2015 EAC OPEN ENROLLMENT INSTRUCTIONS

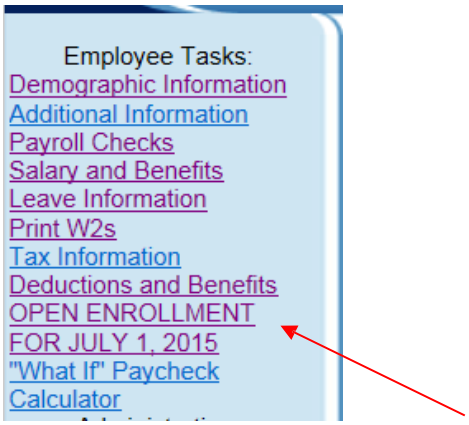
All Full-Time Employees and PESPA Employees must complete the Open Enrollment Process for the effective date of July 1, 2015. Even if you are not returning for the next academic year, you are still required to make your elections for plan coverage starting July 1st. The deadline to complete your EAC enrollment is Friday, June 5, 2015.

To prepare for open enrollment you will need your dependent's Full Names, Dates of Birth, and Social Security Numbers. They are required and should already be entered, but if not, this must be completed at this time. For life insurance, you will need your Beneficiaries' Full Names, Dates of Birth and Social Security Numbers. These will update whatever we have on file, if we have your form.

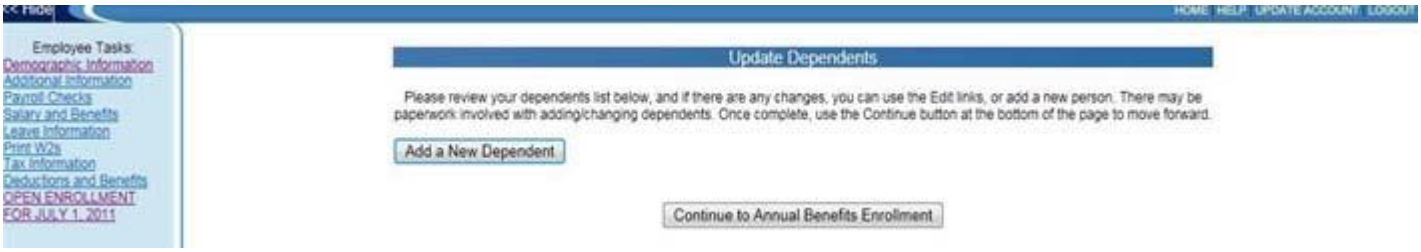
Once prepared with the information, you may start the Open Enrollment process. You may stop and revisit any screens needed up until you do the last page and "Confirm All Selections."

Step 1: Log into EAC system. You may do so by going to www.pelhamsd.org, select the tab Staff Information. Select EAC and then Employee Access Center to get to the login page. You may use your email address as the user name, or your employee ID number as the user name, and the password is whatever you set it to be (or the default of the last four digits of your social security number). You may select "Forgot Your Password?" and have it sent to your email address for assistance. Once you are logged in, you will see a screen similar to the one below (in these examples all personal information has been blocked out for privacy).

