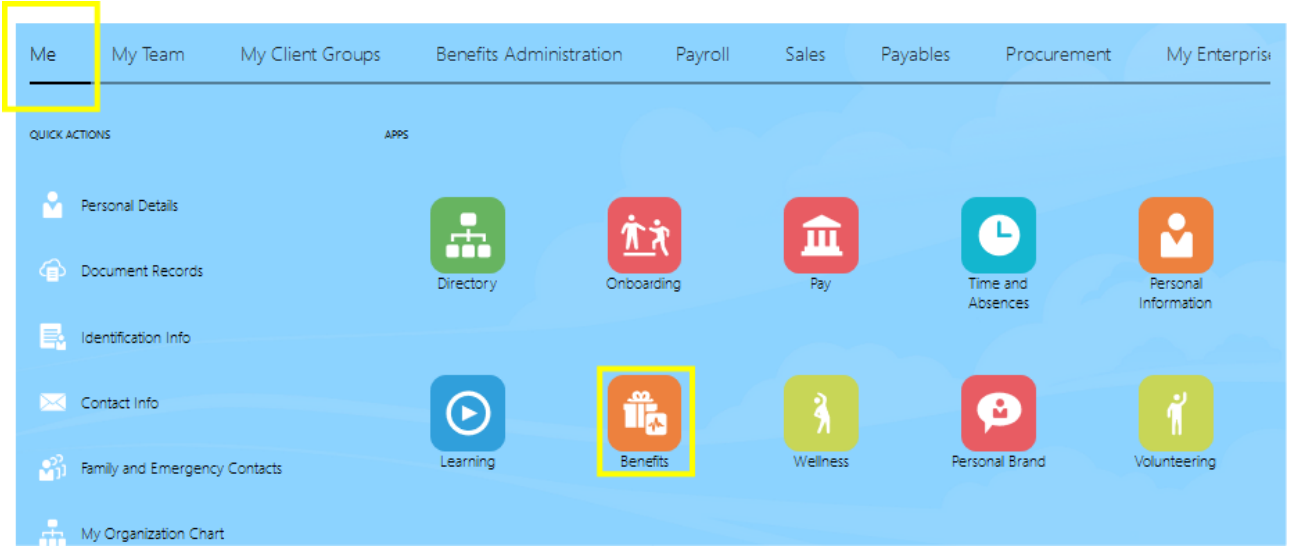


Completing Open Enrollment in Oracle

Champlain College

The guide walks you through how to enroll in benefits during Open Enrollment.

Audience: All Benefit Eligible Employees

Process Step & Description	Action
<p>1.0 Navigation Path</p>	<p>Getting Started</p> <ul style="list-style-type: none"> ➤ Navigation Path Me > Benefits <p>From the Home Screen, be on the “Me” tab.</p> <ul style="list-style-type: none"> ● Click on the “Benefits” Icon. 

- On this screen, click on **“Make Changes”** for some employees this same button will say **“Start Enrollment”**

Review your benefits package and relevant info before you enroll. Click on Make Changes to proceed.

Make Changes

Time Remaining: Days Make Changes Until: 11:59 PM EST

Pending Actions

Address your open items to complete enrollment

Your Benefits

See your current, past, and future enrollments

Report a Life Event

Record a life event for enrollment opportunities

Before You Enroll

Add family and others before you enroll

Document Records

Upload documents to support your enrollments

Need Help? Contact Us

Contact your representative for help

2.0
Review
People to
Cover

Before You Enroll

On the **“Before You Enroll”** screen:

- Review the people listed under People to Cover
- To Add additional people to cover under your plans or include as a beneficiary click **Add**.
- If you do not have any additional people to add (or after you have added new people), click **Continue**.

Before You Enroll

Continue Cancel

Information
To cover family and others in benefits, add them now before you enroll.

People to Cover

+ Add

Test Friend (Test Friend)
Other

Test Spouse (Test Spouse)
Spouse

- After clicking Add, enter the person's information. Be sure the start date of the relationship is the date the relationship began or your date of hire, whichever is later.
- After all information has been entered, click **Submit**.

New Contact **Submit** Cancel

Basic Information

Contact Effective Start Date should be the date when employee acquired the contact or their date of hire whichever is later.





*Legal Last Name Spouse	Middle Name
Legal First Name Test	*Preferred First and Last Name Test Spouse
Prefix Select a value	Preferred Pronoun Select a value
Suffix Select a value	Previous Last Name
*Relationship Spouse	Gender Female
*What's the start date of this relationship? 01-Jun-2021	Date of Birth dd-mmm-yyyy

This person is an emergency contact

- Click on your **Health & Welfare Program** icon to begin Open Enrollment.

