

BenefitSolver

Employee

Manual


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Note: The system will time out after 10 minutes of inactivity.

Registration

Log into Benefit Solver and click on Register



ANDERSON UNIVERSITY

Welcome

User Name

Password

Login >

[Forgot your user name or password?](#)

First time here?

Register to create your user name and password.

[Register](#)


Input "AU" in the Company Key field, then enter your SSN and Date of Birth and click Continue.

Info	Create	Confirm	Login
<div><div><p>Info</p></div><div><div><p>Company Key</p><input type="text" value="case sensitive"/></div><div><p>Social Security Number</p><input type="text" value="123-45-6789"/></div><div><p>Date of Birth</p><input type="text" value="MM/DD/YYYY"/></div></div><div><p>All fields are required.</p><p>If you don't already have your Company Key, contact your benefits administrator.</p></div><div><p>Cancel Continue ></p></div></div>			

Create your User Name and Password and click Continue at the bottom of the page. Click Continue on the next page.

Info

Create

 Create Account

User Name

Password

Strong

Confirm Password


Security Questions

Security Question *

Security Answer *

New Hire Enrollment

You will be taken to the sign in page where you enter the User Name and Password you created.



ANDERSON UNIVERSITY

Welcome

User Name <input type="text" value="amytest"/> <small>case sensitive</small>	First time here? Register to create your user name and password. Register
Password <input type="password" value="....."/> <small>case sensitive</small>	

[Login >](#)

[Forgot your user name or password?](#)

Log in and click “Yes” that you agree to the terms. Then click Continue.

Let's Get Started

Getting Started Details

Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.


By clicking "Accept" below, I hereby consent to the use of Electronic Signatures as my formal acceptance of all electronic records covered by the Electronic Signature in Global and National Commerce Act of 2000 (ESIGN) which includes documents, forms, account applications, electronic trade confirmations, statements, agreements, and prospectuses. I also consent to receive certain employee benefit plan information through electronic media. I understand it may be necessary for me to inform the company if my email addresses changes or if I prefer to receive the communication at a different email address. I also understand that I may withdraw this consent at any time by completing a similar form stating I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the electronically furnished documents free of charge if I am unsuccessful at printing the document.

Do you agree?


☒ Yes ☐ No

[Log Out](#) [Continue >](#)

Click Start Here to begin enrolling.



[Home](#) [Message Center](#) [Help](#) [Amy Test](#)




New Hire Enrollment is Here!


New Hire Enrollment Ends July 15th.

[Start Here >](#)

Welcome Amy, to your benefits site!



Profile




Benefit Summary

Contacts Information

- ▶ Medical
- ▶ Dental

Benefit Reference Material


- ▶ Medical Plan Documents
- ▶ Dental Plan Documents



Questions

Renee Miller
Payroll and Benefits Specialist
(765) 641-4130
rcmiller@anderson.edu

Click Start Enrollment.



[Home](#) [Message Center](#) [Help](#) [Amy Test](#)

Benefit Enrollment


Welcome to Anderson University!

As a newly hired employee, you are now eligible to participate in the benefits program. During this initial enrollment period, you are eligible to enroll in benefits for you and your eligible dependents. Please keep in mind that you may not have the opportunity to make any changes to these benefit elections until the next open enrollment period (for a Jan 1st effective date) unless you experience a qualifying event.


If you have questions, please feel free to reach out to your benefits representative Renee Miller at rcmiller@anderson.edu or by calling 765.641.4130.



[Start Enrollment >](#)

You can review your personal information and click Next.


**ANDERSON UNIVERSITY**



New Hire Enrollment


 Total Employee Cost **\$0.00***
Bi Weekly


 About You 


Personal Information


 Dependent Information

 Election Information 

 Review

 1. About You

 2. Election Information

 3. Review

Personal Information

Your Information

First Name: *

Amy

Middle Initial:

Last Name: *

Test

Suffix:

Jr., Sr., III, etc.

