u>.)

	t Disclaimer Plan Selection	Plan Confirmation	5 Enrollment Com	plete			
This page displays your final benefit elections. If you are satisfied with your selection, click "Submit Enrollment". If you would like to make changes, you may go back to the previous screen and make all relevant changes to your benefits enrollment. Enrollment is not complete until you click Submit Enrollment below.							
Plan	Plan Type	Plan Begin	Bi-Weekly Cost	Total Coverage	Action		
Plan Voluntary Life Employee	Plan Type Vol. Life EE	Plan Begin 05/01/2013	Bi-Weekly Cost \$2.23	Total Coverage \$110,000.00	Action Change to Coverage Amount		

- 6. Step 5 (Enrollment Complete) on the Benefits Enrollment Review of Changes Before Submission screen will appear. The message will now state Enrollment completed successfully!
 - **6.1.** You MUST receive an email confirmation at the email address indicated within the confirmation page. THIS IS YOUR PROOF OF ENROLLMENT.
 - 6.2. The user may now execute any of the following actions:
 - **6.2.1.** If you desire, print a copy of the enrollment confirmation/summary by clicking *Printer Friendly Version*.
 - 6.2.2. Display all current employee benefits enrollment by clicking Show Benefits Enrollment.
 - **6.2.3.** Return to *Step 3 (Plan Selection)* by clicking *Return to Plan Selection*. This will only allow employees to increase the total insurance coverage amount, if you have not selected the maximum amount allowed. All requests to decrease coverage amounts must be directed to the employee benefits office.
 - **6.2.4.** Return to Step 1 (Enrollment Start) to complete the Spouse Voluntary Group Life Insurance Enrollment if applicable.
 - **6.2.5.** Log out of ESS by clicking the *Log Out* link located in the upper right-hand corner of the web page.

Benefits Enrollment	Review of Changes Bef 2 3 t Disclaimer Plan Selection Plan Enrollment co	Tore Submi	ssion 5 Enrollment Con uccessfully!	nplete	and and a second se
Plan	Plan Type	Plan Begin	Bi-Weekly Cost	Total Coverage	Action
Voluntary Life Employee	Vol. Life EE	05/01/2013	\$2.23	\$110,000.00	Change to Coverage Amount
Your benefits enrollment A copy of this enrollment If you wish to begin anoth If you would like to print a c If you wish to see a summa	options have been submitted. summary has been emailed to: EWOLS2 her available open enrollment event, click opy of this summary: ry of your benefits: Return to Plan Se	ZCZENSKI@PAS the "Return to S er Friendly Versi w Benefits Enroll lection Return	SHE.EDU tart Page" button. on ment	_	

Note: Employees should receive an email similar to the one shown here once the enrollment process has been completed. It is very important to maintain this email record as proof of the enrollment process completion.

This is a notification mess Service (ESS) system. If y ends on 04/03/2013.	age that a be ou wish to m	nefits enrollm ake changes t	ent request has b to your enrollment	een processed ;, you may repe	for your employee record thro eat the enrollment process aga	ugh the PASSHE Employee Self- in, until the enrollment period
Only the changes you hav "Benefits Participation Ove This benefits enrollment v	e made durin rrview" under vas submitter	g this session the Benefits 1 d on 03/21/20	are reflected on t tab. 13 10:40AM.	he Summary o	f Plan Selections. To view all of	your benefits, select the
Plan	Plan Type	Plan Begin	Bi-Weekly Cost	Coverage	Action	
Voluntary Life Employee	Vol. Life EE	05/01/2013	\$2.23	\$110,000.00	Change to Coverage Amount	
[This is a system generate	ed email mes	sage. Do not i	reply to the sende	r.]		

Spouse Voluntary Group Life Insurance Enrollment

- 1. Step 1 (Enrollment Start) Benefits Enrollment Enrollment Option Selection screen.
 - **1.1.** Select the Spouse Voluntary Group Life Insurance Enrollment offer by clicking the square next to the corresponding text.
 - **1.2.** Next, click Continue.