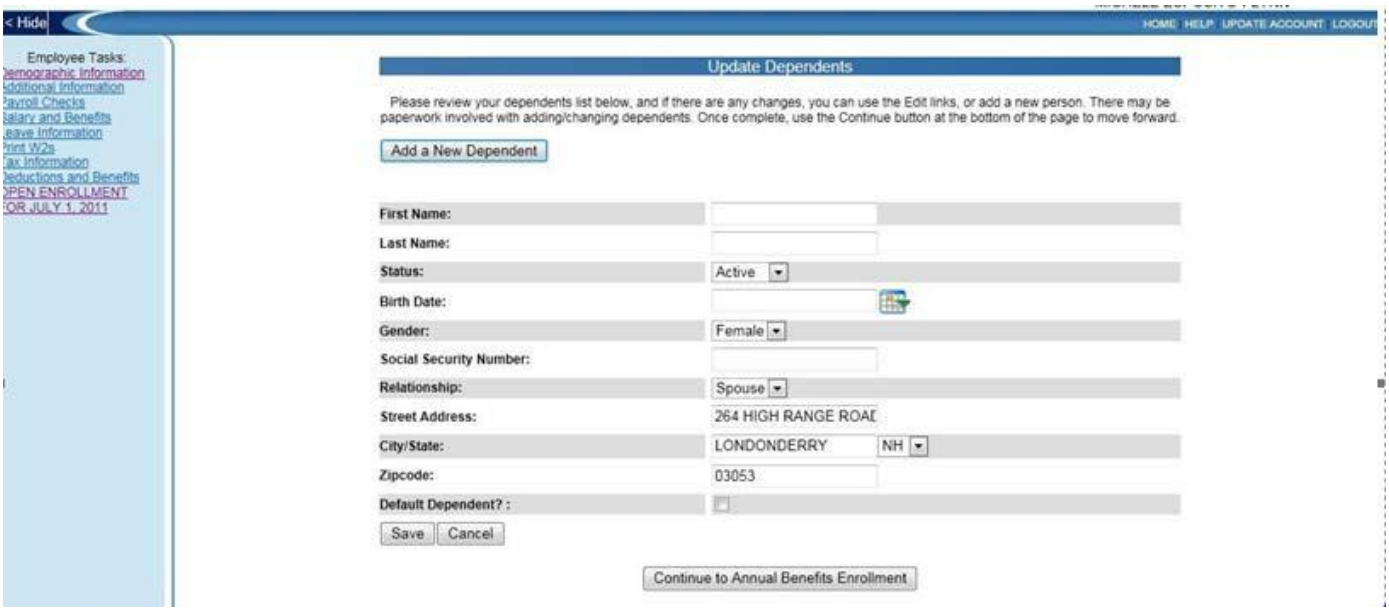
Step 2: Select OPEN ENROLLMENT for JULY 1, 2015 on the left side.



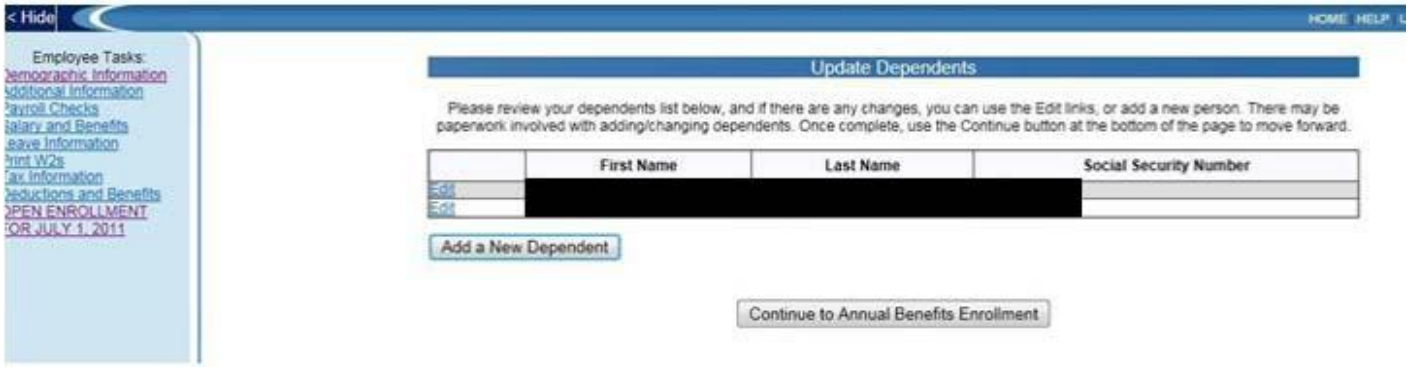
Step 3: Review dependent information and update if not all dependents are listed. If all current dependents are listed and complete, skip to Step 5 on these instructions to continue. If not, continue here. You will need their birthdates and social security numbers to complete this step. Select ADD A NEW DEPENDENT and then fill in all the fields.



Step 4: Fill in the fields below. Enter First Name, Last name, keep status Active, enter the birth date (XX/XX/XXXX), enter the social security number with dashes, select spouse, child, or other for relationship (other is for those that are not a spouse or child but still a legal dependent), default dependent should be selected for any dependent that you enter who will also be enrolled in either medical or dental coverage. Once completed, select SAVE. Add another dependent in the same manner until all dependents are listed.

