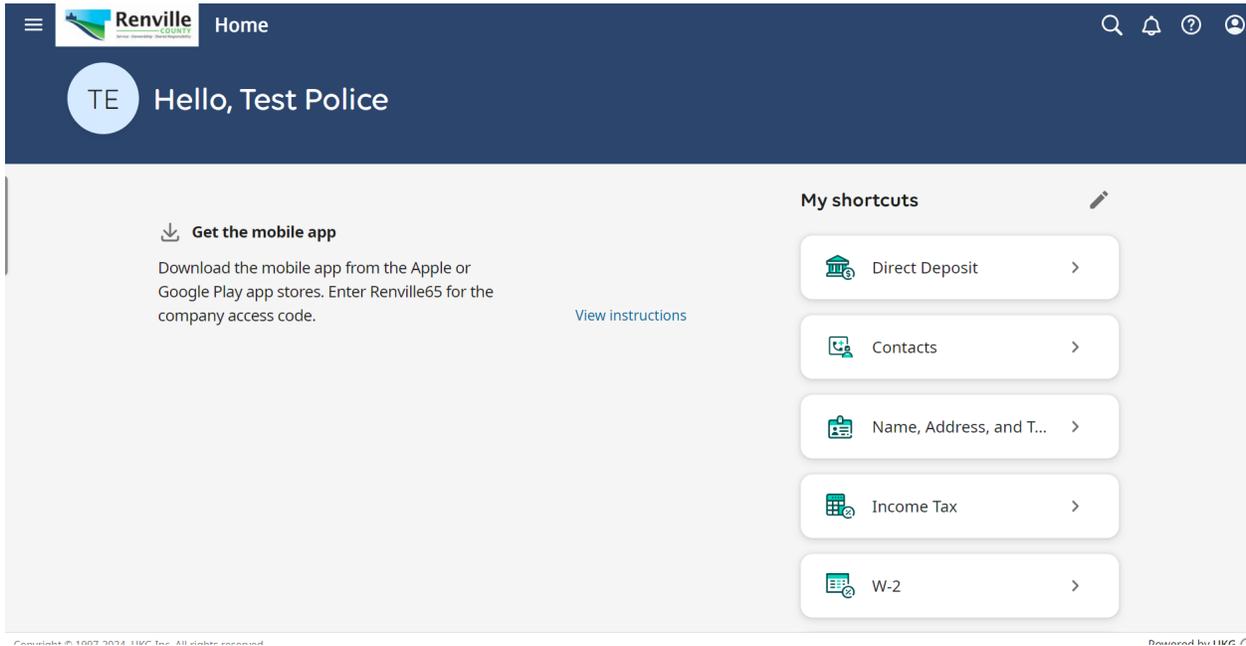
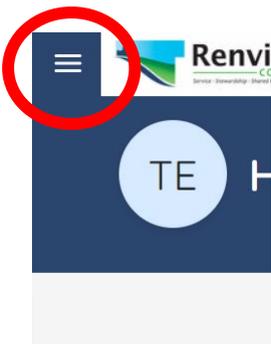