Social Security Number: *

123-65-9874

Date of Birth: *


03/20/1965



Gender: *

Female

Marital Status:

Please Select One

 Previous

 Next 

Input your dependents by clicking Add a New Dependent and completing the screen below. If you have no dependents, click Next.

Dependent Information

Relationship: *

Please Select One

First Name: *

Middle Initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

Warning!

Please provide an accurate social security number for your dependent. If you are unable to supply a valid social security number, please indicate in the check box and select a reason from the drop down menu. Please note, you can add a valid social security number in the future.

Without associating the correct social security number, you could be liable for an IRS penalty under Code 6055 of the Affordable Care Act.

Social Security Number:

123-45-6789

Click Next to move through and elect your benefits and designate your beneficiary.

ANDERSON UNIVERSITY

Total Employee Cost

\$0.00*

Bi-Weekly

About You

>

Election Information

>

Medical

\$0.00

Health Savings Account

\$0.00

Dental

\$0.00

Vision

\$0.00

Basic Life

\$0.00

Voluntary Life & ADD

\$0.00

Dep. Life

\$0.00

LTD

\$0.00

Health Care Reimbursement



\$0.00

Dependent Care Reimbursement

\$0.00




Beneficiary Information

Once complete, you can review your elections and click Edit if you need to make any changes. Click Approve once finished.

Amy Test 1015 Watertown Drive WESTFIELD, IN 46074 US	Date of Birth: 03/20/1965	Gender: Female
Does employee have prior creditable LTD Coverage?: No		
<div>▶  Dependent Information</div>		
<div>▶  Beneficiary Information</div>		

Election Information [Show All Details](#)

Costs are Bi-Weekly

 My Health	Coverage	Employer Cost	Employee Cost
4000/8000 Base Plan  Pending Approval Show Details	Employee Only	\$180.43	\$31.80 

Click I Agree if your elections are complete.


Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year [of January 1 through December 31].


By selecting "I Disagree" your changes will not be submitted.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

 I Disagree

Total Employee Cost: \$39.79
 Bi-Weekly

 I Agree

Once completed enrollment (or both enrollments if hired during open enrollment), see the screen below. Print your Benefit Summary should you want a copy of your elections.

Thank You!

✓ Transaction Complete

Print Benefit Summary

Your information has been submitted.
Select Home to return to your benefits home page or Log Out to end this session.

Confirmation Number

This completes your new employee benefit enrollment.

Life Event Changes

Log into Benefit Solver and click on Change My Benefits

The screenshot shows the Anderson University Benefits site. At the top, the Anderson University logo is on the left, and navigation links for Home, Message Center, Help, and Amy Test are on the right. A banner at the top features a calendar icon showing '19 Days Left' and the text 'New Hire Enrollment is Here! New Hire Enrollment Ends July 15th.' with a 'Review' button. Below the banner, a welcome message 'Welcome Amy, to your benefits site!' is displayed. Three main action buttons are shown: 'Profile', 'Benefit Summary', and 'Change My Benefits'. A blue arrow points from the text 'click on Change My Benefits' to the 'Change My Benefits' button. Below these buttons, there are three sections: 'Contacts Information' with links for Medical, Dental, and Vision; 'Benefit Reference Material' with links for Medical Plan Documents, Dental Plan Documents, and Vision Plan Documents; and a 'Questions' section with contact information for Renee Miller, Payroll and Benefits Specialist, including a phone number and email address.

ANDERSON UNIVERSITY

Home Message Center Help Amy Test

19
Days Left

New Hire Enrollment is Here!
New Hire Enrollment Ends July 15th.

[Review](#)

Welcome Amy, to your benefits site!

Profile

Benefit Summary

[Change My Benefits](#)

Contacts Information

- Medical
- Dental
- Vision


Benefit Reference Material

- Medical Plan Documents
- Dental Plan Documents
- Vision Plan Documents

Questions

Renee Miller
Payroll and Benefits Specialist
(765) 641-4130
rcmiller@anderson.edu

Select the reason for your Life Event. You may select from the drop down menu, or key in a word in the Select a reason for change box so the correct life event will appear.