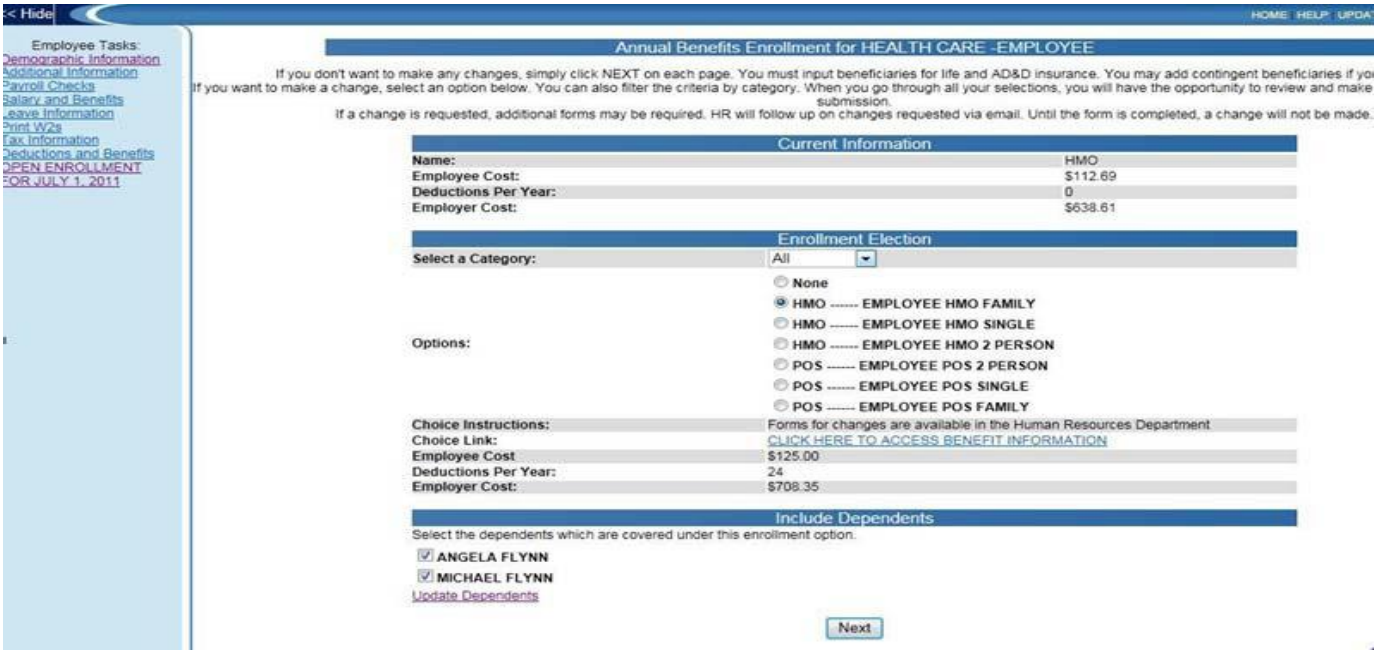


Step 5: Once all dependent information is entered, you will see your completed list of dependents. You can then proceed by selecting CONTINUE TO ANNUAL BENEFITS ENROLLMENT.



STEP 6: Open Enrollment includes several screens that will show your current elections as well as the next year rates for each option that you have. Please check over the benefit that is selected make sure it is correct and click next. On that summary page you will see all the new rates for each of your selections.

Health Insurance



Dental Insurance

Life Insurance

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OR JULY 1, 2011

Annual Benefits Enrollment for LIFE INSURANCE -EMPLOYEE

If you don't want to make any changes, simply click NEXT on each page. You must input beneficiaries for life and AD&D insurance. You may add contingent beneficiaries if you choos
If you want to make a change, select an option below. You can also filter the criteria by category. When you go through all your selections, you will have the opportunity to review and make chang
submission.
If a change is requested, additional forms may be required. HR will follow up on changes requested via email. Until the form is completed, a change will not be made.

Current Information

Name:	LIFE INSURANCE $50,000 COVERAGE
Employee Cost:	$0.00
Deductions Per Year:	0
Employer Cost:	$3.00

Enrollment Election

Select a Category:	All
Options:	None LIFE INSURANCE $50,000 COVERAGE ------ EMPLOYEE LIFE
Choice Instructions:	This district-paid benefit is for $50,000 of Life Insurance
Choice Link:	CLICK HERE TO ACCESS BENEFIT INFORMATION
Employee Cost	$0.00
Deductions Per Year:	24
Employer Cost:	$3.00

Beneficiaries

Add More Beneficiaries

First Name	Last Name	Birthdate	SSN	Relation	Percent

Contingencies and Instructions

There are 1000 characters left.

Please enter your beneficiary for the district-paid life insurance plans. You may choose to list a secondary beneficiary should something happen to your listed primary beneficiary. To change a the beneficiary for your NH Retirement, you must fill out a notarized form. Contact Deb Mahoney for more information about changing beneficiaries.