User Guide to Enrolling in Benefits through UKG- Open Enrollment

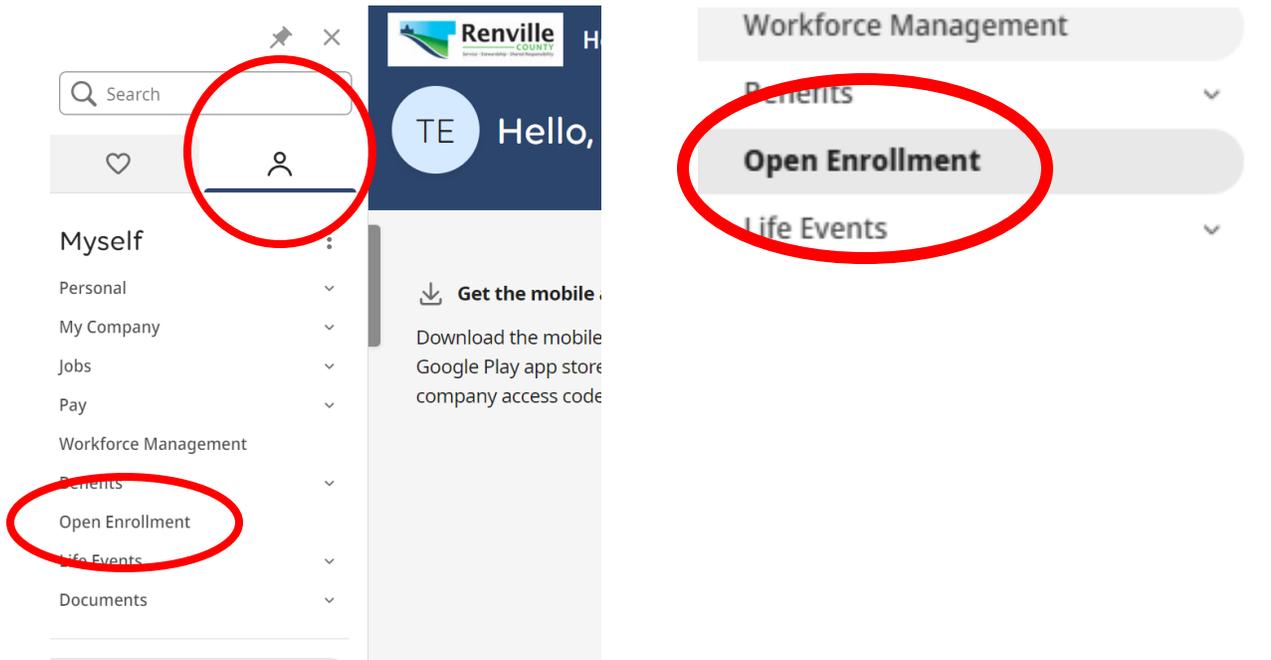
You will enroll in your benefits using UKG. Login to your UKG account.



If your left side menu is not displaying already, select the hamburger menu on the upper left-hand side.



Make sure you are in the "Myself tab" and then select open enrollment.

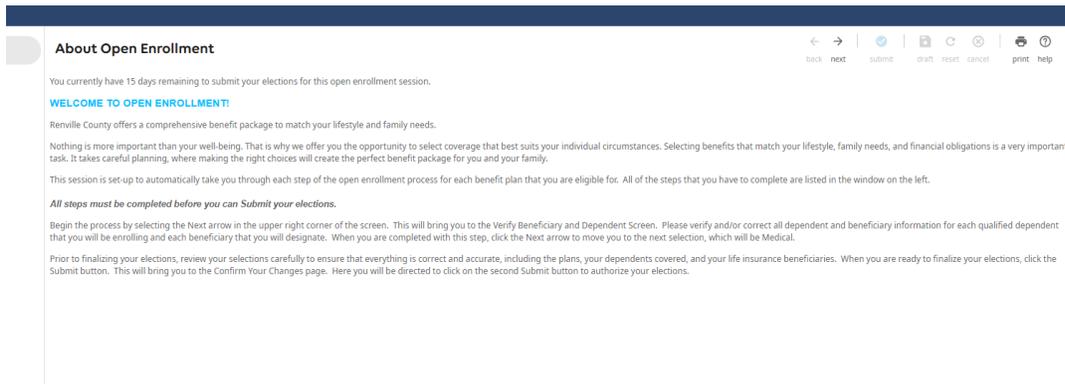


Select the current year option that is available to you

Open Enrollment print help

Description	Session Open Date	Session Close Date	Status
Open enrollment for 2025 benefits	11/01/2024	11/15/2024	Not Started

Read through the message on the next screen. Then select "next" in the upper right-hand corner.



On the next page, you will add your dependent and beneficiary information. Add all dependents and beneficiaries in this step as you will need to add them to each selected benefit plan. Click "add" in the upper middle page and add the information for the person. Repeat this step for each additional person.

*** A spouse needs to be entered as a dependent.**

***Dependents (not beneficiaries) MUST have a SS# and Date of Birth entered in order to add them to a plan, if you do not have this information it will not give you this person as a dependent option when selecting plans.**

my EVENTS
I am a new employee
I am a new Police Employee - 9994

About This Life Event

Verify Beneficiary And Dependent Information

Medical

Health Savings Account

Flexible Spending Account

FSA Dependent Care

Dental

Vision

Verify Beneficiary and Dependent Information

This page allows you to make changes to your dependents, beneficiaries, and emergency contacts. Click the **add (+)** button to add a dependent, beneficiary and/or emergency contact. Please be sure and include full legal names, social security numbers, genders, relationships, and dates of birth for dependents that will be covered under our health plans.

