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Login

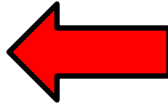
 You have requested access to a secure service.

Login

Login using your Calvin username and passphrase

Username

Passphrase

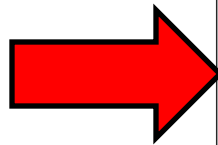


Login using Knightvision username and password

Note: All accesses and actions through this site are logged. If you attempt to access another user's account on this system you will be violating the Calvin Acceptable Use Of Technology policy.

Benefit Enrollment

Each page has instructions



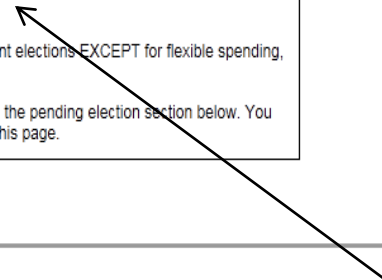
INSTRUCTIONS

Your current benefits are listed below. You are now enrolling for the plan year that covers **July 2011 through June 2012**.

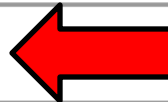
If this is your first time logging in, please indicate your [financial head of household](#) status and continue through enrollment. Make changes as necessary.

If you do not work through the enrollment screens, you will keep your current elections EXCEPT for flexible spending, which will be discontinued.

If you have already made elections during this enrollment, they are listed in the pending election section below. You can make changes by choosing the appropriate selection at the bottom of this page.



Check if financial head of household (see definition above)
Check if not financial head of household (see above)



Required. See link above for definition

Current Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information
Dental Coverage	Family Coverage	Happy Charming; Sleepy Charming; Snow White Charming	
Dependent Care Flexible Spending	\$208.33		
Health Care Flexible Spending Account	\$104.17		
Priority Health HMO Coverage	Family Coverage	Happy Charming; Sleepy Charming; Snow White Charming	

Action Steps

<input checked="" type="radio"/>	Enroll or Change Benefits
<input type="radio"/>	Manage Dependents/Beneficiaries
<input type="radio"/>	Proceed to Enrollment Completion

You must choose one

Continue

Click continue to proceed

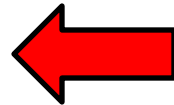
Select Benefits to Enroll In or Change

INSTRUCTIONS

Please select all benefit options listed for you and work through the online enrollment process. You will be given the opportunity to renew, change or opt out of individual benefits on each screen.

Select All Benefit Options

<input type="checkbox"/>	Medical Coverage
<input type="checkbox"/>	Dental Coverage
<input type="checkbox"/>	Health Care Flexible Spending
<input type="checkbox"/>	Dependent Care Flex Spending



While not required, it is recommended to select and work through all benefits

Continue

Enroll in or opt out of next year's health plan on this page

Benefit Selection

HEALTH PLAN ENROLLMENT

CURRENT HEALTH COVERAGE: Your current health plan election and covered dependents are listed below. To opt out or make any changes to your coverage, please see below.

Current Medical Coverage Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information
Priority Health HMO Coverage	Family Coverage	Happy Charming; Sleepy Charming; Snow White Charming	

Pending Elections for This Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information
You currently have no pending elections for this benefit type.				

ENROLLING IN HEALTH COVERAGE: If you are currently enrolled in a health plan it is checked below. To change your election, please uncheck the current box and select the appropriate coverage level. You will have an opportunity to enroll or drop dependents after you select continue below.

Select	Medical Coverage Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Priority Health HMO Coverage	Single Coverage	Rates
<input type="checkbox"/>	Priority Health HMO Coverage	Double Coverage	Rates
<input checked="" type="checkbox"/>	Priority Health HMO Coverage	Family Coverage	Rates
<input type="checkbox"/>	Priority Health POS Coverage	Single Coverage	Rates
<input type="checkbox"/>	Priority Health POS Coverage	Double Coverage	Rates
<input type="checkbox"/>	Priority Health POS Coverage	Family Coverage	Rates

Summary of health plan and rates available through links



OPTING OUT OF HEALTH COVERAGE: If you wish to opt out of health coverage, please select the box below. The next time to enroll in this benefit without a life event will be Open Enrollment 2012.

Opt out of Medical Coverage

Action Steps

- Save information and continue
- Do not save changes and continue

Continue

Eligible Dependents

INSTRUCTIONS

Dependents currently covered by this benefit are checked below. To enroll a dependent, please select the appropriate box.

To make changes, please select "add or manage dependents". Otherwise, choose "save information" and continue.