ANDERSON UNIVERSITY

Home

Reason for Change

Select a reason for change

► BASIC INFO

Examples:
Change of Address
Change of Beneficiary

▼ LIFE EVENT

Examples:
Marriage/Divorce
Birth/Death

Birth/Adoption/Legal Guardianship

CHIPRA Event

Death of Dependent

Dependent Gains Access to Other Coverage

Dependent Loses Access to Other Coverage

Divorce/Legal Separation

Marriage

Update Dependent Demographic Information

For this example we'll select Marriage. Once you select an option, a box will pop up requesting the date of the event. Enter the date and click Continue. (If the event date is 31 days or more past the current date, you will not be able to continue.)

Marriage


What date was the marriage?

MM/DD/YYYY

Cancel

Continue

Click on Start Change to make your benefit election changes.

ANDERSON UNIVERSITY


HomeMessage CenterHelpA

Benefit Enrollment

Congratulations on your recent marriage! Due to this qualifying event, you can now add your spouse and new dependents to your elections, modify certain elections to reflect this change and change your beneficiary information. You have [31] days from the date of the event to make benefit election changes.

Start Change >

You will be able to change your personal information, your dependents as well as your benefit elections. Click Next to move through these sections. Change your marital status on the Personal Information screen.

ANDERSON UNIVERSITY

Marriage

Total Employee Cost\$151.14*
Bi-Weekly

About You

Personal Information

Dependent Information

Election Information

Review

1. About You

2. Election Information

Personal Information

Your Information

First Name: *

Amy

Middle Initial:

Last Name: *

Test

Suffix:

Jr., Sr., III, etc.

Social Security Number: *

123-65-9874

Date of Birth: *

03/20/1965

Gender: *

Female

Marital Status:

Please Select One

Add your dependent on the Dependent Information screen. All fields will a red * must be completed. When complete, click Next.

Dependent Information

Relationship: *

Please Select One

First Name: *

Middle Initial:

Last Name: *

Suffix:

Jr., Sr., III, etc.

Warning!

Please provide an accurate social security number for your dependent. If you are unable to supply a valid social security number, please indicate in the check box and select a reason from the drop down menu. Please note, you can add a valid social security number in the future.

Without associating the correct social security number, you could be liable for an IRS penalty under Code 6055 of the Affordable Care Act.

Social Security Number:

123-45-6789

The system will now walk you through the benefits to elect or waive them as well as allowing you to designate or change your beneficiaries.

Once complete, you may review their enrollment and make changes if you'd like by clicking on Edit. Once all elections have been made, click Approve.

You will get one more chance to confirm their elections. Click I Agree if you are ready to confirm.

Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year [of January 1 through December 31].
By selecting "I Disagree" your changes will not be submitted.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

✕ I Disagree

Total Employee Cost: \$213.15
Bi-Weekly

✓ I Agree

14

When adding new dependents, you will see the box below as a reminder that you need to submit dependent verification.

Action Required

⚠ Required Action 1 of 1

Pending Dependent Verification

Pending Dependent Verification Text

[Next >](#)

You will receive the following screen. This is pending until you submit dependent verification and the change is approved.

Thank You!

✔ Transaction Complete - Pending Approval [Print Benefit Summary](#)

Your information has been submitted.
Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

[Confirmation Number](#)

TRANSACTION NOT SAVED

[Home](#) [Logout](#)

You can print a copy of your benefit summary by clicking on the button above.

6/26/2017

BenefitSolver - Benefits Summary



Benefit Summary - Amy Test 06/26/2017 08:02:27 CDT

Personal Information

Amy Test
1015 Watertown Drive
WESTFIELD, IN 46074
US
Date of Birth: **03/20/1965**
Gender: **Female**

Dependent Information

Doug Test
Spouse
Date of Birth: **06/14/1964**
Gender: **Male**

Beneficiary Information

Beneficiary Changes

Log into Benefit Solver and click on Change My Benefits

ANDERSON UNIVERSITY

Home Message Center Help Amy Test

New Hire Enrollment is Here!
New Hire Enrollment Ends July 15th.
19 Days Left [Review >](#)

Welcome Amy, to your benefits site!