To verify, or change dependents and/or Emergency Contacts:

1. Select the name link for the individual
2. Click Edit and update the necessary information as needed
3. Select save

To add a dependent not already listed:

1. Select **add (+)**
2. Enter the contact information, as needed, including social security, date of birth and gender
3. Check the "Dependent" and/or "Beneficiary" check box as applicable.
4. Select Save

Do not add a contact if they are already listed below. Please designate at least ONE beneficiary before continuing, otherwise you will not be able to complete the enrollment.

Please note that adding contacts on this page does not mean that they are automatically assigned to your existing plan enrollments. You will still need to go through the election wizard and assign dependents and beneficiaries to your plans (including your existing benefit enrollments) as you deem appropriate.

Add/Change Contact

Contact is active

Personal

First

Middle

Last

Former last

Suffix

SSN

Date of birth

Gender

Date of marriage

delete save reset cancel print help

Designation

Select at least one designation for this contact. **Note:** Identifying this record as a **Dependent** or **Beneficiary** only makes them eligible for consideration, it does not automatically add them to any benefit plans.

Relationship

Designation

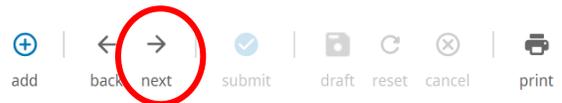
Dependent

Beneficiary

Emergency contact

When you have added all of your dependents and beneficiaries, they will be displayed here. Once all are added, select next in the upper portion of the page.

Verify Beneficiary and Dependent Information



1. Select a plan
2. Enter the contact information, as needed, including social security, date of birth and gender
3. Check the "Dependent" and/or "Beneficiary" check box as applicable.
4. Select Save

Do not add a contact if they are already listed below. Please designate at least ONE beneficiary before continuing, otherwise you will not be able to complete the enrollment.

Please note that adding contacts on this page does not mean that they are automatically assigned to your existing plan enrollments. You will still need to go through the election wizard and assign dependents and beneficiaries to your plans (including your existing benefit enrollments) as you deem appropriate.

Name ↑	Relationship	Designation
Dependant, Legal	Legal Dependent	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
Dependent, Disabled	Disabled Dependent	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
Test, Beneficiary	Brother	<input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact

You will now start selecting your benefit plans. You can see the information about each plan at the top of the page, select the green read more box for more information. To decline the plan, select the checkbox that says "I decline the _____ plan" If you wish to enroll in the plan, select the plan option and add the dependents you wish to enroll.

From a new employee
1st Police Employee - 9994

About This Life Event

Verify Beneficiary And Dependent Information

Medical

Health Savings Account

Flexible Spending Account

FSA Dependent Care

Dental

Vision

Accident Insurance

Critical Illness

Hospital Care Insurance

Medical

Select a Plan

Use the options below to choose or decline a plan.

Medical Insurance

The County offers three (3) Blue Cross Blue Shield medical insurance plans.
We are part of the Select Pharmacy Network and the Aware Provider Network.
Employees scheduled for 30-39 hrs/week have prorated medical insurance premiums.

Learn More Here: <https://www.hrconnection.com?u=RenvilleCounty>

I decline Medical plans.

Medical HSA (4000/8000)

Current Plan
as of 06/24/2024
No current plans for this type.

back next submit draft reset cancel print help

Read more

Medical HSA (4000/8000)

Options

<input type="radio"/> Employee Only	\$0.00
<input type="radio"/> Employee + Family	\$244.14

Medical HSA (4000/8000) Plan Information
Medical HSA (4000/8000)
Choose this plan if you want your Employer Contribution to go into a HSA Account

Medical VEBA (4000/8000)

Options

<input type="radio"/> Employee Only	\$0.00
<input type="radio"/> Employee + Family	\$244.14

Medical VEBA (4000/8000) Plan Information
Medical VEBA (4000/8000)
Choose this plan if you want your Employer Contribution to go into a VEBA Account

Medical HSA (4000/8000)

\$244.14 Biweekly*

Options

- Employee Only \$0.00
- Employee + Family \$244.14

Coverage start date*: 07/01/2024

**Estimated values*

 **Enroll Dependents**

You must enroll between 1 and 99 dependents in the plan.

