

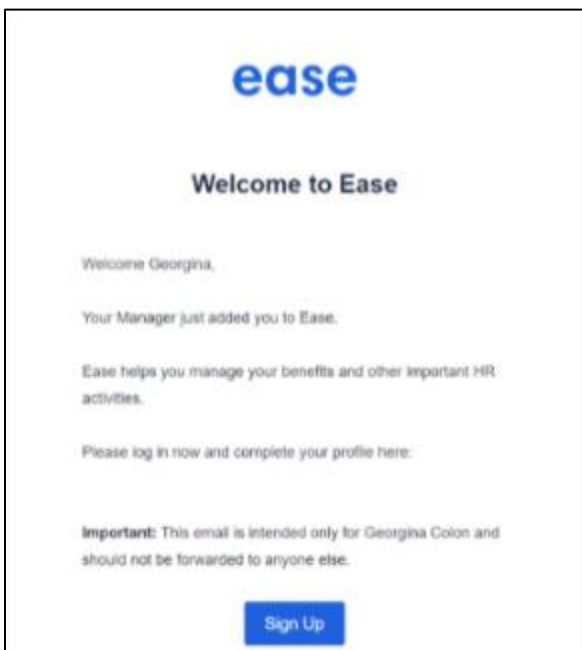


How to Enroll in NWU Employee Benefit Enrollment- EASE System

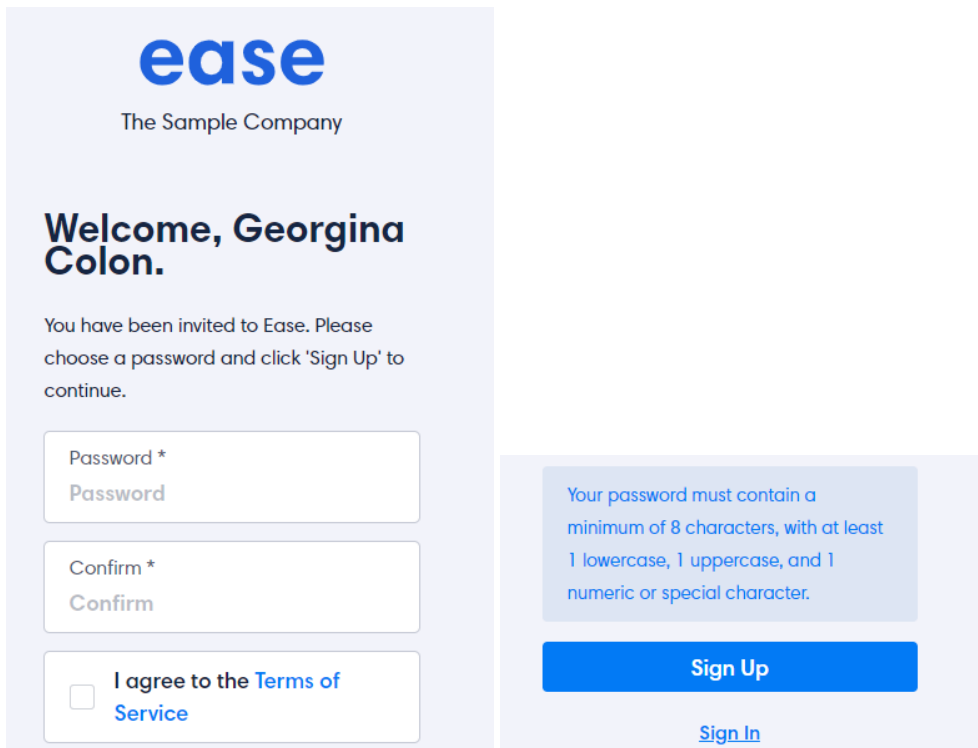
Human Resources is excited to introduce EASE, our online HR Benefit Enrollment platform. This site is an online resource for employees to utilize to enroll or request changes in benefits. Please follow these instructions to login to your individual EASE portal. Contact HR regarding questions.

Employee Log in for EASE for the First Time:

1. To initiate your access to EASE, the NWU HR Administrator will send you an email or provide you with login credentials.
2. Open the email from the NWU HR Administrator for EASE, Click "Sign Up".



3. From the welcome screen, enter your “Password”. “Confirm the Password” by entering again, check to “Agree to Terms of Service,” and click “Sign Up.”
 - a. Passwords must contain a minimum of 8 characters, with at least 1 lowercase, 1 uppercase, and 1 numeric or special character.



ease
The Sample Company

Welcome, Georgina Colon.

You have been invited to Ease. Please choose a password and click 'Sign Up' to continue.

