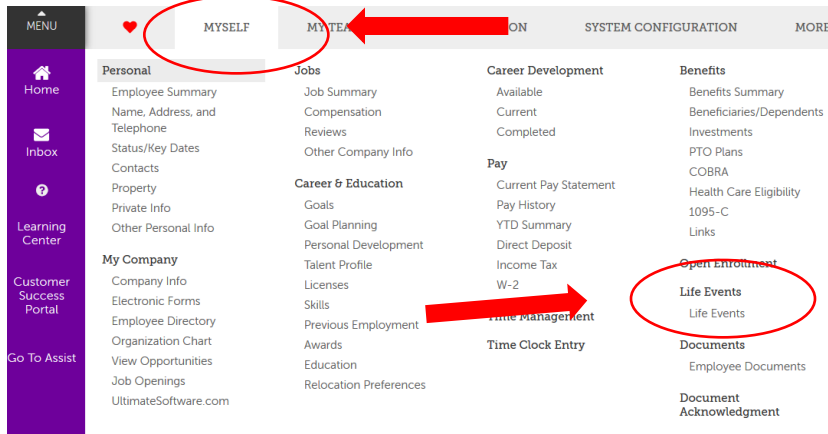


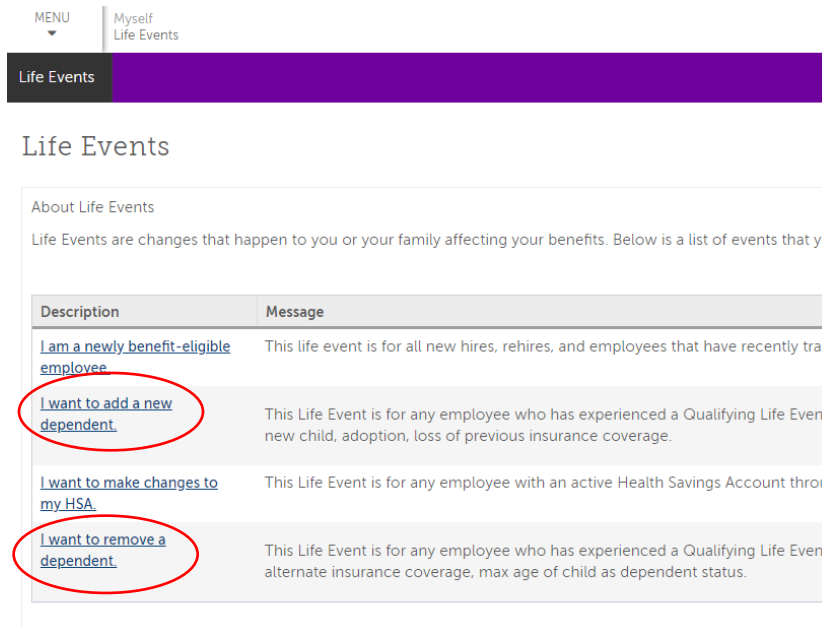
Submitting a Life Event

Note: Proof for life event must be submitted, failure to produce documentation to HR within the 31 day period will result in the event being declined.

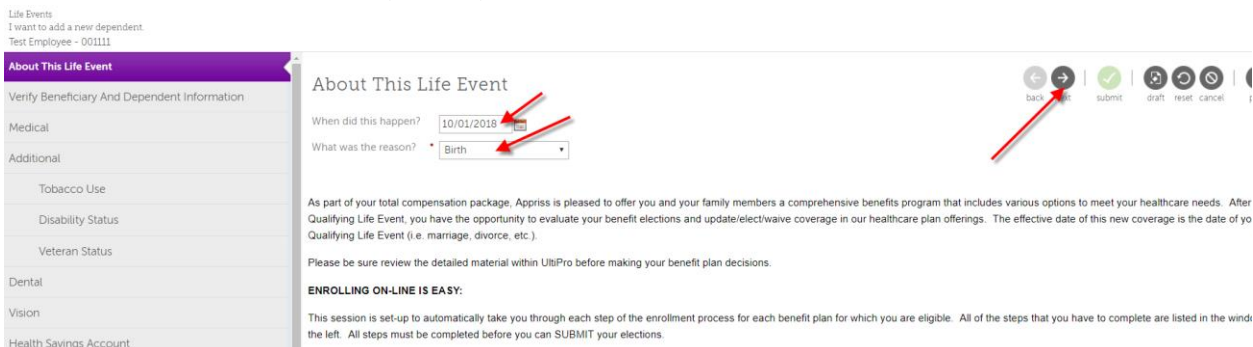
1. Log in to Ultipro. Click Myself>Life Event.



2. Within the life event page, choose the applicable event. Note: if you wish to drop coverage for yourself, you will use the event "I want to remove a dependent."



3. Put the event reason (ie birth), the date of the event, click next.



4. Add dependents by clicking the add button. Note: Spouses are considered dependents as is anyone you want to add to your benefit plans. If you do not have a SSN for a new born please make one up and reenter the current one within contacts in Ultipro once received.