Profile Benefit Summary **Change My Benefits**

Contacts Information

- Medical
- Dental
- Vision

Benefit Reference Material

- Medical Plan Documents
- Dental Plan Documents
- Vision Plan Documents

Questions
Renee Miller
Payroll and Benefits Specialist
(765) 641-4130
rcmiller@anderson.edu

Select the beneficiary change under Basic info. You may select from the drop down menu, or key in a word in the Select a reason for change box so the correct life event will appear.

Reason for Change

benef

Select the reason for change that applies and enter the date of the event.

▼ **BASIC INFO**

Examples:
Change of Address
Change of Beneficiary

Update Beneficiary Information Only

▼ **LIFE EVENT**

Examples:
Marriage/Divorce
Birth/Death

For this example we'll select Update Beneficiary Information Only. Once you select an option, a box will pop up requesting the date of the event. Enter the date and click Continue. (If the event date is 31 days or more past the current date, you will not be able to continue.)

Update Beneficiary Information Only

Any add or change in coverage will be effective on: 06/15/2017

Any coverage dropped or no longer continued will be terminated on: 06/14/2017

Beneficiary changes for inforce - active coverage are effective on the date of entry:

6/15/2017

Cancel

Continue

Click on Start Change to make your benefit election changes.

Benefit Enrollment

You can add, delete or change your beneficiary information at any time. Primary beneficiary percentages must total 100% and Contingent beneficiary percentages must total 100%.

Start Change >

Make your beneficiary changes below and click Next. If you need to any new dependent click on Add and see the screen on page 13. Then you will see the new dependent in the screen below and can make your beneficiary changes.

Beneficiary Information

Please select the beneficiaries for the plans below. Click 'Add' to apply. Please make sure both primary and contingent beneficiaries equal 100%.

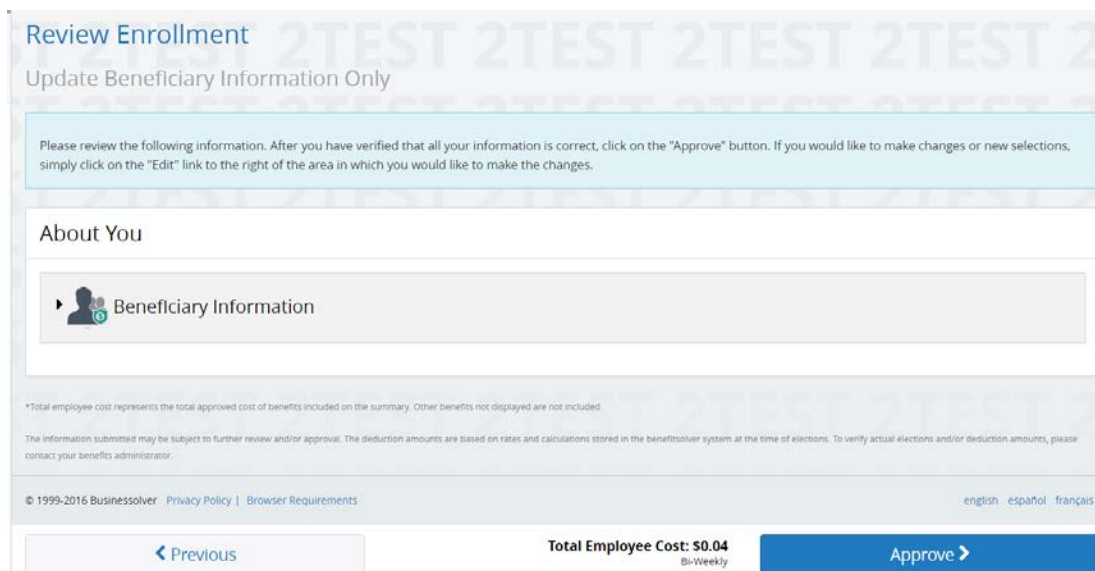
Basic Life Designation

Beneficiary	Designation	Allocation
Blake Test	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> None	50 %
Bianca Test	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> None	50 %

+ Add Beneficiary

Primary Total: 100%

Once your changes have been made, you will see the screen below to Approve your changes.