Password *
Password

Confirm *
Confirm

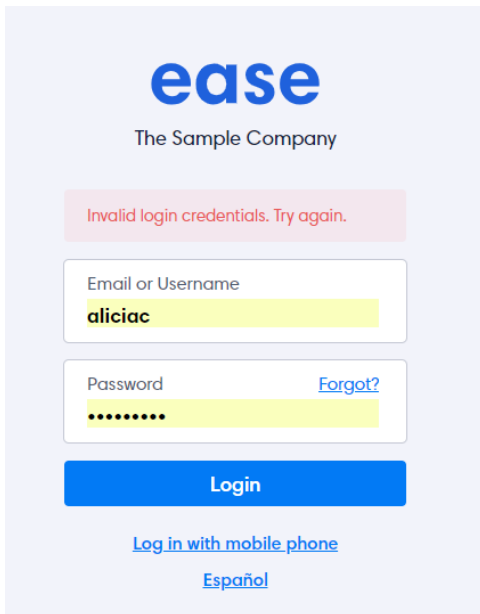
I agree to the [Terms of Service](#)

Your password must contain a minimum of 8 characters, with at least 1 lowercase, 1 uppercase, and 1 numeric or special character.

Sign Up

[Sign In](#)

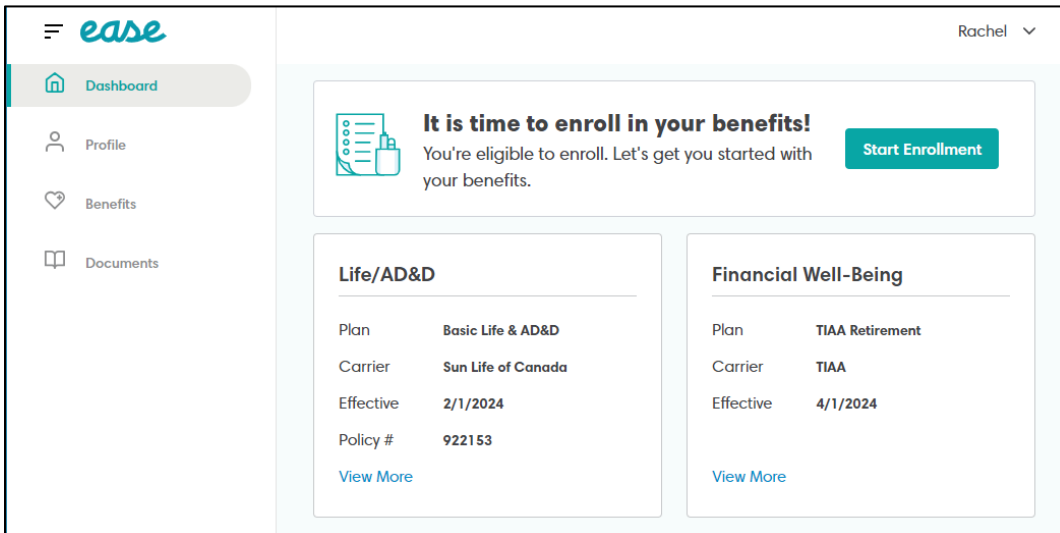
4. Once your initial login has been established, enter your email/username and password in the login screen from this URL: <https://nwu.ease.com>



Enrolling in Benefits

Click here <https://nwu.ease.com> to open EASE in your web browser...

1. From your Dashboard: Click on the “Start Enrollment” button.



2. Next you will see this Benefits Enrollment page: Click on the “Start” button.



Benefits Enrollment

Before you begin, please note the following:



Quick process

Typically takes 15-25 minutes depending upon your choices



Good to have ready

Information about your dependents, Medicare and previous coverage (if applicable)



Your progress will be saved

Exit and finish later if you need to

Start

3. Next you will see this Overview statement: Read and click “Continue”.

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Benefits
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

Overview

I hereby authorize my employer to make deductions from my wages for the cost of my benefits, if required. For benefits offered on a pre-tax basis, I understand that if I do not want my wages reduced on a pre-tax basis, I will need to contact my employer in writing.

Need Help? [Get Support](#)

Continue

4. Personal Profile: Enter/Update Personal Information. The fields marked with an “*” are required. Fields marked with “Show” will display for 10 – 15 seconds and then revert to the word “Show” for security purposes.

1 Overview
2 Profile
3 Dependents
4 Documents
5 Benefits
6 Beneficiaries
7 Summary
8 Sign Forms
9 Finish

Need Help? [Get Support](#)

Personal Information

First Name * Middle Name

Last Name *

Sex * Birth Date (27) *

SSN *

Marital Status *

Tobacco User (Last 12 Months) *

Disabled? *

1 Overview
2 Profile
3 Dependents
4 Documents
5 Benefits
6 Beneficiaries
7 Summary
8 Sign Forms
9 Finish

Need Help? [Get Support](#)

Physical Address

Address 1 * Address 2

City * State *

Zip * Country *

Personal Phone * Work Phone

Personal Email

Mailing Address is different?

[Continue](#)

5. Dependents: If dependents to be enrolled in benefits are not listed, click "Add".

1 Overview
2 Profile
3 **Dependents**
4 Documents
5 Benefits
6 Beneficiaries
7 Summary
8 Sign Forms
9 Finish

Need Help? [Get Support](#)

Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Add a Dependent [Add](#)

[Continue](#)

6. Complete the section - "Add Dependent" with information.

Add Dependent [Close](#)

First Name *

Last Name *

Middle Name

Sex * ?