Home Employee Self-Service	Renafite i lasva&Time i Davrnil i TravelMananament i Mv	First Davis I. Heln Documer	nte
Benefits Enrollment	benefits coare a time rayion travermanagement my		
◆ Detailed Navigation	Benefits Enrollment Enrollment Option Se	lection	
Benefits Overview	2 3	4	5
	Enrollment Start Accept Disclaimer Plan Selection	Plan Confirmation Enr	ollment Complete
	This screen displays your current enrollment offer(s). To begin, clic review. Then click the continue button	k the square box to the left o	f the offer you wish to
	review. Then click the continue button.		
	Select an enrollment option below and click "Continue".		
	Enrollment Option	Enrollment Start Date	Enrollment End Date
Click to choose	Employee Voluntary Group Life Insurance Enrollment	3/20/2013	4/3/2013
plan for	Spouse Voluntary Group Life Insurance Enrollment	3/20/2013	4/3/2013
enrollment			

- 2. Step 2 (Accept Disclaimer) Benefits Enrollment Employee Voluntary Group Life Insurance Enrollment screen will appear.
 - **2.1.** Read the agreement terms, which emphasize the importance of completing all pages of the enrollment process in order to receive the confirmation email. To agree to the terms, click in the check box that states "Yes, I have read and agree to the above information."

Home Employee Self-Service	
Overview Personal Information B	enefits Leave & Time Pavroll Travel Management My First Days Help Documents
Benefits Enrollment	
↓ ↓ Detailed Navigation □	Benefits Enrollment Employee Voluntary Group Life Insurance Enrollment
Benefits Overview	1 2 3 4 5
	Enrollment Start Accept Disclaimer Plan Selection Plan Confirmation Enrollment Complete
	>>> I agree that my enrollments or changes are not reported or accepted until I have completed all pages of this enrollment process and received an e-mail confirmation after selecting the "Submit Enrollments" button on the last screen.
	>>> Enrollment changes will not be accepted, and appeals will not be considered unless the e-mail confirmation is presented to your human resources office.
	Yes, I have read and agree to the above information.
	Note: Without checking the above agreement, you cannot proceed to open enrollment actions.
	Vour currently listed email is TESTEMAILADD @PASSHE.EDU. If this address is incorrect contact your benefits office before completing your enrollment.

2.2. After clicking the check box, click Continue.



- **3.** Step 3 (Plan Selection) Benefits Enrollment Spouse Voluntary Group Life Insurance Enrollment screen will now appear.
 - 3.1. Click Change Enrollment.

Home Employee Self-Service							
Overview Personal Information Ber	nefits Leave & Time	e Payroll Travel Manageme	nt My First Day	ys Help Documents			
Benefits Enrollment							
• • • • • • • • • • • • • • • • • • •							
Detailed Navigation	Benefits Enrol	ment Spouse Volunt	ary Group L	ife Insurance Ei	nrollment		
Benefits Overview				_	_		
	▶ 1	2 3		4	5		
	Enrollment Start	Accept Disclaimer Plan Sele	ection Plan Co	onfirmation Enrollme	nt Complete		
	This page will display y enrollment or change u	our current enrollment(s), if applica nder "Enrollment Offers".	ible, under "Enrollm	nent(s) as of Today", as	well as all the ber	nefits enrollment options av	railable to you for
	To make modifications to If you have already co modifications as you de	to your enrollment(s), simply select mpleted an enrollment or change, y esire.	a row from the off our previously sele	ers table by clicking the acted options will be sho	square button to t wn in the "Enrolln	the left and click the "Chan ment Offers" table for you t	ge Enrollment" button. .o make any further
	Enrollment changes	will not be finalized until you h	ave reached ster	p five of this process.	. Once vou are	satisfied with your enro	ollment options.
	click the "Continue t	o Confirmation Screen" button	at the bottom of	this page to proceed	I to the next ste	ep of this application.	• •
	Enrollment(s) as of	Today					_
	Plan Type	Plan	Start Date	Coverage	Cost	Information	-
	Vol. Life SP	Voluntary Life Spouse	3/20/2013	\$10,000.00	\$0.20	Vol. Life SP	
	All costs shown in the	above table are bi-weekly.					
	Enrollment Offers						_
	Plan Type	Plan	Plan Begin	Coverage Amt.	Cost P	lan Information	
	Vol. Life SP	Voluntary Life Spouse	5/1/2013	\$10,000.00	\$0.20 In	surance Plans	
	Change Enrollment						
,		/					
			Conti	nue to Confirmation Scre	en D		
			Contra	nao to commutori Scie			

