

New Hire/Rehire Benefit Enrollment Steps

You have 31 days from your date of hire to enroll in your Novant Health benefit plans. If you have any questions about your benefit options visit benefits.novanthealth.org. If you need assistance enrolling in benefits, call 800-890-5420.

To access your New Hire/Rehire Life Event in InforHR:

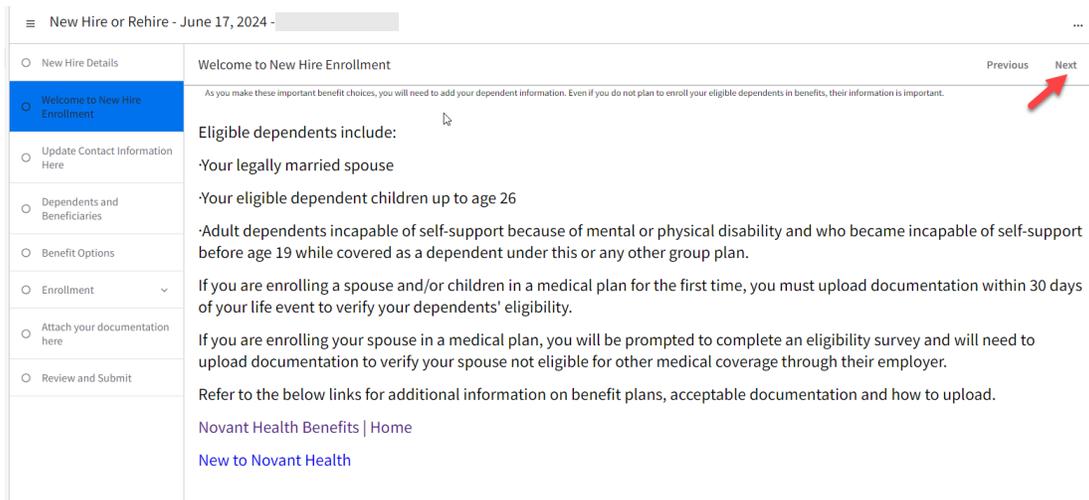
1. **Employee role**
2. **Select Benefits**
3. **Select the Life Events tab and open the New Hire/Rehire Life Event.**
 - a. You will see your hire date, your first and last name, and your employee number.

Each benefit election requires completion. A red icon indicates that a section needs attention. You can select Previous or Next at the top right of the screen to navigate between tabs.



The screenshot shows a web interface for a 'New Hire or Rehire' event. The title bar reads 'New Hire or Rehire - June 17, 2024'. On the left is a navigation menu with options: 'New Hire Details' (selected), 'Welcome to New Hire Enrollment', 'Update Contact Information Here', 'Dependents and Beneficiaries', 'Benefit Options', 'Enrollment', 'Attach your documentation here', and 'Review and Submit'. The main content area is titled 'New Hire Details' and contains the following information: 'Welcome to Novant Health!', 'New Hire or Rehire', 'Event Date: June 17, 2024', and 'Enrollment Period: June 17, 2024 - July 18, 2024'. At the top right of the main content area, there are 'Previous' and 'Next' buttons, with a red arrow pointing to the 'Next' button.

From the New Hire details screen select **Next** to proceed to the Welcome to the New Hire Enrollment section.



The screenshot shows the 'Welcome to New Hire Enrollment' screen. The title bar reads 'New Hire or Rehire - June 17, 2024'. The left navigation menu is the same as in the previous screenshot, but 'Welcome to New Hire Enrollment' is now selected. The main content area is titled 'Welcome to New Hire Enrollment' and contains the following text: 'As you make these important benefit choices, you will need to add your dependent information. Even if you do not plan to enroll your eligible dependents in benefits, their information is important.', 'Eligible dependents include:', '·Your legally married spouse', '·Your eligible dependent children up to age 26', '·Adult dependents incapable of self-support because of mental or physical disability and who became incapable of self-support before age 19 while covered as a dependent under this or any other group plan.', 'If you are enrolling a spouse and/or children in a medical plan for the first time, you must upload documentation within 30 days of your life event to verify your dependents' eligibility.', 'If you are enrolling your spouse in a medical plan, you will be prompted to complete an eligibility survey and will need to upload documentation to verify your spouse not eligible for other medical coverage through their employer.', 'Refer to the below links for additional information on benefit plans, acceptable documentation and how to upload.', 'Novant Health Benefits | Home', and 'New to Novant Health'. At the top right of the main content area, there are 'Previous' and 'Next' buttons, with a red arrow pointing to the 'Next' button.