7. Review the list of dependents to be enrolled into benefits, then click "Continue".

1 Overview
2 Profile
3 **Dependents**
4 Documents
5 Benefits
6 Beneficiaries
7 Summary
8 Sign Forms
9 Finish

Need Help? [Get Support](#)

Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

John Doe
Spouse - 3/5/1999 [Edit](#)

Add a Dependent [Add](#)

[Continue](#)

8. Click “Review” and acknowledge receipt for each document listed. Click “Continue.”

The screenshot shows a web application interface with a vertical navigation menu on the left containing nine items: Overview, Profile, Dependents, Documents, Benefits, Beneficiaries, Summary, Sign Forms, and Finish. The 'Documents' item is highlighted with a green circle. The main content area is titled 'Documents' and contains a text box with the instruction: 'Please review and sign the following documents if applicable. Once you've reviewed each document please click 'Continue''. Below this is a document card for the '2024 Benefit Guide' (1.4 MB). A teal 'Continue' button is located at the bottom right of the main content area. In the top right corner, there is a 'Need Help? Get Support' link.

9. Medical Coverage: This is the Benefits Summary page with additional information about the medical plan.

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Benefits
- 6 Beneficiaries
- 7 Summary

- Medical**
- FSA Health Care
- FSA Dependent Care
- Dental
- Vision
- Life/AD&D
- Voluntary Life/AD&D
- Voluntary Accident
- Voluntary Critical Illness
- Pet
- Financial Well-Being

Medical Plan

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you are declining coverage for yourself or your dependents because of coverage under Medicaid or a State Child Health Insurance Program (SCHIP), you may be able to enroll yourself or your dependents in this plan if that coverage terminates due to a loss of eligibility. You must request enrollment in the plan no later than 60 days after the termination of coverage.

Additionally, if you decline coverage and you or your dependents become eligible for premium assistance for this group health plan under Medicaid or SCHIP, you or your dependents may be able to enroll in the plan at that time. You must request enrollment no later than 60 days after the date you are determined to be eligible for the premium assistance. To request special enrollment or obtain more information contact Human Resources.

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical	
Life/AD&D	\$0.00
Financial Well-Being	
Total	\$0.00
<small>Per Pay Period (Semi-Monthly)</small>	

[Need Help?](#) [Get Support](#)

10.a. At the “Specify your coverage” page: You will verify dependents to be covered. To enroll, click the checkmark so it says “Enrolled” in green. To waive coverage, click “X”. Then click “Continue”.

Specify your coverage

Select Enrolled ✓ or Waived ✕ for each eligible member below.

Jane Doe
Employee

Enrolled ✓ ✕

John Doe
Spouse

Waived ✓ ✕

11. To compare/review medical coverage, click Compare Plans.

Select your plan

See breakdown of plans and costs [Compare Plans >](#)




The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

12. Next, click on the blue “Select” button to identify the plan you want to select. The selected medical coverage will then be highlighted in green. (Be advised: current pricing is reflected in a separate handout, not in this packet!)

Blue Cross Blue Shield of NE


Medical Option #1 - PPO - Network Blue - Wellness

Documents

-  [BCBS of Nebraska Website](#)
-  [Benefit Summary](#)
-  [Preferred Centers Flyer](#)

This option includes Wellness rates. This option provides access to the Network Blue (Broad Network) of providers. All PPOs are the same, however the Premier Select Blue Choice (PSBC) Network p...

[Show More](#)




\$268.00
Per Pay Period 

Select

Blue Cross Blue Shield of NE


Medical Option #3 - HDHP - Network Blue - Wellness

Documents

-  [BCBS of Nebraska Website](#)
-  [Benefit Summary](#)
-  [Preferred Centers Flyer](#)

This option includes Wellness rates. This option provides access to the Network Blue (Broad Network) of providers. All HDHPs are the same, however the Premier Select Blue Choice (PSBC) Network ...

[Show More](#)

\$170.00
Per Pay Period 

Select

Blue Cross Blue Shield of NE

Medical Option #5 - PPO - PSBC - Wellness

Documents

- BCBS of Nebraska Website
- Benefit Summary
- Preferred Centers Flyer

This option includes Wellness rates. This option provides access to the Premier Select Blue Choice (PSBC) Network of providers. You will want to ensure the PSBC provider list is sufficient for ...

[Show More](#)

\$226.00
Per Pay Period ?

Select

Blue Cross Blue Shield of NE

Medical Option #7 - HDHP - PSBC - Wellness

Documents

- BCBS of Nebraska Website
- Benefit Summary
- Preferred Centers Flyer

This option includes Wellness rates. This option provides access to the Premier Select Blue Choice (PSBC) Network of providers. You will want to ensure the PSBC provider list is sufficient for ...

[Show More](#)

\$139.00
Per Pay Period ?

Select

Note the effective date of the new coverage selection. Click “Continue” if correct.