Benefit

Priority Health HMO Coverage - Family Coverage

Select	Dependent Name	Relationship to Employee
<input checked="" type="checkbox"/>	Happy Charming	Child
<input checked="" type="checkbox"/>	Sleepy Charming	Child
<input checked="" type="checkbox"/>	Mrs. Snow White Charming	Spouse

} Choose or change

Action Steps

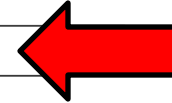
- Save information and continue
- Add or Manage Dependents
- Do not save changes and continue

} Add dependents here, including adult children up to age 26

Continue

Dependent List

Please select "ADD NEW" to add an eligible dependent who is not listed.



Note

Select	Name	Address	Gender	Relationship to Employee	Birth Date	Marital Status
<input type="radio"/>	Grumpy Charming	1234 Fairytale Rd Grand Rapids MI 49546	M	Child	04/04/04	Single
<input type="radio"/>	Happy Charming	1234 Fairytale Rd Grand Rapids MI 49546	M	Child	01/01/01	
<input type="radio"/>	Sleepy Charming	1234 Fairytale Rd Grand Rapids MI 49546	M	Child	01/02/03	Single
<input type="radio"/>	Mrs. Snow White Charming	1234 Fairytale Rd Grand Rapids MI 49546	F	Spouse	02/15/75	Married
<input type="radio"/>	ADD NEW					
<input checked="" type="radio"/>	Return to the Eligible Dependents form					

Continue

Maintain Dependents

Enter the name and demographic information for an individual below.

Prefix
First Name
Middle Name
Last Name
Suffix
Marital Status Birth Date SSN Gender Relationship to Employee

Enter all demographic information here

Enter the address data information below for both individuals and organizations.

Address Lines

City State Zip Country

Action Steps

Save information and go to the next form
 Do not save changes and go to the next form

SUBMIT

Dependent List

Please select "ADD NEW" to add an eligible dependent who is not listed.

Select	Name	Address	Gender	Relationship to Employee	Birth Date	Marital Status
<input type="radio"/>	Grumpy Charming	1234 Fairytale Rd Grand Rapids MI 49546	M	Child	04/04/04	Single
<input type="radio"/>	Happy Charming	1234 Fairytale Rd Grand Rapids MI 49546	M	Child	01/01/01	
<input type="radio"/>	Sleepy Charming	1234 Fairytale Rd Grand Rapids MI 49546	M	Child	01/02/03	Single
<input type="radio"/>	Mrs. Snow White Charming	1234 Fairytale Rd Grand Rapids MI 49546	F	Spouse	02/15/75	Married
<input type="radio"/>	ADD NEW					
<input checked="" type="radio"/>	Return to the Eligible Dependents form					

Continue

When list is complete, select 'continue'

Eligible Dependents

INSTRUCTIONS

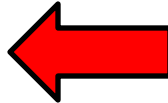
Dependents currently covered by this benefit are checked below. To enroll a dependent, please select the appropriate box.

To make changes, please select "add or manage dependents". Otherwise, choose "save information" and continue.

Benefit

Priority Health HMO Coverage - Family Coverage

Select	Dependent Name	Relationship to Employee
<input checked="" type="checkbox"/>	Grumpy Charming	Child
<input checked="" type="checkbox"/>	Happy Charming	Child
<input checked="" type="checkbox"/>	Sleepy Charming	Child
<input checked="" type="checkbox"/>	Mrs. Snow White Charming	Spouse



Select dependents to be covered under this benefit.

Action Steps

- Save information and continue
- Add or Manage Dependents
- Do not save changes and continue

Continue

Enter a Health Care Provider for This Benefit

INSTRUCTIONS

Provider names must be entered below for anyone adding coverage for the new plan year. Provider information is not required for those who are continuing coverage.

[Click for Provider Listing](#)

Benefit

Priority Health HMO Coverage - Family Coverage

Provider Information Needed for Provider Name

Mr. Prince Charming	<input type="text"/>
Grumpy Charming	Dr. Help
Happy Charming	<input type="text"/>
Sleepy Charming	<input type="text"/>
Mrs. Snow White Charming	<input type="text"/>

Required for all new enrollees, including adult children re-enrolling in the plan

Action Steps

- Save information and continue
- Do not save information and continue

Continue

Click continue to proceed

Benefit Selection

DENTAL PLAN ENROLLMENT

CURRENT DENTAL COVERAGE: Your current dental plan election and covered dependents are listed below. To opt out or make any changes to your coverage, please see below.