NOTE: To read more information regarding Voluntary Group Life Insurance plans, users can follow either the <u>Vol. Life SP</u> or the <u>Insurance Plans</u> link as shown here:

Plan Type	Plan	Start Date	Coverage	Cost Information
Vol. Life SP	Voluntary Life Spouse	3/20/2013	\$10,000.00	\$0.20 Vol. Life SP
nrollment Offe	n the above table are bi-weekly.		<	
nrollment Offe	n the above table are bi-weekiy.	Plan Begin	Coverage Amt.	Cost Plan Information

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- 4. The Enrollment Offer for: Vol. Life SP will appear.
 - **4.1.** Employees <u>must</u> enter an *Additional Units* amount between 1 and 3 for his or her spouse. (Reminder: If no additional units are desired for the spouse, the employee does not need to complete the Enrollment process for the spouse.)

Enrollment Offer	for: Vol. Life SP
Please enter the a	mount of coverage you would like below.
Number of additiona	al units must be between 1 and 3.
0,00 Basic Coverage:	\$10,000.00
Additional Units:	1 3 \$5,000.00
Total Coverage:	\$10,000.00 max: \$25,000.00
Bi-weekly Cost:	\$0.20 Refresh Total Coverage and Cost
\mt	
0.00	
	Update Selection and Return Discard Changes

- **4.2.** Once the desired additional units have been entered, click *Refresh Total Coverage and Cost* to see the new coverage and bi-weekly cost calculations.
- 4.3. When satisfied with the changes, click Update Selection and Return.

pro	ceed to the next step of this application.	
2	Enrollment Offer for: Vol. Life SP	
Ć	Please enter the amount of coverage you would	ike below.
ver	Number of additional units must be between 1 and 3.	Updated coverage and
0,00	Basic Coverage: \$10,000.00	cost
2	Additional Units: 1 x \$5,000.00	
3	Total Coverage: \$15,000.00 max: \$25	i,000.00
4	Bi-weekly Cost: \$0.30 Refresh	Total Coverage and Cost
Amt		
20.00		
Ś	Update Selection and Return	Discard Changes
\geq		

4.4. The new *Coverage Amt.* and *Cost* columns will reflect the new amounts. Click *Continue to Confirmation Screen*.

/oluntary Life Spouse	5 14 10 0 4 0			
	5/1/2013	\$15,000.00	\$0.30	Insurance Plans

NOTES: The following errors may occur while adding additional units to insurance coverage.

This error will occur if the user attempts to add any number of additional units less than 1 or greater than 3. To proceed, the user must enter a value between 1 and 3.

∲his pro ¥e to pro	cess. Once you are sa	atisfied with your of this application	enrollment options,
	Enrollment Offer for: Please enter the amo Number of additional un	Vol. Life SP ount of coverage yo hits must be between	ou would like below.
Cover	Basic Coverage:	\$10,000.00	
Ş	Additional Units: Total Coverage:	0 S15,000,00	5,000.00
	Bi-weekly Cost:	\$0.30	Refresh Total Coverage and Cost
3e Amt 5,000.00	Please enter a value l	between 1 and 3.	\supset
		Update Selection	and Return Discard Changes

This error will occur if the user attempts to submit additional units that are unchanged from the previous value. To proceed, the user must either make a change to the value or if no change is desired, the user may *Discard Changes*.

je t	o proceed to the new Enrollment Offer fo	step of this application.	1
È.	Please enter the an	ount of coverage you would like below.	ł
Ş	Number of additional	iits must be between 1 and 3.	
S	Basic Coverage:	\$10,000.00	ł
$\langle \langle$	Additional Units:	1 \$5,000.00	ł
3	Total Coverage:	\$15,000.00 max: \$25,000.00	ł
Ł	Bi-weekly Cost:	\$0.30 Refresh Total Coverage and Cost	
ige	You have not made	change to your coverage. Please enter a new value or click "Discard Changes".	
		Update Selection and Return Discard Changes	1

This error will occur if no changes are made to the current enrollment. Remember, this enrollment process does not need to be completed unless changes to the plan are desired.