This election will be effective starting 2/1/2024

Continue

13. Nebraska Wellness Plan:

Current employees:

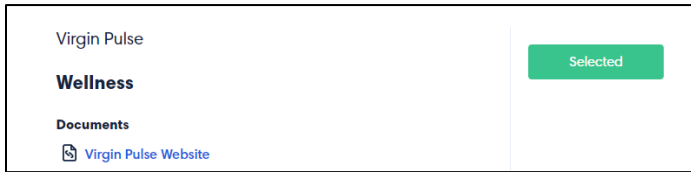
Current Employees who elect NWU’s Group Health Insurance are eligible to participate and should have a Virgin Pulse account at: virginpulse.com/NWUWellness. In the NWU EASE system, click on the button to move forward in the enrollment process, but do not complete a second or new registration at the Virgin Pulse Website. Your current account should still be active and will not have changed.

New Employees:

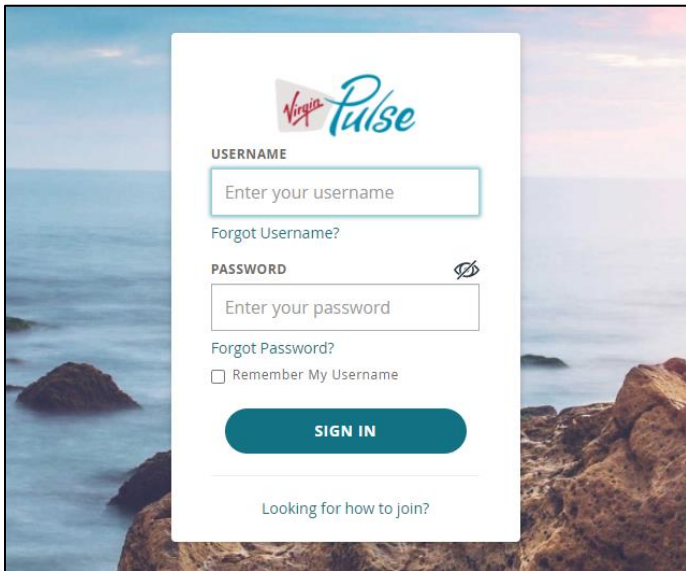
If you are a new hire or newly elected NWU’s Group Health Insurance, you will receive an email directly from Virgin Pulse to register for your wellness program. By clicking on the link in the Virgin Pulse email, you will be directed to the Virgin Pulse Registration website.

Registration at the Virgin Pulse website is a simple three step process that takes approximately 2 – 4 minutes. Once you register and create your own username and password, you can go to your App Store or Google Playstore to download the Virgin Pulse App.

***In the NWU EASE system, click on the button to move forward in the enrollment process, but do not complete a second new registration at the Virgin Pulse Website. You will want to use the email from Virgin Pulse as stated in the paragraphs above.**



(NWU EASE page)



Virgin Pulse Login Page)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 **Benefits**
- Medical
- Wellness**
- FSA Health Care
- FSA Dependent Care
- Dental
- Vision
- Life/AD&D
- Voluntary Life/AD&D
- Voluntary Accident
- Voluntary Critical Illness
- Pet
- Financial Well-Being
- 5 Beneficiaries
- 6 Health
- 7 Summary
- 8 Sign Forms
- 9 Finish

Wellness Plan

NWU employees can earn a discount on monthly health insurance premiums by participating in the NWU Wellness Program. Each year, the Wellness Program runs From October 1 to September 30. NWU currently uses Virgin Pulse as the benefit platform for employees to be able to track completion of health and wellness activities to earn the monthly discount. Virgin Pulse works to inspire employees to engage in small, achievable changes in employee's daily routine that are to help cultivate good lifestyle habits.

Employees who elect NWU's Group Health Insurance are eligible to participate and can create a Virgin Pulse account at join.virginpulse.com/NWUWellness

In 2020-2021, to earn the premium discount for 2022, employees must:

1. Log 350 Wellness activity points between October 1, 2020 and September 30, 2021 on their Virgin Pulse account.
2. Complete the "My Pulse Health Assessment Survey" between October 1 and October 31, 2021 which can be accessed from the "Programs" page.
3. Complete the "Tobacco Attestation" between October 1 and October 31, 2021 which can be accessed from the "Programs" page.
4. Complete a Biometric Screening between October 1 and October 31, 2021 which can be completed on campus, at a Qwest Diagnostics Center, or through a Personal Physician's Office.

Employees who are newly eligible or newly hired after April 1 of each year, need only log 175 points between April 1 and September 30 on their Virgin Pulse account.

For more details, please contact the Human Resources Office.

14.a. FSA (Flexible Spending Account) Health Care (Medical) Plan:

All employees who are .30 FTE or higher are eligible to participate in the FSA Medical Spending Plan. If you are enrolled in one of the High Deductible Health Plans and have a Health Savings Account, your Medical FSA plan will be a "Limited Purpose" plan and can only be used for dental, orthodontia, or vision expenses.

You will need to select an annual or per pay period dollar amount for the time period and number of pay periods noted.

Contribution Details

Annual

Per Pay Period

Your Annual Contribution *

\$0.00

Your annual contribution must be between \$10 and \$3,200. Deductions will be based off of 22 deduction periods.

You will have contributed \$0.00 to this plan by 2/1/2024.