Disabled Dependent

Legal Dependand

Test Child

SSN

999-99-9999

To see details of what you have currently elected, select the drop-down arrow in the gray "Current Plan" Box in the top right corner of the screen.

← → | ✓ | 📄 ↺ ⓧ | 🖨️ ⓘ
back next submit draft reset cancel print help

Current Plan

as of 12/31/2024

▸ Additional Life Ins-EE

Current Plan

as of 12/31/2024

▾ **Additional Life Ins-EE**

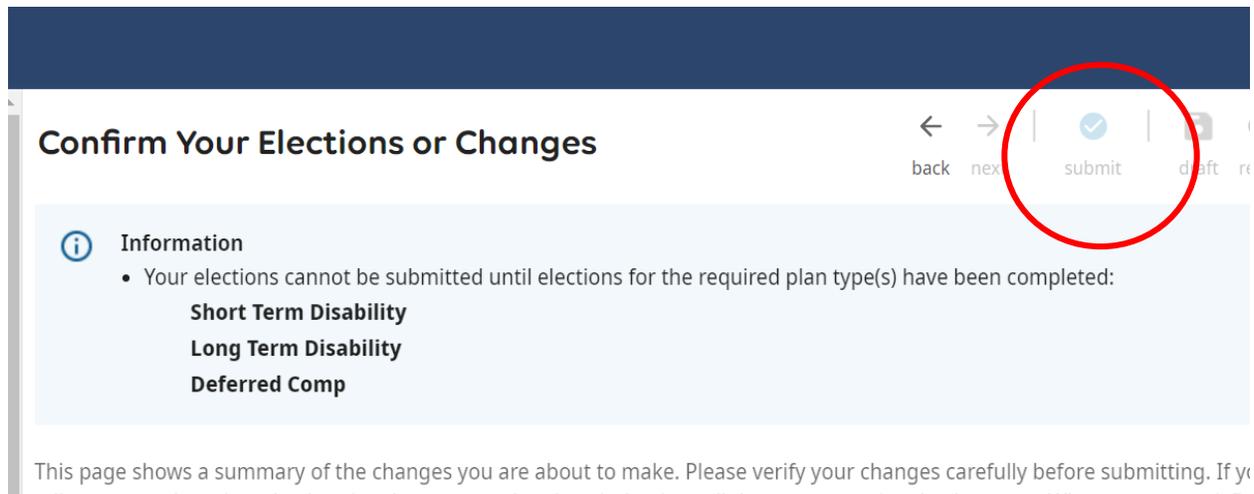
Your cost

\$2.50 Biweekly

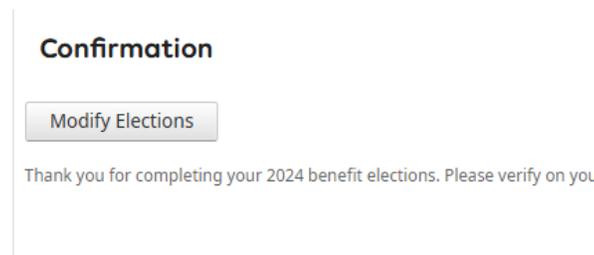
Benefit Amount

\$100,000.00

When you are done making your selections for each benefit, click next and repeat this process for each benefit election. When you are finished, click the submit button on the “Confirm your Elections or Changes” page.



To Change your elections after you have submitted them, go back into the open enrollment session. The page will display your confirmation page, with a “Modify Elections”. You must then close out of the window, and reselect the open enrollment session. (It will bring you back to the start but your elections will be remembered.)



If you encounter errors when trying to submit, check these things:

- If enrolled in a family medical plan you must be enrolled in a family HSA plan and vice vs, if enrolled in an individual medical plan you must be enrolled in an individual HSA plan.
- You must be enrolled in a medical plan to be enrolled in an HSA plan.
- If you are enrolling in an HSA plan, and ALSO an FSA plan, then it must be a LIMITED FSA.
- If you are enrolling in an FSA but NOT an HSA, then it needs to be the regular Medical FSA.
- If you do not want a certain plan, make sure you have selected “I decline this plan” check box on that page.