Review Enrollment
Update Beneficiary Information Only

Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Edit" link to the right of the area in which you would like to make the changes.

About You

Beneficiary Information

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

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english español français

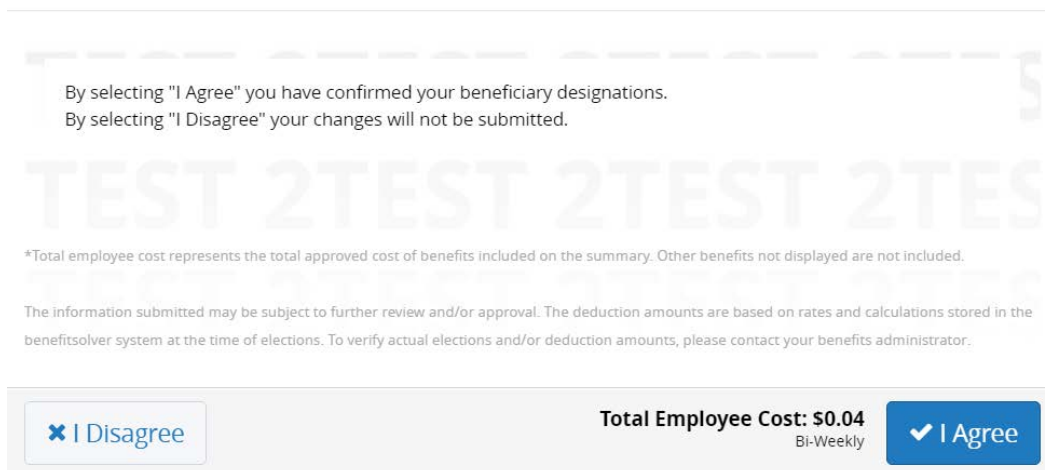
Previous

Total Employee Cost: \$0.04
Bi-Weekly

Approve

You will have one more chance to approve or discard your changes. Click I Agree to save your changes.

Confirmation



By selecting "I Agree" you have confirmed your beneficiary designations.
By selecting "I Disagree" your changes will not be submitted.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

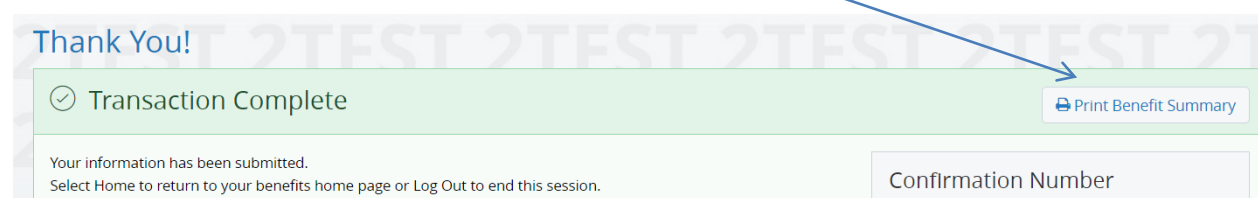
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

I Disagree

Total Employee Cost: \$0.04
Bi-Weekly

I Agree

You will see the screen below. Employees at this time can print a copy of their benefit summary showing the updated beneficiary information by clicking on the button below.



Thank You!

Transaction Complete

Your information has been submitted.
Select Home to return to your benefits home page or Log Out to end this session.

Print Benefit Summary

Confirmation Number