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Health FSA

Documents

 [1/1/2023 Summary Plan Description \(SPD\)](#)

 [Omnify by Union Bank & Trust Website](#)

\$0.45

Per Pay Period 

Selected

This election will be effective starting 2/1/2024

Continue


14.b. If you do not have an FSA Account opened with Union Bank and Trust, you will need to do that as a second step. Visit the Omnify by Union Bank & Trust Website to open up an account.

Employee Benefit Accounts

Tax-time help with your HSAs

We've created a handy tax guide for you, with updated contribution cutoff dates, forms, and FAQs as you prepare to file. Looking for something else? Please scroll down.

[Go to the Guide](#)



Ready to join your company's health benefits plan?
[Enroll by opening an account](#)

[Log in](#)

Additional Logins

15. Dental Plan: “Specify your coverage” page: You will enter dependents to be covered. To enroll, click the checkmark so it says “Enrolled” in green. To waive coverage, click X and enter a “Waived” reason.

Specify your coverage

Select Enrolled ✓ or Waived X for each eligible member below.

Jane Doe Employee	Enrolled ✓ X
John Doe Spouse	Waived ✓ X

16. To review Dental plan coverage, click “Plan Details”.

Select your plan

See plan details [Plan Details >](#)

Close	Dental
1 available plan	
Costs are shown on a Per Pay Period (Semi-Monthly) basis.	\$13.28 Per Pay Period
	Selected
Deductible	\$50 Individual / \$150 Family In-Network; \$100 Individual / \$300 Family Out-of-Network
Preventive	100% / 90%; Deductible Waived
Basic	80% / 70%
Major	50% / 40%
Ortho	50%, Deductible Waived; \$1,500 Lifetime Maximum
Annual Benefit Maximum	\$1,000 In-Network
Out-of-Network	\$750 Annual Maximum
Export to Excel	

17. Once selected, the Benefit Summary and other plan documents are attached for your review. This screen will also display the Employee cost per pay period for the coverage.

Ameritas

Dental

Documents

- Ameritas Website
- Benefit Summary
- Dental Network Savings
- Dental New Member Brochure
- Elixir Savings Card
- Reasons to Use Your Dental Benefits
- Your Dental Health

\$13.28
Per Pay Period

Selected

18. Once you have selected your coverage, click “Continue”.

The current election is effective 2/1/2024

Continue

19. Vision Plan: This is the Benefits Summary page with additional information about the Vision plan. At the “Specify your coverage” screen: You will enter dependents to be covered. To enroll, click the checkmark so it says “Enrolled” in green. To waive coverage, click X and enter a “Waived” reason. Then click “Continue.”

Specify your coverage

Select Enrolled or Waived for each eligible member below.

Jane Doe
Employee **Enrolled**

John Doe
Spouse **Waived**

20. You will need to select between EyeMed or VSP network. Once selected, the Benefit Summary and other plan documents are attached for your review.

Select your plan

See breakdown of plans and costs [Compare Plans >](#)


The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Note: Costs shown assume all members are being enrolled in coverage. Specify desired coverage above to see updated costs.

Ameritas

Vision - EyeMed Insight Network Option

Documents

-  [Ameritas Website - EyeMed Insight Network](#)
-  [Benefit Summary](#)
-  [EyeMed New Member Brochure](#)
-  [EyeMed Out-of-Network Claim Form](#)


\$5.83

Per Pay Period 

Ameritas

Vision - VSP Choice Network Option

Documents

-  [Ameritas Website - VSP Choice Network](#)
-  [Benefit Summary](#)
-  [VSP New Member Brochure](#)
-  [VSP Out-of-Network Claim Form](#)

\$5.83

Per Pay Period 

21. Employer Provided Life Insurance & Accidental Death & Dismemberment (AD&D): This is the Benefits Summary page with additional information about the Life & AD&D plan. Please elect this plan as it is paid for by the University at 1.5X your annual salary up to \$50,000.

1 Overview
2 Profile
3 Dependents
4 **Benefits**
Medical
Wellness
FSA Health Care
FSA Dependent Care
Dental
Vision
Life/AD&D
Voluntary Life/AD&D
Voluntary Accident

Life/AD&D Plan

This coverage is provided at no cost to you by your employer.

Specify your coverage

Employee Enrolled

\$50,000

22. Once selected, the Benefit Summary and other documents are attached for your review. This screen will also display the Employee cost per pay period for the coverage.

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Sun Life of Canada

Basic Life & AD&D

Documents

- Basic AD&D Benefit Summary
- Basic Life Benefit Summary
- Sun Life Online Will Prep and Claimant Support Services

\$0.00
Per Pay Period ?

Selected

The current election is effective 2/1/2024

Continue

23. Voluntary Life Insurance & Accidental Death & Dismemberment (AD&D): You may elect this plan for additional coverage beyond the amount of the Employer provided coverage for the Employee. Once an amount is elected for the Employee, there will be an option to add coverage for a spouse and/or dependent(s). The Guaranteed Issuance amount is up to \$100,000 for employees. Amounts over the Guaranteed Issuance amount will require an Evidence of Insurability Form to be filled out.

