

## 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	<b>New Hire or Rehire in 2026</b> 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**.

Update Contact Information Here

Previous Next

Update Contact Information Here

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

Emergency Contacts

<input type="checkbox"/>	Name	Preferred Contact	Contact Detail
<input type="checkbox"/>	[Redacted]	Yes	[Redacted]

Addresses

<input type="checkbox"/>	Address	Mailing Address	Residential Address	Active
<input type="checkbox"/>	2 [Redacted]	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.

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** 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: Benefits Eligible Dependent

Name: First Name: Benny, Middle Name, Last Name: Fitz

Personal Information: Relationship: SPOUSE, Birthdate: 2/18/1979, Gender: Male

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

Telephone Numbers: Home Phone, Work Phone, Work Extension

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.

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

### Benefit Options

Previous Next

This section is where you will select your benefits.

#### Enrollment Worksheet

Click the box to review a worksheet that provides your benefit options and cost per pay period.

[View Worksheet](#)

#### Change Smoker Status

Current status indicates that you are not a smoker

[Change](#)

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.

New Hire Details

Welcome to New Hire Enrollment

Update Contact Information Here

Dependents and Beneficiaries

Benefit Options

**Enrollment**

Health Plans

Medical HSA - ONLY for HDHP Plan Participants

Dental Plans

Vision Plans

Basic Life

### Enrollment Health Plans

Previous Next

[Benefit Choices](#) ...

No Benefits selected

Choose Benefits above to enroll

### Select

Benefits

Novant Health Premier Plan  
Coverage Option: Employee Only  
Pre Tax: 19.70  
Employer: 452.38

Select

Novant Health Premier Plan  
Coverage Option: Employee and Spouse  
Pre Tax: 129.32  
Employer: 928.11

Select

Novant Health Premier Plan  
Coverage Option: Employee and Child(ren)  
Pre Tax: 80.02  
Employer: 906.60

Select

Novant Health Premier Plan  
Coverage Option: Family  
Pre Tax: 149.20  
Employer: 1,342.56

Select

Close

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

Add ...

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.

The screenshot shows the enrollment interface for 'Supplemental Life Employee'. On the left, a sidebar lists various sub-tabs, with 'Supplemental Life Employee' highlighted in blue and marked with a red icon. The main content area shows a folder icon and the text 'No Benefits selected' with the instruction 'Choose Benefits above to enroll'. In the top right, there are 'Previous' and 'Next' buttons, and a 'Benefit Choices' menu icon with a red arrow pointing to it. On the right side, a 'Select' dialog box is open, displaying a list of 'Supplemental Employee Life' options with their respective coverage amounts and after-tax costs. The second option is marked as the 'Selected Plan' with a green icon. A 'Close' button is at the bottom of the dialog.

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

Enrollment  
Supplemental Life Employee

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

Designate Beneficiaries Withdraw View Details

No beneficiaries have been selected

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	

Add Beneficiary

Designation

Primary Or Contingent  
Primary

Percent Or Amount  
Percent

Percent  
100.000 %

Beneficiary

Add a Will or Trust

Name

\* First Name  
[REDACTED]

Middle Name  
[REDACTED]

\* Last Name  
[REDACTED]

Suffix  
[REDACTED]

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  
[REDACTED]

Work Phone  
[REDACTED]

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	452.18
Medical HSA - ONLY for HDHP Plan Participants			
Plan	Waive HSA		
Dental Plans			
Plan	Options	Pre Tax	Employer
Dental Base Plan	Employee Only	6.69	12.19
Vision Plans			
Plan	Waive Vision Coverage		
Basic Life			
Plan			Employer
Basic Term Life - Employee			2.21
Supplemental Life Employee			
Plan	Waive Supplemental Employee Life		
Supplemental Life Spouse			
Plan	Waive Spouse Life		