Start Enrollment

Select a Benefit

-  BEN GTL Imputed Plan
-  CC - EFAP
-  CC Gym Edge
-  Champlain College Health & Welfare Program

**3.0
Start Your
Enrollment**

- Read and **Accept** the Authorization.

Authorization

I hereby authorize Champlain College to withhold the pre-tax employee portion of the medical, dental, and/or vision premium from my pay. Additionally, I authorize Champlain College to withhold premiums for voluntary coverage elections I make that are not pre-tax. I also understand that I cannot change my coverage election until open enrollment unless I experience a change in family status, as defined by the IRS. I further agree to notify the GMHEC Benefits Services Team, at benefits@gmhec.org, or by initiating a life event in Oracle, within 30 days of a change in family status that may affect benefits eligibility.

By adding a dependent designated as a spouse or child: I attest that the person(s) listed are my dependents as defined in the College Health and Welfare Benefit Plan Summary Plan Description, and I certify that I can provide proof of dependent status (valid marriage certificate or birth/adoption certificate).

I understand that by electing to participate in the Flexible Spending Account(s) (FSA), I authorize the adjustment of my annual taxable salary, with the "tax protected" funds being transferred into my Flexible Spending Account(s). I understand that my election cannot be changed during the plan year, unless I experience an eligible change in status. I understand my total annual election, stated above, will be divided by the remaining number of payrolls in the calendar year to determine a per pay period amount. I understand that I will have until March 31 following the end of the plan year to submit receipts for reimbursement for services received during the plan year, and that any unused amounts remaining at the end of this claims run out period will be forfeited, per IRS regulations.

- From the Health and Welfare Program Page, click **Edit** next to the grouping of benefits you'd like to review or change your enrollment for. Medical/Dental/Vision is first.

Medical/Dental/Vision

Medical

Waive Medical ▼

Dental

Waive Dental ▼

Vision

Waive Vision Plan ▼

- If you would like to keep all of the same enrollments, click **Continue** at the top of the page.
- If you would like to change your enrollment, click the *check box* next to the plan you would like to enroll in.

Family Annually
Employee Contribution

Employer Contribution

- Select the dependents to enroll, if applicable. Then, click **Ok**.

Medical

CC - Medical Gold PPO

Employee Only
3,029.26 Annually

Employee Contribution

Employer Contribution

Ok Cancel

CC - Medical Gold PPO
Employee + 1

Employee Contribution

Annual Amount
5,767.58

Employer Contribution

Who do you want to cover?

Test Spouse (Test Spouse) (Spouse)

- Once you have reviewed each Medical, Dental, and Vision and made applicable changes, scroll to the top and click **Continue**.

Medical/Dental/Vision

Continue Cancel

Currency in USD

Your Total Cost

5.52
Per Pay Period

Please review your current enrollment in your medical, dental and vision plans. To change your current election, click on the blue Selected button. To add a new election, click on Select and add dependents by clicking the box. Dependents will show if you have entered them in the contact screen.

Medical

- The next group of benefits is FSA/HSA. If you would like to enroll in these benefits, the IRS requires active enrollment and elections each year. Click **Edit**.

FSA/HSA

 Edit

HSA



There's nothing here so far.

FSA



There's nothing here so far.

FSA Limited Use



There's nothing here so far.

- Click the *check box* next to the Savings Account(s) you would like to enroll in.
- Enter the *dollar amount* you would like to set aside from your pay checks for the calendar year. Notice the bi-weekly paycheck amount appear. Click **Ok**.

HSA

CC - Health Savings Account (HSA) Bronze

OK

Cancel

CC - Health Savings Account (HSA) Bronze
Employee Only

83.33

Employee Contribution

Annual Amount

0 to 2100, in increments of 1

Employer Contribution
57.69


- Once you have reviewed each FSA/HSA and made applicable changes, scroll to the top and click **Continue**.

- Scroll down to Life Insurance, click **Edit**.

Life Insurance


 Edit

Life Insurance

 You haven't picked any beneficiaries yet.

CC - Basic Life Employee
Elect

AD&D

 You haven't picked any beneficiaries yet.

CC - Basic AD&D Employee
Elect

- Click the pencil next to the Basic Life Employee to review and/or update your beneficiaries in the college paid benefit.

Life Insurance

CC - Basic Life Employee

 You haven't picked any beneficiaries yet.