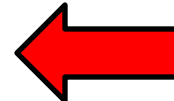
Current Dental Coverage Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information
Dental Coverage	Family Coverage	Happy Charming; Sleepy Charming; Snow White Charming	

Pending Elections for This Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information
You currently have no pending elections for this benefit type.				

ENROLLING IN DENTAL COVERAGE: If you are currently enrolled in a dental plan it is checked below. To change your election, please uncheck the current box and select the appropriate coverage level. You will have an opportunity to enroll or drop dependents after you select continue below.

Select	Dental Coverage Benefits	Coverage or Participation Levels	Rate Information
<input type="checkbox"/>	Dental Coverage	Single Coverage	Rates
<input type="checkbox"/>	Dental Coverage	Double Coverage	Rates
<input checked="" type="checkbox"/>	Dental Coverage	Family Coverage	Rates

Summary of dental plan and rates available through links



OPTING OUT OF DENTAL COVERAGE: If you wish to opt out of dental coverage, please select the box below. The next time to enroll in this benefit without a life event will be Open Enrollment 2012.

Opt out of Dental Coverage

Action Steps

Save information and continue

Do not save changes and continue

Continue

Click continue to proceed

Eligible Dependents

INSTRUCTIONS

Dependents currently covered by this benefit are checked below. To enroll a dependent, please select the appropriate box.

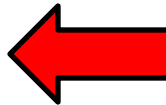
To make changes, please select "add or manage dependents". Otherwise, choose "save information" and continue.

Benefit

Dental Coverage - Family Coverage

Select	Dependent Name	Relationship to Employee
<input checked="" type="checkbox"/>	Grumpy Charming	Child
<input checked="" type="checkbox"/>	Happy Charming	Child
<input checked="" type="checkbox"/>	Sleepy Charming	Child
<input checked="" type="checkbox"/>	Mrs. Snow White Charming	Spouse

Select	Dependent Name	Relationship to Employee
<input checked="" type="checkbox"/>	Grumpy Charming	Child
<input checked="" type="checkbox"/>	Happy Charming	Child
<input checked="" type="checkbox"/>	Sleepy Charming	Child
<input checked="" type="checkbox"/>	Mrs. Snow White Charming	Spouse



Make sure all dependents you want covered are checked

Action Steps

- Save information and continue
- Add or Manage Dependents
- Do not save changes and continue

Continue

Benefit Selection

HEALTH CARE FLEXIBLE SPENDING ENROLLMENT FOR PLAN YEAR JULY 1, 2011 - JUNE 30, 2012

Opt in or opt out each year

CURRENT HEALTH CARE FLEXIBLE SPENDING: Your current health care flexible spending election is listed below. Participation in health care flexible spending accounts requires an annual election due to IRS guidelines. Please indicate your new election below.

Current Health Care Flexible Spending Benefits	Coverage or Participation Levels	Dependents	Health Care Provider Information
Health Care Flexible Spending Account	\$104.17		

Pending Elections for This Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information
You currently have no pending elections for this benefit type.				

ENROLLING IN HEALTH CARE FLEXIBLE SPENDING: To enroll in health care flexible spending, please select the box below. You will be able to indicate your annual selection by clicking the continue button.

Select	Health Care Flexible Spending Benefits	Coverage or Participation Levels	Rate Information
<input checked="" type="checkbox"/>	Health Care Flexible Spending Account		

OPTING OUT OF HEALTH CARE FLEXIBLE SPENDING: If you wish to opt out of health care flexible spending, please select the box below. The next time to enroll in this benefit without a life event will be Open Enrollment 2012.

Opt out of Health Care Flexible Spending

Action Steps

- Save information and continue
- Do not save changes and continue

Continue

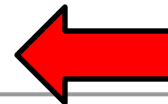
Enter Annual Flexible Spending Amount

INSTRUCTIONS

For Health Care Flexible Spending: Health care flexible spending is for eligible out-of-pocket medical expenses for you and your eligible dependents (eg. spouse, children up to age 26).

For Dependent Care Flexible Spending: Dependent care flexible spending is for daycare expenses for children up to the age of 13. Also note the amount you choose is an annual election and will be divided over your paychecks from July 1, 2011 to June 30, 2012.

Flexible Spending Benefit	Maximum Amount Allowed	Number of Pay Periods	Annual Amount
Health Care Flexible Spending Account	\$5,000.00	24	500.00



Choose an annual election amount between \$150 and \$5000

Action Steps

- Save information and continue
- Do not save information and continue

Continue

Benefit Selection

DEPENDENT CARE FLEXIBLE SPENDING ENROLLMENT FOR PLAN YEAR JULY 1, 2011 - JUNE 30, 2012

Opt in or opt out for daycare expenses each year

CURRENT DEPENDENT CARE FLEXIBLE SPENDING: Your current dependent care flexible spending election is listed below. Participation in dependent care flexible spending accounts requires an annual election due to IRS guidelines. Please indicate your new election below.