<ul style="list-style-type: none">2 Profile3 Dependents4 BenefitsMedicalWellnessFSA Health CareFSA Dependent CareDentalVision	<h3>Voluntary Life/AD&D Plan</h3> <p>Nebraska Wesleyan University allows you to choose between Voluntary Term Life and Voluntary Term Life & AD&D coverage for yourself, spouse and/or child(ren) as applicable.</p> <p>If you and/or your spouse are electing a benefit amount which exceeds the Guarantee Issue, you will be prompted to answer Health Questions in Ease, which will complete the Evidence of Insurability (EOI) form. This form will be submitted to Sun Life for review in order to be approved for the amount in excess of the Guarantee Issue benefit. You will be notified when a decision has been made by Sun Life and your benefit in Ease will be updated accordingly.</p>
--	---

24. To enroll, click the checkmark in the “Specify your coverage” screen and click then “Continue”.

Specify your coverage

Select Enrolled ✓ or Waived ✕ for each eligible member below.

Employee

Enrolled

\$10,000.00



Spouse

Waived

25. Once selected, the Benefit Summary is attached for your review. This screen will also display the Employee cost per pay period for the coverage.

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Sun Life of Canada

Voluntary Term Life

\$0.30
Per Pay Period ⓘ

[Select](#)

Documents

- [Benefit Summary](#)
- [Online Will Prep and Claimant Support Services](#)

Electing this plan will provide **Voluntary Term Life** coverage and will **NOT** include **Voluntary AD&D** coverage.

If Evidence of Insurability (EOI) is required, you will need the Policy Number which is: 922153.

Sun Life of Canada

Voluntary Term Life & AD&D

\$0.45
Per Pay Period ⓘ

[Select](#)

Documents

- [Benefit Summary](#)
- [Online Will Prep and Claimant Support Services](#)

Electing this plan will provide **BOTH Voluntary Term Life and Voluntary AD&D** coverage.

If Evidence of Insurability (EOI) is required, you will need the Policy Number which is: 922153.

26. Assurity Voluntary Accident Insurance: To enroll, click the check mark in the “Specify your coverage” screen and click then “Continue”.

Specify your coverage

Select Enrolled ✓ or Waived ✗ for each eligible member below.

<p>Jane Doe Employee</p>	<p>Enrolled ✓ ✗</p>
<p>John Doe Spouse</p>	<p>Waived ✓ ✗</p>



Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.


Assurity

Voluntary Accident Insurance - Plan 1

Documents

-  [Accident Insurance Brochure](#)
-  [Assurity Filing Claims Online](#)
-  [Group Accident and Critical Illness Wellness Filing Reminder](#)

\$6.36

Per Pay Period 

Select


Assurity

Voluntary Accident Insurance - Plan 2

Documents

-  [Accident Insurance Brochure](#)
-  [Assurity Filing Claims Online](#)
-  [Group Accident and Critical Illness Wellness Filing Reminder](#)

\$8.74

Per Pay Period 

Select

27. Assurity Critical Illness / Cancer Insurance: To enroll, click the check mark in the “Specify your coverage” screen and then click “Continue”.

Voluntary Critical Illness Plan

Specify your coverage

Select Enrolled ✓ or Waived ✗ for each eligible member below.

Employee Enrolled ✗

Spouse Waived ✗

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Assurity

Voluntary Critical Illness - \$10,000

\$2.55

Per Pay Period ⓘ

Selected

Documents

- Assurity Filing Claims Online
- Group Accident and Critical Illness Wellness Filing Reminder
- Voluntary Critical Illness Brochure

Assurity

Voluntary Critical Illness - \$20,000

\$2.18

Per Pay Period ⓘ

Select

Documents

- Assurity Filing Claims Online
- Group Accident and Critical Illness Wellness Filing Reminder
- Voluntary Critical Illness Brochure

This election will be effective starting 2/1/2024

Continue

28. Pet Insurance: To enroll, visit the Pet's Bests website for insurance quotes and to elect coverage. If you have selected coverage at the Pet's Best website, you can select the coverage here. If you choose to waive coverage, you can also denote that on this page.

- 2 Profile
- 3 Dependents
- 4 Benefits**
- Medical
- Wellness
- FSA Health Care
- FSA Dependent Care
- Dental
- Vision
- Life/AD&D
- Voluntary Life/AD&D

Pet Plan

By electing this benefit, you are indicating that you will visit the Pet's Best website (link below in the "Select Your Plan" area) or call 888-984-8700 to obtain an individual quote on a pet insurance policy to consider for enrollment. Please use reference discount code NWUPET. Actual cost of this benefit will be provided at that time. If you already have an account with Pet's Best you will be required to click on the link, but you do not need to complete the information.

If you waive this benefit, we will assume you are a pet owner but not interested in coverage, or you are not currently a pet owner.

If you wish to make changes to your Pet Insurance benefit, please contact Pet's Best directly.