IJ You have not made any changes to your current enrollment. You do not need to complete open enrollment unless you plan to make changes.

- 5. Step 4 (Plan Confirmation) on the Benefits Enrollment Review of Changes Before Submission screen will appear. The highlighted message will state Enrollment is not complete until you click Submit Enrollment below.
 - 5.1. Review the amounts provided under *Enrollment Summary* one final time prior to submission.
 - **5.2.** If satisfied with the new *Bi-Weekly Cost* and *Total Coverage* amounts, click the *Submit Enrollment* button. (If changes to the amounts are desired, click the *Return to Plan Selection* button and repeat steps <u>3.1 through 5.1 in the Spouse Voluntary Group Life Insurance Enrollment</u> <u>section</u>.)

	Disclaimer Plan Selection	Plan Confirmation	5 Enrollment Com	plete	
is page displays your final bene y go back to the previous scree Enrol	efit elections. If you are satisfie en and make all relevant change Iment is not complet	d with your selection, c es to your benefits enro e until you clicl	lick "Submit Enrollme Ilment. <mark>k Submit Enr</mark>	nt". If you would like	e to make changes, you
Plan	Plan Type	Plan Begin	Bi-Weekly Cost	Total Coverage	Action
Plan Voluntary Life Spouse	Plan Type Vol. Life SP	Plan Begin 05/01/2013	Bi-Weekly Cost \$0.30	Total Coverage \$15,000.00	Action Change to Coverage Amount

- 6. Step 5 (Enrollment Complete) on the Benefits Enrollment Review of Changes Before Submission screen will appear. The message will now state Enrollment completed successfully!
 - **6.1.** You MUST receive an email confirmation at the email address indicated within the confirmation page. THIS IS PROOF OF ENROLLMENT.
 - 6.2. The user may now execute any of the following actions:
 - 6.2.1. Print a copy of the enrollment confirmation/summary by clicking *Printer Friendly Version*.
 - 6.2.2. Display all current employee benefits enrollment by clicking Show Benefits Enrollment.
 - **6.2.3.** Return to *Step 3 (Plan Selection)* by clicking *Return to Plan Selection*. This will only allow employees to increase the total insurance coverage amount. All requests to decrease coverage amounts must be directed to the employee benefits office.
 - **6.2.4.** Return to *Step 1 (Enrollment Start)* to complete the *Employee Voluntary Group Life Insurance Enrollment* if applicable.
 - **6.2.5.** Log out of ESS by clicking the *Log Out* link located in the upper right-hand corner of the web page.

Benefits Enrollment Revi	ew of Changes Before ar Plan Selection Plan Enrollment con	ore Submi 4 Confirmation	ssion 5 Enrollment Con Jccessfully!	nplete	,
Plan	Plan Type	Plan Begin	Bi-Weekly Cost	Total Coverage	Action
Voluntary Life Spouse	Vol. Life SP	05/01/2013	\$0.30	\$15,000.00	Change to Coverage Amount
Your benefits enrollment options ha A copy of this enrollment summary If you wish to begin another availab you would like to print a copy of thi you wish to see a summary of you	ve been submitted. has been emailed to: EWOLSZ le open enrollment event, click is summary: r benefits: Printe Show	CZENSKI@PAS the "Return to S r Friendly Versi / Benefits Enroll ection Retur	SHE.EDU tart Page" button. on ment		

Note: Employees should receive an email similar to the one shown here once the enrollment process has been completed. It is very important to maintain this email record as proof of the enrollment process completion.

This is a notification message that a benefits enrollment request has been processed for your employee record through the PASSHE Employee Self- Service (ESS) system. If you wish to make changes to your enrollment, you may repeat the enrollment process again, until the enrollment period ends on 04/03/2013.							
Only the changes you have made during this session are reflected on the Summary of Plan Selections. To view all of your benefits, select the "Benefits Participation Overview" under the Benefits tab.							
This benefits enrollment was submitted on 03/21/2013 01:57PM.							
	Plan	Plan Type	Plan Begin	Bi-Weekly Cost	Coverage	Action	
	Voluntary Life Spouse	Vol. Life SP	05/01/2013	\$0.30	\$15,000.00	Change to Coverage Amount	
[This is a system generated email message. Do not reply to the sender.]							