Next

STEP 7: You must enter a beneficiary on this page in order to move to the next page. To do so, you will select ADD MORE BENEFICIARIES and open boxes will show. You will fill a line for each primary beneficiary.

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JULY 1, 2011

Annual Benefits Enrollment for LIFE INSURANCE -EMPLOYEE

If you don't want to make any changes, simply click NEXT on each page. You must input beneficiaries for life and AD&D insurance. You may add contingent beneficiaries if you choose.
If you want to make a change, select an option below. You can also filter the criteria by category. When you go through all your selections, you will have the opportunity to review and make changes before a final submission.
If a change is requested, additional forms may be required. HR will follow up on changes requested via email. Until the form is completed, a change will not be made.

Current Information

Name:	LIFE INSURANCE $50,000 COVERAGE
Employee Cost:	$0.00
Deductions Per Year:	0
Employer Cost:	$3.00

Enrollment Election

Select a Category:	All
Options:	None LIFE INSURANCE $50,000 COVERAGE ------ EMPLOYEE LIFE
Choice Instructions:	This district-paid benefit is for $50,000 of Life Insurance
Choice Link:	CLICK HERE TO ACCESS BENEFIT INFORMATION
Employee Cost	$0.00
Deductions Per Year:	24
Employer Cost:	$3.00

Beneficiaries

Add More Beneficiaries

First Name	Last Name	Birthdate	SSN	Relation	Percent

Contingencies and Instructions

There are 1000 characters left.

Please enter your beneficiary for the district-paid life insurance plans. You may choose to list a secondary beneficiary should something happen to your listed primary beneficiary. To change a the beneficiary for your NH Retirement, you must fill out a notarized form. Contact Deb Mahoney for more information about changing beneficiaries.

Next

For your beneficiary(ies) entries: F i l l in the spaces for first name, last name, date of birth (XX/XX/XXXX), social security number, relationship to you, percentage of the benefit that you wish the individual to receive out of the full benefit. You must have a total of 100% when complete. You have the option to enter in Contingencies and Instructions should something happen to both you and your primary beneficiary. This section is OPTIONAL. If you're primary beneficiary is "Estate of …" or any variation other than a person's name, please list your own information as the primary beneficiary and provide the correct beneficiary in the "Contingent Beneficiary field." This is a text box where you can list your exact intentions.

Long T e r m Disability

This is a district-paid benefit and the rate is not accurately reflected. Just select next.

HOME HELP UPDATE ACCOUNT LOGO

Annual Benefits Enrollment for LONG TERM DISABILITY

If you don't want to make any changes, simply click NEXT on each page. You must input beneficiaries for life and AD&D insurance. You may add contingent beneficiaries if you choose.
If you want to make a change, select an option below. You can also filter the criteria by category. When you go through all your selections, you will have the opportunity to review and make changes before a f submission.
If a change is requested, additional forms may be required. HR will follow up on changes requested via email. Until the form is completed, a change will not be made.

Current Information	
Name:	LONG TERM DISABILITY
Employee Cost:	$0.00
Deductions Per Year:	0
Employer Cost:	$1.00

Enrollment Election	
Select a Category:	All
Options:	None LONG TERM DISABILITY* ------ LONG TERM DISABILITY
Choice Instructions:	This is a district-paid benefit that is based on salary paid. Select NEXT below.
Choice Link:	CLICK HERE TO ACCESS BENEFIT INFORMATION
Employee Cost	$0.00
Deductions Per Year:	24
Employer Cost:	$1.00

Next

***Warning:** Lines marked with a * may have inaccurate amounts calculated.

Step 8: View the Annual Benefits Enrollment Summary. You will see all the selection pages, with your current information as well as your New Year Selections. The Annual Deductions total for current and the new year will show you the difference that you will pay next year. The annual benefit reflects the annual amount that the School District has paid this year and the annual amount that will be paid next year for the individual benefits as well as the total of all benefits selected.

If you would like to change anything that you have selected or view any of the screens again, you may select the Benefit Type and it will bring you back to the screen for changes.