 Elect

Coverage Amount
125,000.00

Employer Contribution
13.26

- Allocate your beneficiaries by placing percentages within the Primary and Contingent Beneficiaries sections. Click **OK**. Be sure to do this for both your Basic Life and Basic AD&D Insurance provided by the college.

CC - Basic Life Employee
Elect

Coverage Amount

Employer Contribution
13.26

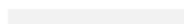
Primary Beneficiaries

 Test Spouse (Test Spouse)

%

 Test Child (Test Child)

%

 100% left

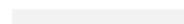
Contingent Beneficiaries

 Test Spouse (Test Spouse)

%

 Test Child (Test Child)

%

 100% left

- To select any Voluntary Life or AD&D Coverage, select the *check box* next to the associated insurance you would like to purchase.
- Within each coverage type, enter the amount of coverage you would like to purchase, allocate your beneficiaries, and click **Ok**.

CC - Lifestyle Life Employee
Elect

8.03
Employee Contribution

Coverage
0 to 500000, in increments of 1000

Annual Amount
208.78

Primary Beneficiaries		Contingent Beneficiaries	
<input checked="" type="checkbox"/> Test Spouse (Test Spouse)	<input type="text" value="100"/> %	<input type="checkbox"/> Test Spouse (Test Spouse)	<input type="text" value=""/> %
<input type="checkbox"/> Test Child (Test Child)	<input type="text" value=""/> %	<input type="checkbox"/> Test Child (Test Child)	<input type="text" value="100"/> %
<div style="background-color: blue; width: 100%; height: 10px;"></div> 0% left		<div style="background-color: yellow; width: 100%; height: 10px;"></div> 0% left	

- After enrolling in each type of life insurance you would like to elect, click **Continue** at the top of the page.
- Scroll down to Accident Insurance/Critical Illness/Whole Life. Click **Edit**.

Accident Insurance/Critical Illness/Whole Life

 Edit

Accident Insurance



There's nothing here so far.

Critical Illness



There's nothing here so far.

- Select the *check box* next to each coverage type you would like to elect. Click **Continue** when finished.



Accident Insurance/Critical Illness/Whole Life

Continue Cancel

Accident Insurance

Coverage Type	Annual Cost	Employee Contribution
<input checked="" type="checkbox"/> Employee Only	145.34 Annually	5.59
<input type="checkbox"/> Employee + Spouse	256.10 Annually	9.85
<input type="checkbox"/> Employee + Child(ren)	323.18 Annually	12.43
<input type="checkbox"/> Family	433.94 Annually	16.69

4.0 Submit Your Enrollment

- Once you have made all of your elections, scroll to the top of the page. Review your Per Pay Period cost. Click **Submit**.



Champlain College Health & Welfare Program

Submit Cancel

Currency in USD

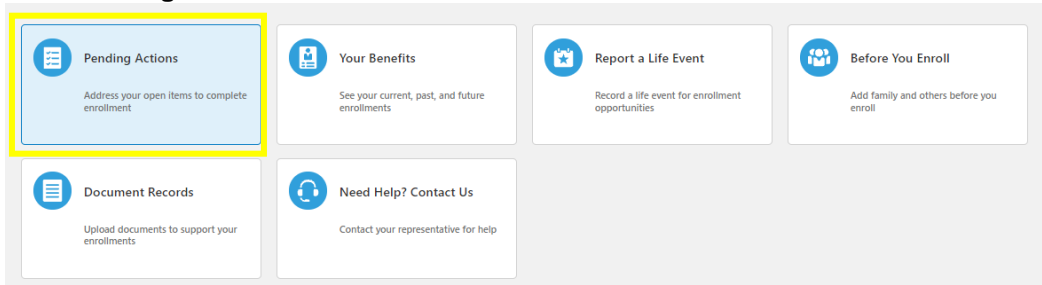
Your Total Cost

235.45
Per Pay Period

- Review, save, or print your confirmation.

5.0 Review and Resolve Action Items

- Navigate back to the Benefits home page. Click the **Oracle Icon** at the top > **Me** > **Benefits**
- Click **Pending Actions**.



Pending Actions
Address your open items to complete enrollment

Your Benefits
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- Review any actions requiring resolution. Click the item, review your elections, make necessary changes, and click **Submit**. If you have enrolled in Life Insurance requiring an Evidence of Insurability form, the benefits team will reach out to you with a link to the form and resolve this Pending Action for you once requirements have been met.)
- *You have now completed your benefits enrollment!*