Current Dependent Care Flex Spending Benefits Coverage or Participation Levels Dependents Health Care Provider Information

Dependent Care Flexible Spending	\$208.33		
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Pending Elections for This Enrollment Enrollment Action Coverage or Participation Levels Dependents Health Care Provider Information

You currently have no pending elections for this benefit type.				
--	--	--	--	--

ENROLLING IN DEPENDENT CARE FLEXIBLE SPENDING: To enroll in dependent care flexible spending, please select the box below. You will be able to indicate your annual selection by clicking the continue button. Please note that dependent care flexible spending is for daycare expenses for children up to the age of 13.

Select Dependent Care Flex Spending Benefits Coverage or Participation Levels Rate Information

<input checked="" type="checkbox"/>	Dependent Care Flexible Spending		
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OPTING OUT OF DEPENDENT CARE FLEXIBLE SPENDING: If you wish to opt out of dependent care flexible spending, please select the box below. The next time to enroll in this benefit without a life event will be Open Enrollment 2012.

<input type="checkbox"/>	Opt out of Dependent Care Flex Spending
--------------------------	---

Action Steps

<input checked="" type="radio"/>	Save information and continue
<input type="radio"/>	Do not save changes and continue

Continue

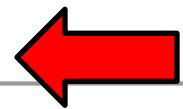
Enter Annual Flexible Spending Amount

INSTRUCTIONS

For Health Care Flexible Spending: Health care flexible spending is for eligible out-of-pocket medical expenses for you and your eligible dependents (eg. spouse, children up to age 26).

For Dependent Care Flexible Spending: Dependent care flexible spending is for daycare expenses for children up to the age of 13. Also note the amount you choose is an annual election and will be divided over your paychecks from July 1, 2011 to June 30, 2012.

Flexible Spending Benefit	Maximum Amount Allowed	Number of Pay Periods	Annual Amount
Dependent Care Flexible Spending	\$5,000.00	24	2500.00



Annual amount up to \$5000

- Action Steps**
- Save information and continue
 - Do not save information and continue

Continue

Enrollment Confirmation

Almost done! Prince Charming is enrolling for another year

INSTRUCTIONS

Your benefit elections for the 2011 enrollment period are listed below.

If you are interested in information on voluntary life insurance or if you want to make changes to your current policy, check the box below. Human Resources will follow-up with information and an application for voluntary life insurance via email.

Please confirm and check the appropriate box at the bottom of this page. If you are ready to submit these benefits, please select the **save choices and submit and electronic signature box below.**

Pending Elections for This Benefit Enrollment	Enrollment Action	Coverage or Participation Levels	Dependents	Health Care Provider Information	Beneficiaries
Priority Health HMO Coverage	Keep/Update	Family Coverage	Grumpy Charming; Happy Charming; Sleepy Charming; Snow White Charming	Grumpy Charming - Dr. Help	
Dental Coverage	Keep/Update	Family Coverage	Grumpy Charming; Happy Charming; Sleepy Charming; Snow White Charming		
Health Care Flexible Spending Account	Keep/Update	Annual: \$500.00; Pay Period: \$20.84			
Dependent Care Flexible Spending	Keep/Update	Annual: \$2,500.00; Pay Period: \$104.17			

Action Steps

<input type="radio"/>	Save Choices and Complete Later
<input type="radio"/>	Save and go back to make other selections or corrections
<input type="radio"/>	Manage Dependents/Beneficiaries
<input checked="" type="radio"/>	Save Choices and Submit

Coverage & deductions begin 7/1/11

Check that all dependents you want covered are listed

Supplemental Retirement: Please check to enroll/change:

Select if you are interested in receiving additional information

Voluntary Life Insurance: Please check to enroll/change:

By choosing the ready to sign button and selecting the electronic signature box below you are authorizing Calvin College to enroll you in the selected benefits. This signature also authorizes Calvin College to make the appropriate adjustments to your paycheck to pay the employee portion of these benefits costs.

Action Steps Electronic Signature for Final Enrollment

SUBMIT

Must hit submit to complete enrollment



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Confirmation Complete

You have successfully completed the online benefits enrollment. After open enrollment has ended, communication will be sent to you with directions on how to view your elections for 2011-2012. Please feel free to contact the human resources office with any questions.

OK

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Congratulations, you have completed online enrollment!