

## 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](https://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.

<input checked="" type="radio"/> New Hire Details	New Hire Details	Previous	Next
<input type="radio"/> Welcome to New Hire Enrollment	Welcome to Novant Health!		
<input type="radio"/> Update Contact Information Here	New Hire or Rehire in 2026 Event Date December 22, 2025		
<input type="radio"/> Dependents and Beneficiaries	Enrollment Period November 21, 2025 - January 22, 2026		
<input type="radio"/> Benefit Options			

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

<input checked="" type="radio"/> New Hire Details	Welcome to New Hire Enrollment	Previous	Next
<input checked="" type="radio"/> Welcome to New Hire Enrollment	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.		
<input type="radio"/> Update Contact Information Here	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.		
<input type="radio"/> Dependents and Beneficiaries	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.		
<input type="radio"/> Benefit Options	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.		
<input type="radio"/> Enrollment	Refer to the below links for additional information on benefit plans, acceptable documentation and how to upload.		
<input type="radio"/> Attach your documentation here	<a href="#">Novant Health Benefits   Home</a>		
<input type="radio"/> Review and Submit	<a href="#">New to Novant Health</a>		

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

- New Hire Details
- Welcome to New Hire Enrollment
- Update Contact Information Here**
- Dependents and Beneficiaries
- Benefit Options
- Enrollment
- Attach your documentation here
- Review and Submit

### Update Contact Information Here

Previous

Next

#### Contact Information

Method

Detail

Preferred Contact

When Available

Country/Jurisdiction

Active

Email

Yes

Yes

Landline

Yes

US

Yes

Email

No

Yes

#### Emergency Contacts

Name

Preferred Contact

Contact Detail

Yes

#### Addresses

Address

Mailing Address

Residential Address

Active

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. If you need to modify a dependent you have created, select Open to make changes.

New Hire Details

Welcome to New Hire Enrollment

Update Contact Information Here

**Dependents and Beneficiaries**

Benefit Options

Enrollment

Attach your documentation here

Review and Submit

PreviousNext

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** and **Next** to move to the next section.

**Note:** The Identification Number is the Social Security number. Please be sure to add all dependent Social Security Numbers.

**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

**Identification Number**  
Country/Jurisdiction: US, Identification Number: XXXX-XX-XXXX

**Telephone Numbers**  
Home Phone: , Work Phone: , Work Extension:   
Cancel Submit

The Benefit Options section allows you to confirm or update you and/or your spouse's tobacco use and allows you to see your available benefit options and costs per pay period. Select **Next** to move to the enrollment section.

The screenshot shows the 'Benefit Options' section of the enrollment system. On the left is a sidebar with a list of steps: 'New Hire Details', 'Welcome to New Hire Enrollment', 'Update Contact Information Here', 'Dependents and Beneficiaries', 'Benefit Options' (which is highlighted with a blue background and a radio button), 'Enrollment', 'Attach your documentation here', and 'Review and Submit'. The main content area is titled 'Benefit Options' and contains the following sections: 1. A header with 'Previous' and 'Next' buttons, where a red arrow points to the 'Next' button. 2. A message: 'This section is where you will select your benefits.' 3. An 'Enrollment Worksheet' section with a description and a 'View Worksheet' button. 4. A 'Change Smoker Status' section with a description and a 'Change' button.

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.

The first screenshot shows the 'Enrollment Health Plans' section. The sidebar on the left has 'Health Plans' highlighted. The main area shows 'No Benefits selected' with a folder icon and the instruction 'Choose Benefits above to enroll'. A red arrow points to the 'Benefit Choices' link in the top right. The second screenshot is a modal titled 'Select' showing a list of 'Benefits'. Each entry includes the plan name, coverage option, pre-tax amount, and employer ID, followed by a 'Select' button. A red arrow points to one of the 'Select' buttons. At the bottom of the modal is a 'Close' button, also indicated by a red arrow.

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**.

**Novant Health Premier Plan**

Coverage Option: Employee and Child(ren)

Pre Tax: 80.02

Employer: 906.60



Selected Plan

Minimum number of dependents not selected; Please select at least 1

Enroll Dependents

Withdraw

View Details

< < > >

10 ▾

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

**Cigna Health Premium Plan**

Option

Family

Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan.