Review your current contact information and make any necessary changes here. When you have completed your review, select **Next**.

Update Contact Information Here

Previous Next

Contact Information

<input type="checkbox"/>	Method	Detail	Preferred Contact	When Available	Country/Jurisdiction	Active
<input type="checkbox"/>	Email		Yes			Yes
<input type="checkbox"/>	Landline		Yes		US	Yes
<input type="checkbox"/>	Email		No			Yes

Emergency Contacts

<input type="checkbox"/>	Name	Preferred Contact	Contact Detail
<input type="checkbox"/>	Fitz	Yes	

Addresses

<input type="checkbox"/>	Address	Mailing Address	Residential Address	Active
<input type="checkbox"/>	2	Yes	Yes	Yes

To add a dependent or beneficiary, select the **Add** button. Please **do not duplicate** dependents or beneficiaries. As dependents are added they will appear listed.

Dependents and Beneficiaries

Previous Next

Please add your dependents and beneficiaries here. Please review existing dependents to avoid duplicate entries. Contact the Team Member Solution Center at 800-890-5420 if you accidentally duplicate a dependent or beneficiary.

Add

No Data Available

Complete the required fields, and then select **Submit**.

Note: The Identification Number is the Social Security number.

Add Dependent Or Beneficiary

Add Type
Benefit Eligible Dependent

Name

First Name: Benny Middle Name: Last Name: Fitz

Additional Naming Options

Personal Information

Relationship: SPOUSE Birthdate: 2/18/1979 Gender: Male

Smoker: No

Identification Number

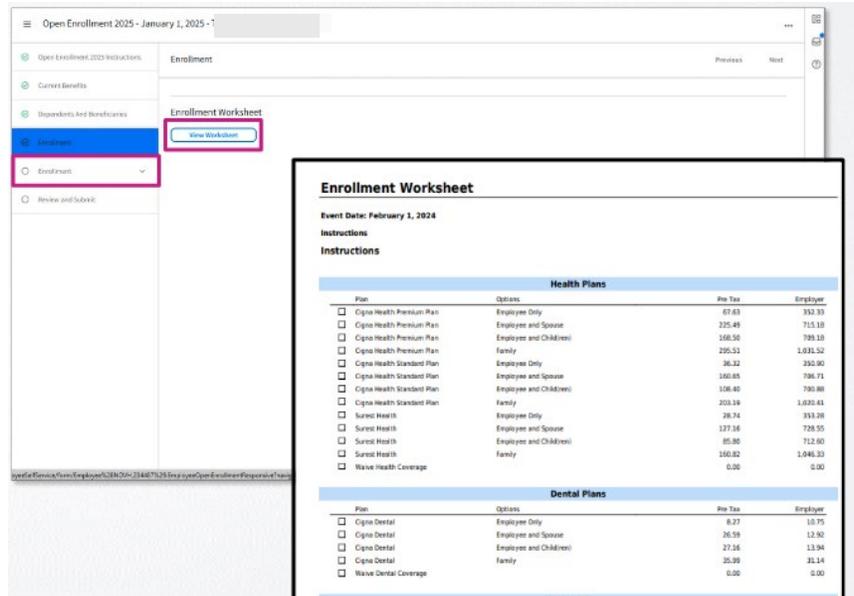
Country/Jurisdiction: us Identification Number: XXX-XX-XXXX

Telephone Numbers

Home Phone: Work Phone: Work Extension:

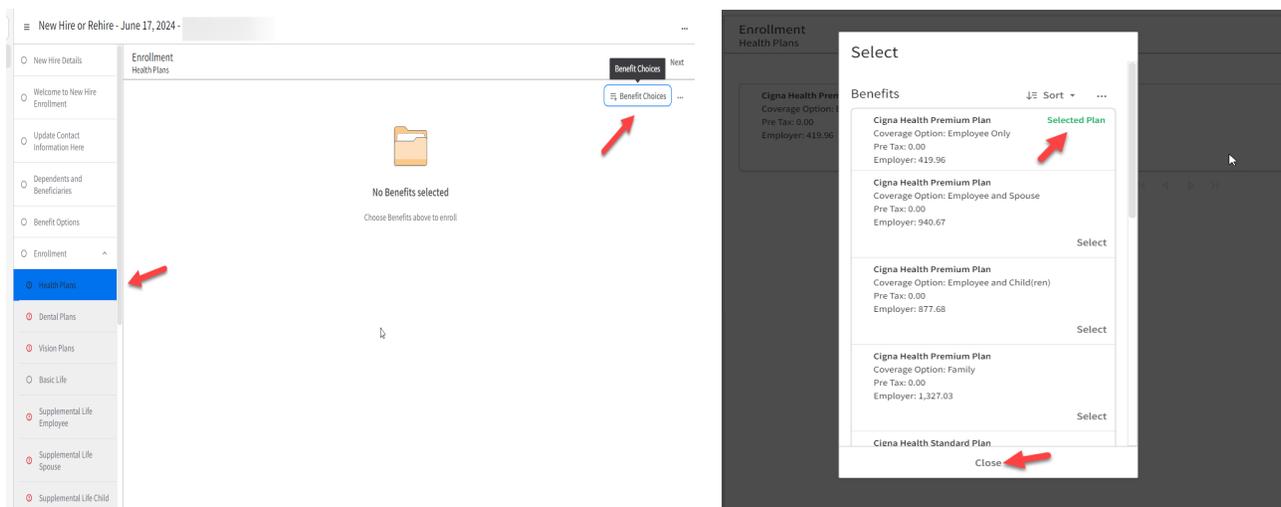
Cancel Submit

The Enrollment tab is where you can view the Enrollment Worksheet. The worksheet shows the enrollment options available to you. This enables you to view your options prior to making elections.



The Enrollment tab has a sub-tab for each benefit you need to select. On each tab you must make a selection, including waiving coverage for that benefit.

Select **Benefit Choices** to continue. Scroll and use the **Next** button to view all options.



Select the plan option you want. The system will identify the plan you selected. Select **Close**.

If you choose a health plan with a family or spouse coverage option, you will need to complete a survey to determine their eligibility. Select the appropriate answers and select **Submit**.

If you enroll in coverage for dependents, the system will prompt you to select the minimum number of dependent for a plan. Select **Enroll Dependents**.



Select each dependent you want to enroll. When you are done, select **Save And Return to Enrollment**.



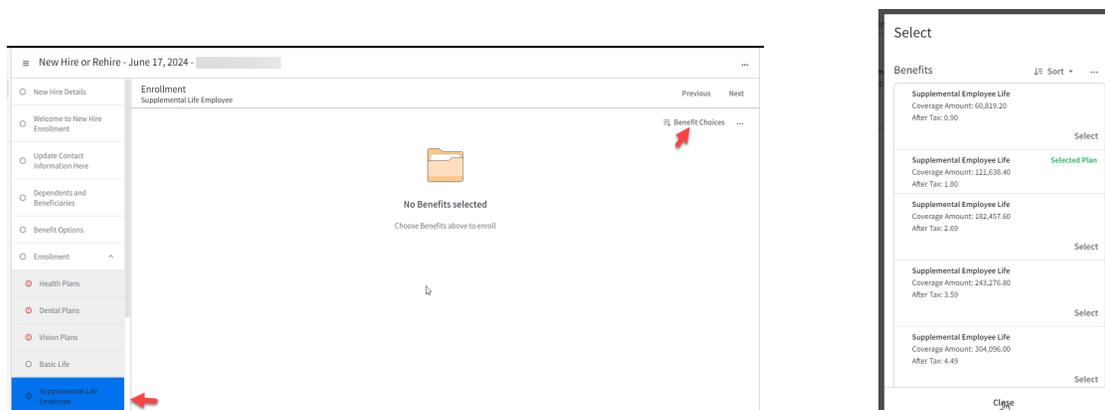
Select the next sub-tab or the **Next** button to proceed.

Complete your selections for each of the sub-tabs:

1. Select the sub-tab.
2. Select Benefit Choices.
3. Make your selection.
4. Select Close, and if prompted, complete any additional fields. Select **Save And Return to Enrollment**.

As you complete each sub-tab, the red icon will turn to a green icon indicating you have completed a selection.

Note: You must enroll in Supplemental Life Insurance to enroll in spouse and child Supplemental Life Insurance.



When electing Supplemental and Basic Life Insurances you will be prompted to **Designate your Beneficiary**.

New Hire or Rehire - June 17, 2024 - [Redacted]

Enrollment
Supplemental Life Employee

Supplemental Employee Life
Coverage Amount: 121,638.40
After Tax: 1.80

Benefit Choices Next

Benefit Choices

Selected Plan
No beneficiaries have been selected

Designate Beneficiaries Withdraw View Details

Select the **Add** button if your beneficiary designation is not already listed and fill in all required fields. You can elect a Primary and a Contingent as well as designate an amount or percentage.