Update Dependents

Hide >>

	Current Information						New Year Selections					
Benefit Type	**Choice**	**Times Taken**	**Deduction Amount**	**Annual Deduction**	**Benefit Amount**	**Annual Benefit**	**Choice**	**Times Taken**	**Deduction Amount**	**Annual Deduction**	**Benefit Amount**	**Annual Benefit**
EALTH CARE EMPLOYEE	HMO	24	$112.69	$2,704.56	$638.61	$15,326.64	HMO	24	$125.00	$3,000.00	$708.35	$17,000.40
ENTAL CARE EMPLOYEES	DENTAL	24	$15.23	$365.52	$60.93	$1,462.32	DENTAL	24	$15.92	$382.08	$63.66	$1,527.84
IFE NSURANCE - MPLOYEE	LIFE INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$3.00	$72.00	LIFE INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$3.00	$72.00
D&D NSURANCE - MPLOYEE	AD&D INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$0.50	$12.00	AD&D INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$0.50	$12.00
ONG TERM ISABILITY	LONG TERM DISABILITY	24	$0.00	$0.00	$1.00	$24.00	LONG TERM DISABILITY*	24	$0.00	$0.00	$1.00	$24.00
SA - MEDICAL EMPLOYEE	None	0	$0.00	$0.00	$0.00	$0.00	None	0	$0.00	$0.00	$0.00	$0.00
SA - EPENDENT - MPLOYEE	None	0	$0.00	$0.00	$0.00	$0.00	None	0	$0.00	$0.00	$0.00	$0.00
OTALS				$3,070.08		$16,896.96				$3,382.08		$18,636.24

By clicking the button to submit, you are declaring that you selected all options as shown, and these will be your benefits and deductions moving forward. Any changes requested will require additional forms to be completed, per the insurance carrier's requirements. HR will follow up via email, regarding any changes requested. Thank you for your cooperation.

Confirm All Selections

***Warning:** Lines marked with a * may have inaccurate amounts calculated.

Step 9: Once you are comfortable with all selections, you will select CONFIRM ALL SELECTIONS. Immediately following your submission, you will see the FINAL SUBMISSION message across the bottom.

Hide >>

	Current Information						New Year Selections					
Benefit Type	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit	Choice	Times Taken	Deduction Amount	Annual Deduction	Benefit Amount	Annual Benefit
HEALTH CARE -EMPLOYEE	HMO	24	$112.69	$2,704.56	$638.61	$15,326.64	HMO	24	$125.00	$3,000.00	$708.35	$17,000.40
DENTAL CARE -EMPLOYEES	DENTAL	24	$15.23	$365.52	$60.93	$1,462.32	DENTAL	24	$15.92	$382.08	$63.66	$1,527.84
LIFE INSURANCE - EMPLOYEE	LIFE INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$3.00	$72.00	LIFE INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$3.00	$72.00
AD&D INSURANCE - EMPLOYEE	AD&D INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$0.50	$12.00	AD&D INSURANCE $50,000 COVERAGE	24	$0.00	$0.00	$0.50	$12.00
LONG TERM DISABILITY	LONG TERM DISABILITY	24	$0.00	$0.00	$1.00	$24.00	LONG TERM DISABILITY*	24	$0.00	$0.00	$1.00	$24.00
FSA - MEDICAL - EMPLOYEE	None	0	$0.00	$0.00	$0.00	$0.00	None	0	$0.00	$0.00	$0.00	$0.00
FSA - DEPENDENT - EMPLOYEE	None	0	$0.00	$0.00	$0.00	$0.00	None	0	$0.00	$0.00	$0.00	$0.00
TOTALS				$3,070.08		$16,896.96				$3,382.08		$18,636.24

By clicking the button to submit, you are declaring that you selected all options as shown, and these will be your benefits and deductions moving forward. Any changes requested will require additional forms to be completed, per the insurance carrier's requirements. HR will follow up via email, regarding any changes requested. Thank you for your cooperation.

Your Final Selections Were Submitted on 4/26/2011 at 1:51 PM

*Warning: Lines marked with a * may have inaccurate amounts calculated.

If you have not made any changes to your medical and/or dental plan elections, you are done with the Open Enrollment process. If you made a change, print out the application/change form for Healthtrust that was attached to the Open Enrollment kick-off email, complete it fully and send it to the HR office so that your change request can be processed. Adjustments related to summer costs will be calculated after open enrollment elections are made. Adjustments will be taken through payroll deduction if elections are completed in time for administrative processing.

If you have additional questions please contact Deb Mahoney, Asst BA for Human Resources, dmahoney@pelhamsd.org OR Joan Cote, Director of Human Resources at (603) 635-1145 Ext: 8019, at jcote@pelhamsd.org