Select your plan


The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Pet's Best

Pet Insurance

Selected

Documents

 [Pets Best Brochure](#)

 [Pet's Best Website for Quote](#)

By electing this benefit, you are indicating that you will visit the Pet's Best website (link above) or call 888-984-8700 to obtain an individual quote on a pet insurance policy to consider for e...

[Show More](#)

Pets Best[®]
PET HEALTH INSURANCE

CONTACT | UNDERWRITING

WELCOME, NEBRASKA WESLEYAN UNIVERSITY EMPLOYEES!

Start Your Pet Insurance Quote and Save up to 10% When You Enroll!*

Dog

Cat

Pet Name

Pet Breed

START MY QUOTE



29. Retirement with TIAA (Financial Well-Being Plan): Qualified employees will be auto enrolled into the TIAA Retirement Program at the first of the month following 60 days of service with a 1% deduction for the Employee deferral amount.

Financial Well-Being Plan

Nebraska Wesleyan University provides access to a 403(b) Retirement Program through TIAA. Please see the information below for additional information on various aspects of the plans.

Please contact Human Resources (hr@nebrwesleyan.edu or X2570 or X2117) for additional information and how to enroll.

Specify your coverage

Jane Doe
Employee

Enrolled

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

TIAA

TIAA Retirement

Documents

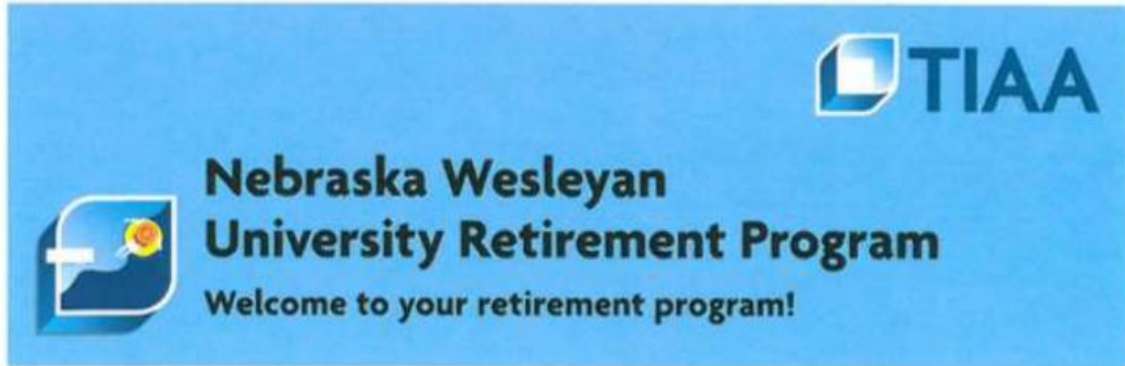
 [TIAA Roth Flyer](#)

 [TIAA Website](#)

Please contact Human Resources (hr@nebrwesleyan.edu or X2570 or X2117) for additional information and how to enroll.

Selected

30. After the Employee's first payroll, the Employee may log onto the TIAA website or call the TIAA Customer Service number at 800-842-2252 to set up their online access and can change their personal deferral amount or the investment options. The Brochure that provides instructions on setting up your account looks like the one below.



30.a. Setting your Beneficiaries: Enter beneficiaries for each plan listed.

Beneficiaries

Specify your beneficiaries for each plan type below.

Your beneficiary can be the person or persons for whom you wish to provide financial protection in the event of your death.

You can name as many beneficiaries as you want, subject to the policy. The beneficiary to whom the proceeds go first is called the primary beneficiary (required). Secondary beneficiaries (optional) are entitled to the proceeds only if they survive both you and the primary beneficiary.

If you name multiple beneficiaries, you must also specify how much each beneficiary will receive. The totals of which must add up to 100%.

If you do not want to name an individual or entity as your beneficiary, you may prefer to name your estate or a trust as your beneficiary. The proceeds will then be distributed with your other assets according to your will if a valid, legal trust exists at the time of your death.

30.b. Setting and adding your Beneficiaries for your Life Insurance and AD&D Plan:

Life/AD&D Plan

Name	Primary (Required)	Secondary (Optional)
John Doe Spouse	<input type="text" value="100%"/>	<input type="text" value="0%"/>
Jeanette Smith Mother	<input type="text" value="0%"/>	<input type="text" value="50%"/>
		Edit Beneficiary
Jeff Smith Father	<input type="text" value="0%"/>	<input type="text" value="50%"/>
		Edit Beneficiary
Total Percentage	100%	100%

Add a Beneficiary

**30.c. Setting and adding your Beneficiaries for your Life Insurance and AD&D Plan:
(Continued)**

Add Beneficiary

Close

First Name / Estate / Trust *

Last Name

Middle Name

SSN

Birth Date

Relationship *

Select the type of relationship
▼

31. Benefit Summary: Review the Benefit Summary, then click “Continue”.

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Benefits
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

Benefit Summary

Review your benefit elections. If you need to make changes, click 'Edit'. Otherwise, click 'Continue' and sign your forms. You may also [print your summary](#).

The cost below is the employee cost deducted on a [Per Pay Period \(Semi-Monthly\)](#) basis.