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>	1	Spouse	2/14/1989
<input checked="" type="checkbox"/>		Child	2/14/2015

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.

New Hire Details

Welcome to New Hire Enrollment

Update Contact Information Here

Dependents and Beneficiaries

Benefit Options

Enrollment

Health Plans

Dental Plans

Vision Plans

Basic Life

Supplemental Life Employee

Enrollment

Supplemental Life Employee

Previous Next

Benefit Choices ...

No Benefits selected

Choose Benefits above to enroll

Select

Benefits

Supplemental Employee Life

Coverage Amount: 60,029.20

After Tax: 0.00

Select

Supplemental Employee Life

Coverage Amount: 121,638.40

After Tax: 1.80

Selected Plan

Supplemental Employee Life

Coverage Amount: 182,457.60

After Tax: 2.69

Select

Supplemental Employee Life

Coverage Amount: 243,276.80

After Tax: 3.59

Select

Supplemental Employee Life

Coverage Amount: 304,096.00

After Tax: 4.49

Select

Close

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

New Hire Details

Welcome to New Hire Enrollment

Update Contact Information Here

Dependents and Beneficiaries

Benefit Options

Enrollment

Enrollment

Supplemental Life Employee

Supplemental Employee Life

Coverage Amount: 121,638.40

After Tax: 1.80

Benefit Choices

Benefit Choices

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 -

Supplemental Employee Life

Coverage Amount: 121,638.40

Error: Beneficiaries are required for this plan

Primary

No Data Available

Add

Contingent

No Data Available

Add

Not Designated

No Data Available

Add Beneficiary

Designation

Primary Or Contingent

Primary

Percent Or Amount

Percent

Percent

100.000 %

Beneficiary

☐ Add a Will or Trust

Name

\* First Name

Middle Name

\* Last Name

Suffix

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

Work Phone

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. In addition, I understand the following items:

- Novant Health will continue to deduct benefit premiums while I am receiving pay in the event of a leave of absence from employment.
- I cannot change my benefit choices except within 31 days of a qualifying employment or family status change.
- I forfeit any unused funds left in my flexible spending account(s).
- I forfeit any unused funds in my Health Reimbursement Account (HRA) if I leave Novant Health employment or if I elect the High Deductible Health Plan (HDHP) because a Health Savings Account (HSA) is available.
- If I have elected supplemental employee life insurance, spouse life insurance or short term disability that is subject to evidence of insurability (EOI), the requested amount of insurance is not valid until I have submitted the Hartford EOI application and received approval.
- If I am subject to evidence of insurability (EOI), my confirmation statement will reflect my requested life insurance election and rates, but my deductions will not commence or increase until my EOI application is approved by Hartford.
- Age reductions will be applied for coverage amounts, as required under the specific policies, and that any questions related to either the coverage or cost should be directed to the Human Resources Solution Center.
- All team members must complete a tobacco designation verification during open enrollment or at the time of a qualified life event to determine if the tobacco surcharge applies. This includes cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, other smokeless products, vape products, and e-cigarettes used within the past 30 days. The following per-pay-period surcharges apply: \$45 for the team member, \$45 for the spouse, or \$90 if both use tobacco. This surcharge applies only to enrollment in the medical plan.
- Team members must truthfully and accurately disclose their own tobacco use and, if applicable, their spouse's tobacco use. Falsifying a tobacco designation is considered fraud by Novant Health and may result in disciplinary action, up to and including termination of employment.

I authorize any 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 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**

Enrollment Date: January 1, 2026

Health Plans			
Plan	Options	Pre Tax	Employer
Novant Health Premier Plan	Employee Only	19.70	452.38

Medical HSA - ONLY for HDHP Plan Participants			
Plan	Options	Pre Tax	Employer
Waive HSA			

Dental Plans			
Plan	Options	Pre Tax	Employer
Dental Base Plan	Employee Only	6.69	12.19

Vision Plans			
Plan	Options	Pre Tax	Employer
Waive Vision Coverage			

Basic Life			
Plan	Options	Pre Tax	Employer
Basic Term Life - Employee			2.21

Supplemental Life Employee			
Plan	Options	Pre Tax	Employer
Waive Supplemental Employee Life			

Supplemental Life Spouse			
Plan	Options	Pre Tax	Employer
Waive Spousal Life			