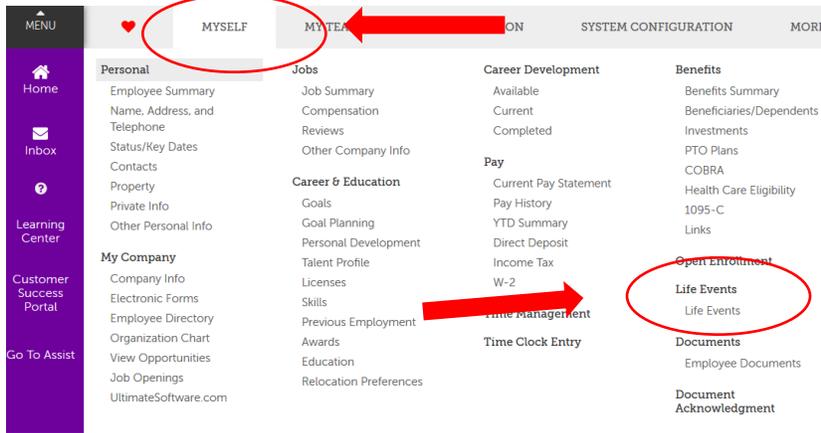


# Submitting a New Hire Event

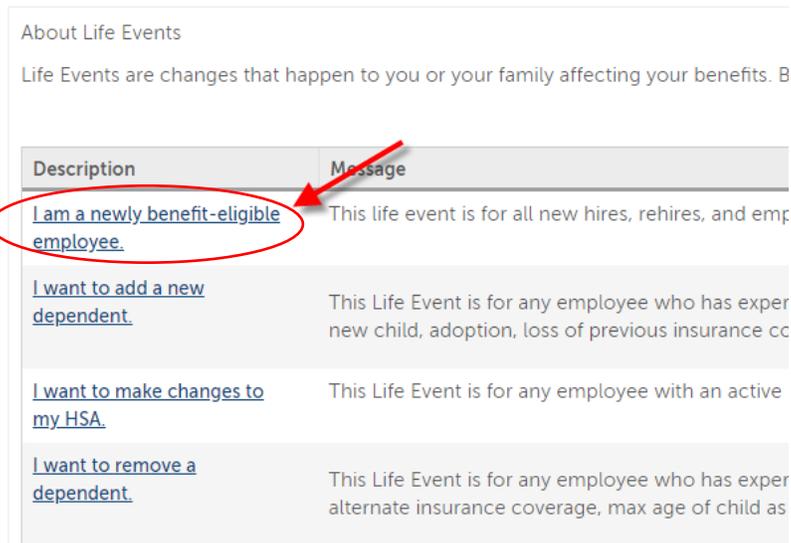
You must elect benefits within 31 days.

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

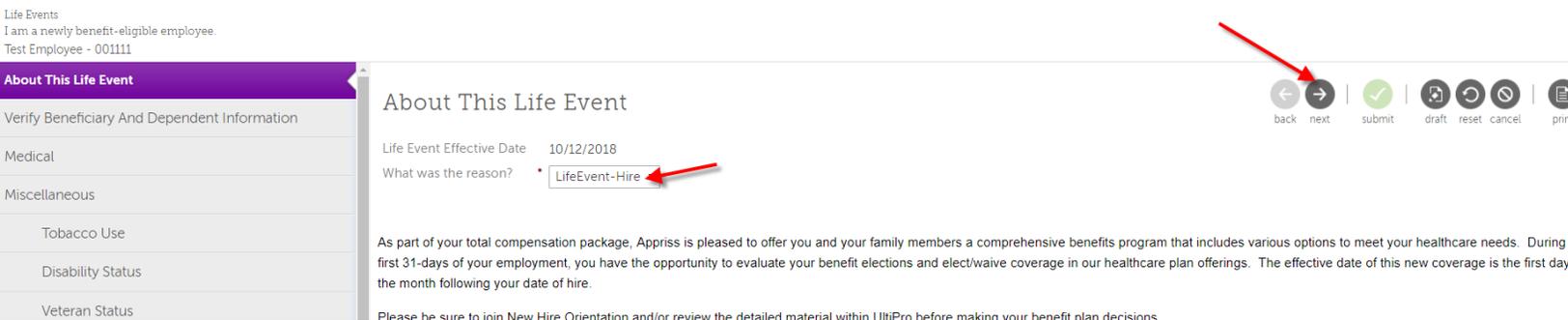


2. Within the life event page, choose "I'm a newly benefit-eligible employee".

## Life Events



3. Put the event reason LifeEvent-Hire, 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.

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
<a href="#">Test Child</a>	Child	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
<a href="#">Test Second S</a>	Spouse	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact
<a href="#">Test Spouse</a>	Spouse	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact

## Add/Change Contact

 |  |  |  |  | 

**Information**

- This contact cannot be deleted because of associations with existing benefit plans.

Contact is active

### Personal

First

Middle

Last

Former last

Suffix

SSN

Date of birth  

# Add/Change Contact

delete | save | reset | cancel | print | help

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

5. Follow the portal clicking next.

Life Events  
I am a newly benefit-eligible employee.  
Test Employee - 001111

About This Life Event

Verify Beneficiary And Dependent Information

**Medical**

Miscellaneous

Tobacco Use

Disability Status

Veteran Status

Dental

Vision

Health Savings Account

Flexible Spending Account

FSA - Traditional

FSA - Limited Purpose

FSA - Dependent Care

Long Term Disability

Accidental Death/Dismembr

GTL - AD&D

Group Term Life Insurance

EE Supplemental Life

Employee Optional Life Insurance

## Medical

Current Plan box will display the existing medical plan if currently covered. Click on the triangle in the upper right-hand corner to expand your existing medical plan details.

Enrollment Instructions:

You must choose to Elect or Decline a Medical Plan.  
If you wish to elect a Medical Plan, select the Plan radio button and the desired OPTION.

Our medical coverage with Appriss is offered through Anthem Blue Cross & Blue Shield. You are able to look up your physician on Anthem's website at <https://www.anthem.com/health-insurance/provider-directory/searchcriteria?>

[Read more](#)

I decline Medical plans.

Medical Plan 1

\$44.72 Biweekly\*

Options

<input type="radio"/> 1. Employee Only	\$37.26
<input checked="" type="radio"/> 3. Employee + Child	\$44.72
<input type="radio"/> 2. Employee + Spouse DP	\$78.25
<input type="radio"/> 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.

Child Test  
SSN

### Medical Plan 1 Plan Information

**Medical Plan 1 - HDHP**  
**Health Savings Account Compliant**  
Provider: Anthem  
[Medical Plan 1 - 2019 Summary of Benefits](#)  
[2019 Medicare Part D Non-Creditable Notice](#)

**Plan Details:**  
Deductible: \$5,000 / \$10,000  
Co-insurance: 90% / 10%  
Rx Coverage: Deductible then 10%

[Read more](#)

back | next | submit | draft | reset | cancel | print | help

**Each page has information about the plan that you will want to review. Select the Read More button to view all information.**

**You will want to either elect or decline each plan and select the appropriate option level.**

**If electing coverage for a dependent, you will need to ensure their name is selected under the plan.**

EE Supplemental Life
Employee Optional Life Insurance
Spousal Supplemental Life
Spouse Optional Life Insurance
Child Supplemental Life
Child Optional Life Insurance
<a href="#">Confirm Your Elections Or Changes</a>

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. You must click submit at the end to submit your elections.

Life Events  
I am a newly benefit-eligible employee.  
Test Employee - 001111

About This Life Event

Verify Beneficiary And Dependent Information

Medical

Miscellaneous

Tobacco Use

Disability Status

Veteran Status

Dental

Vision

Health Savings Account

Flexible Spending Account

FSA - Traditional

FSA - Limited Purpose

FSA - Dependent Care

Long Term Disability

Accidental Death/Dismembr

### Confirm Your Elections or Changes

back next submit draft reset cancel print help

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* LifeEvent-Hire Date of event 10/12/2018

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: \$792.26

Plan Type	Plan Details	Your bi-weekly cost
Medical	Medical Plan 1 Coverage: 1. Employee Only  Covered Family Members	\$37.26

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



ificate, etc.) of this Life Event to the Human Resources Department in order for your

Date of event 10/01/2018

APPRISS.COM

Estimated Total Cost: \$1,508.58

etails	Your bi-weekly cost
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