Life Events
I want to add a new dependent.
Test Employee - 001111

About This Life Event

Verify Beneficiary And Dependent Information

Medical

Additional

Tobacco Use

Disability Status

Veteran Status

Dental

Vision

Health Savings Account

Flexible Spending Account

FSA - Limited Purpose

FSA - Traditional

FSA - Dependent Care

Long Term Disability

Verify Beneficiary and Dependent Information

If you would like to add/update dependent and beneficiary information, please do so at this time.

Find by: Status Active

Name	Relationship	Designation
Test_Child	Child	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
Test_Second_S	Spouse	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
Test_Spouse	Spouse	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact

add - add back next submit

Add/Change Contact

delete save reset cancel print help

Contact is active

Personal

First

Middle

Last

Former last

Suffix

SSN

Date of birth

Gender

Date of marriage

If you do not have the SSN for your new baby yet, please enter a fake SSN right now. You will be able to update later under Myself -> Contacts. A fake SSN now will allow you to process the life event.

Add/Change Contact



Employer

Occupation

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

•

Must select relationship and designation.

Designation

- Dependent
- Beneficiary
- Emergency contact

Address

Dependent Added

After adding a dependent, you may need to update your employee withholding elections from the Withholding Forms (W-4) page:

Myself > Income Tax > Things I can do > Add/Change Withholding Form (W-4)

OK

5. Follow the portal clicking next.

Life Events
I want to add a new dependent.
Test Employee - 001111

About This Life Event

Verify Beneficiary And Dependent Information

Medical

Additional

- Tobacco Use
- Disability Status
- Veteran Status
- Dental
- Vision
- Health Savings Account
- Flexible Spending Account
- FSA - Limited Purpose
- FSA - Traditional
- FSA - Dependent Care
- Long Term Disability
- Accidental Death/Dismembr
- GTL - AD&D
- Group Term Life Insurance
- EE Supplemental Life
- Employee Optional Life Insurance

Medical

Medical Plan 1
\$44.72 Biweekly*

Options

- 1. Employee Only \$37.26
- 2. Employee + Spouse DP \$78.25
- 3. Employee + Child \$44.72
- 4. Employee + Family \$79.49

Coverage start date*: 11/01/2018

*Estimated values

Enroll Dependents

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

Baby Test

SSN: 124-57-8945

Date of birth: 10/01/2018

Gender: Female

Child Test

SSN: 234-56-7890

Date of birth: 01/01/2011

Gender: Male

Medical Plan 1 Plan Information

Medical Plan 1 - Health Savings Account
Provider: Antf
Medical Plan 1 - 2019 Sumr
2019 Medicare Part D Non-C

Plan Detail
Deductible: \$5,000
Co-Insurance: 90
Rx Coverage: Deductit

back next submit

Make sure new dependent is selected on each plan that you are adding them to.

EE Supplemental Life

- Employee Optional Life Insurance
- Spousal Supplemental Life
- Spouse Optional Life Insurance
- Child Supplemental Life
- Child Optional Life Insurance
- [Confirm Your Elections Or Changes](#)

Options

- 1. Employee Only \$5.25
- 2. Employee + Spouse DP \$8.40
- 3. Employee + Child \$8.58
- 4. Employee + Family \$13.83

You are able to click Next all the way through or select each plan on the left side of the screen as they are hyperlinks and will jump you to that specific page.

6. At the end of the end you must hit submit to complete the event.

Life Events
I want to add a new dependent.
Test Employee - 001111

About This Life Event

Verify Beneficiary And Dependent Information

Medical

Additional

- Tobacco Use
- Disability Status
- Veteran Status
- Dental
- Vision
- Health Savings Account
- Flexible Spending Account
- FSA - Limited Purpose
- FSA - Traditional
- FSA - Dependent Care

Confirm Your Elections or Changes

This page shows a summary of the changes you are making. Please verify your changes carefully before submitting. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page. When you are satisfied with your changes, please click the SUBMIT button on the toolbar.

My change is due to Birth Date of event 10/01/2018

Personal Information

Name: Test Employee
Address: 10401 Linn Station Rd
Jeffersontown, KY 40223

Home phone: Private
Work phone:
Work extension:
E-mail: APRESNELL@APRRISS.COM

Current Benefits Estimated Total Cost: \$0.00
There are no current plans to display.

New Benefits Estimated Total Cost: \$1,508.58

Plan Type	Plan Details	Your bi-weekly cost

back next submit draft reset cancel print help

7. After submitting you can print elections.

Life Events
I want to add a new dependent.
Test Employee - 001111

If you would like to print
for your records, you are
able to do so at the top of
the screen.



Confirmation

Congratulations! You have successfully completed the Life Event process in UltiPro. You will also need to provide documentation (i.e. Marriage Certificate, Birth Certificate, etc.) of this Life Event to the Human Resources Department in order for your updates to be reviewed/approved.

My change is due to Birth

Date of event 10/01/2018

Personal Information

Name	Test Employee	Home phone	Private
Address	10401 Linn Station Rd Jeffersontown, KY 40223	Work phone	
		Work extension	
		E-mail	APRESNELL@APPRISS.COM

Current Benefits

Estimated Total Cost: \$0.00

There are no current plans to display.

New Benefits

Estimated Total Cost: \$1,508.58

Plan Type	Plan Details	Your bi-weekly cost