New Hire or Rehire - June 17, 2024 - [Redacted]

Supplemental Employee Life
Coverage Amount
121,638.40

Error: Beneficiaries are required for this plan

Designation	Status	Action
Primary	No Data Available	Add ...
Contingent	No Data Available	Add ...
Not Designated	No Data Available	...

Save And Return To Enrollment

Add Beneficiary

Designation

Primary Or Contingent
Primary

Percent Or Amount
Percent

Percent
100.000 %

Beneficiary

Add a Will or Trust

Name

* First Name
[Text Field]

Middle Name
[Text Field]

* Last Name
[Text Field]

Suffix
[Text Field]

Add Beneficiary

Personal Information

Relationship
SPOUSE

Birthdate
2/18/1979

Gender
Male

Smoker
No

Identification Number

Country/Jurisdiction
US

Identification Number
XXX-XX-XXXX

Telephone

Home Phone
[Text Field]

Work Phone
[Text Field]

Cancel Submit

If covering a legally married spouse or dependent on a medical plan you are required to upload the dependent verification documents as well as the spousal mandate document from your spouse's employer.

○ Supplemental Life Employee

○ Supplemental Life Spouse

○ Supplemental Life Child

○ Short Term Disability

○ Long Term Disability

Ⓢ Accidental Death and Dismemberment

Ⓢ Dependent Care FSA

Ⓢ Accident Insurance

Ⓢ Medical FSA

Ⓢ Critical Illness

Ⓢ Hospital Care

Ⓢ Legal

○ **Attach your documentation here**

Attach your documentation here

Examples: Federal tax returns (with financial information blacked out) showing depts and/or schedule C

Attached Documents

Dependent Verification-Include All On One

Spouse Non Coverage Verification

Proof of Joint Debt

When you have completed and verified your elections as well as uploaded your documents, select the **Review and Submit** tab.

Review the errors, warnings and messages and be sure the cost summary information is correct, select **Submit**.

Review and Submit

Submit Your Enrollment

Submit

Errors, Warnings, And Messages

Messages

- Spouse Life .5 - 1.5 of EE Salary - Amount subject to evidence of insurability: 43,600.00

Cost Summary

Pay Period

Type	Cost / Percent	
	Employee	Employee
Health Plans	286.47	1,040.56
Dental Plans	35.99	31.14
Vision Plans	5.17	0.00
Medical FSA	60.00	0.00

The final step is to confirm you want to submit your benefits. Select the **Agree to Enrollment Terms** checkbox and select **Submit**.

Submit

Authorize Elections

By submitting my benefit choices, I authorize Novant Health to adjust my salary to pay for my chosen benefits. I understand Novant Health will continue to deduct benefit premiums while I am receiving pay in the event of a leave of absence from employment. I understand that I cannot change my benefit choices except within 31 days of a qualifying employment or family status change. I understand that I forfeit any unused funds left in my flexible spending account(s) at year end. I authorize any physician or provider of health services to provide any information concerning the health conditions or treatment of any person included under my medical and/or dental plan whenever such information is considered necessary for proper disposition of a claim or fulfillment of obligations imposed on the plan by state or federal statutes. Check the box to authorize your benefit elections.

Agree To Enrollment Terms

Cancel Submit

Congratulations! You have successfully completed your benefits enrollment. Select **View Confirmation**. A PDF version of your enrollment displays. You can view your elections here. This enrollment page can be printed or saved to keep a copy for your records.

☰ New Hire or Rehire - June 17, 2024 - [Redacted]

- New Hire Details
- Attach your documentation here
- Summary

Summary

Confirmation

Click View Confirmation to print out confirmation of plans selected

[View Confirmation](#)

Thank you for completing your benefits enrollment.

Enrollment Confirmation For [Redacted]

Event Date: June 17, 2024

Health Plans			
Plan	Options		Employer
Cigna Health Premium Plan	Employee Only		419.96

Dental Plans			
Plan	Options	Pre Tax	Employer
Cigna Dental	Employee Only	8.27	10.75

Vision Plans			
Plan	Options	Pre Tax	
Vision Care	Employee Only	5.17	

Supplemental Life Employee			
Plan			
Waive Supplemental Employee Life			

Supplemental Life Spouse			
Plan			
Waive Spousal Life			

Supplemental Life Child			
Plan			
Waive Child Life			

Short Term Disability			
Plan			
Short Term Disability Waive			