Medical

Blue Cross Blue Shield of NE

Medical Option #5 - PPO - PSBC - Wellness

Employee, Spouse

Effective: 2/1/2024

Employee Cost:

\$226.00

Employer Contribution:

\$598.89

Per Pay Period (Semi-Monthly)

Wellness

Virgin Pulse

Wellness

Employee, Spouse

Effective: 2/1/2024

Important: You must sign your forms in order to submit your elections.

Need Help? [Get Support](#)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Benefits
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

<p><input checked="" type="checkbox"/> FSA Health Care</p> <p>Health FSA</p> <p>\$990.00 annually</p> <p>Effective: 2/1/2024</p>	<p>Employee Cost:</p> <p>\$45.00</p> <p>Per Pay Period (Semi-Monthly)</p>	
<p><input checked="" type="checkbox"/> Dental</p> <p>Ameritas</p> <p>Dental</p> <p>Employee</p> <p>Effective: 2/1/2024</p>	<p>Employee Cost:</p> <p>\$13.28</p> <p>Per Pay Period (Semi-Monthly)</p>	
<p><input checked="" type="checkbox"/> FSA Dependent Care</p> <p>Waived All Coverage</p>		
<p><input checked="" type="checkbox"/> Vision</p> <p>Ameritas</p> <p>Waived All Coverage</p>		

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Documents
- 5 Benefits
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

<p><input checked="" type="checkbox"/> Life/AD&D</p> <p>Sun Life of Canada</p> <p>Basic Life & AD&D</p> <p>Employee: \$1,000</p> <p>Effective: 2/1/2024</p>	<p>Employee Cost:</p> <p>\$0.00</p> <p>Employer Contribution:</p> <p>\$0.09</p> <p>Per Pay Period (Semi-Monthly)</p>	
<p><input checked="" type="checkbox"/> Voluntary Life/AD&D</p> <p>Sun Life of Canada</p> <p>Waived All Coverage</p>		
<p><input checked="" type="checkbox"/> Voluntary Accident</p> <p>Assurity</p> <p>Waived All Coverage</p>		
<p><input checked="" type="checkbox"/> Voluntary Critical Illness</p> <p>Assurity</p> <p>Waived All Coverage</p>		
<p><input checked="" type="checkbox"/> Pet</p> <p>Pet's Best</p> <p>Waived All Coverage</p>		

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

Financial Well-Being

TIAA

TIAA Retirement

Employee

Effective: 4/1/2024

[Continue](#)

32. Missing Information: EASE will prompt you to go back to any section to complete information that is considered missing to make a selection, view something, or fill out a form. Once all information is updated and completed, click “Continue”.

Missing Information

You must provide the following information before you can review your forms and finish.


Voluntary Life/AD&D Plan must include a Primary Beneficiary.

[Continue](#)

33. Sign Forms: To review all forms for accuracy, click “Sign Forms”.

Sign Forms

You are required to review and sign your forms before your information can be submitted. Click 'Sign Forms' below.



[Sign Forms](#)

34. Create Your Signature: Type or draw your full name to create your signature.

Create your signature

Start typing your full name as it appears below.



Create your signature

Some carriers require a hand-drawn signature. Please draw your signature in the box below.



35. Review and Sign Forms: Sign each section by tapping on the GREEN signature prompts to sign all forms.

Review & Sign Forms

Please review all of the information presented for completeness and accuracy.

When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can return by clicking 'Back' above. For additional help, please reach out to your HR administrator.

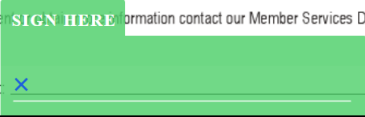
 **SHA-256 with RSA Encryption**

I understand this is a legal representation of my signature.

Next

Additionally, if you decline coverage and you or your dependents become eligible for premium assistance for this group health plan under Medicaid or SCHIP, you or your dependents may be able to enroll in the plan at that time. You must request enrollment no later than 60 days after the date you are determined to be eligible for the premium assistance.

To request special enrollment **SIGN HERE** information contact our Member Services Department at 402-390-1820 or toll free 800-642-8980.

Signature of Applicant  _____ Date: _____

36. After signing, click on “Finish” in the top right-hand corner of the screen.

[< Back](#)

0 signatures remaining (14 pages)

Finish Signing

37. Provide Feedback on the enrollment process.

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?



Tell us about your experience

38. After submitting feedback, the employee will be routed to the Benefit Dashboard where you can review your benefit selections at any time.

ease Test

Benefits Enrollment
You're currently in your waiting period and can continue to make changes at this time. [Manage Enrollment](#)

Category	Plan	Carrier	Effective Date	Policy #
Medical	Medical Option #1 - PPO - Network Blue - Wellness	Blue Cross Blue Shield of NE	8/1/2021	
Wellness	Wellness	Virgin Pulse	8/1/2021	
FSA Health Care	Health FSA		8/1/2021	
FSA Dependent Care	Dependent Care FSA		8/1/2021	
Dental	Dental	Delta Dental of NE	8/1/2021	
Vision	Vision	EyeMed Vision Care	8/1/2021	