

## Life Events: How to Make Benefit Changes or Enroll as New Hire

Do you need to make a change to your benefits outside of Open Enrollment? You are allowed to make changes to your coverage if you have experienced any of the following Qualified Life Events within the last **30 days**:

- Loss of health coverage (you want to add yourself or dependents to our plan)
  - Losing existing health coverage, including job-based, individual, and student plans
  - Losing eligibility for Medicare, Medicaid, or CHIP
  - Turning 26 and losing coverage through a parent's plan
- Gains health coverage elsewhere (you want to remove coverage for yourself or a dependent)
  - Joining a spouse's plan
  - Gaining eligibility for Medicare, Medicaid or CHIP
- Changes in household
  - Getting married or divorced
  - The birth a baby or adopting a child
- Becoming ACA hours eligible after your New Hire test period

You will need **documentation** to support Life Events and to enroll family members; please have them ready for upload.

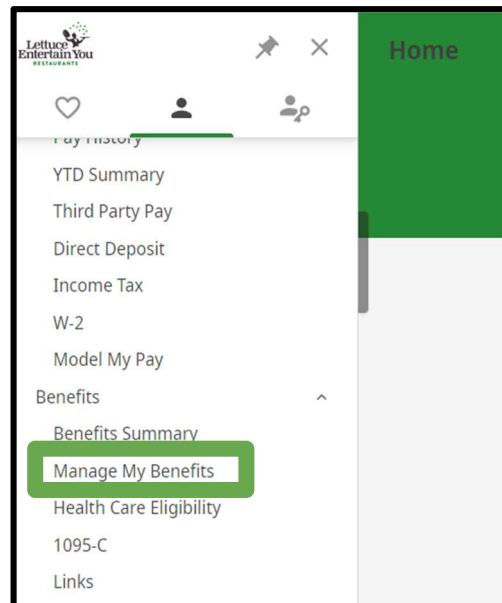
- If you are **adding your spouse** to your coverage, submit a copy of the marriage certificate and a current joint bank, credit statement or tax return. Adding a domestic partner? Please contact [benefits@leye.com](mailto:benefits@leye.com) for more information.
- If you are **adding dependent children**, upload a copy of the birth certificate or adoption paperwork.
- If you experience a **divorce**: upload a copy of the divorce decree.
- If you have **lost coverage**: submit a copy of the COBRA letter or other acceptable proof with the date coverage was lost.
- If you have **obtained coverage elsewhere**: please submit proof of when current coverage began, usually the certificate of insurance from the new insurance company.

Your enrollment will not become active without this documentation, which should be uploaded when prompted after checkout, or emailed to [benefits@leye.com](mailto:benefits@leye.com) within **30 days**.

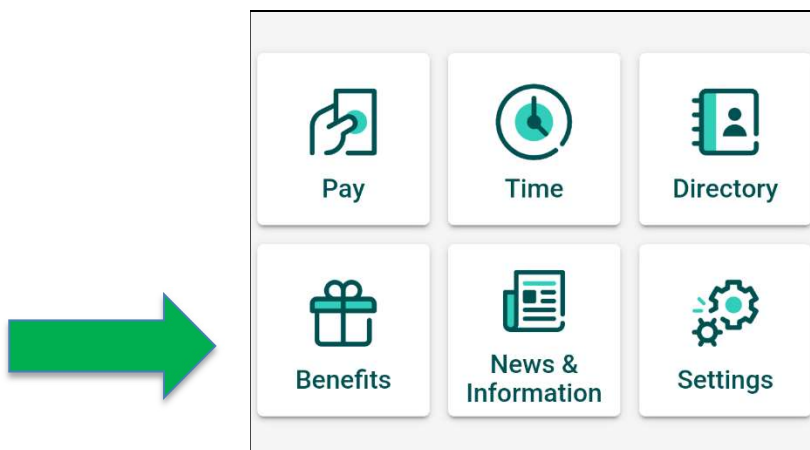
**IMPORTANT: If you do not submit documentation within your enrollment window, your election will be rejected and canceled.**

## Let's get started!

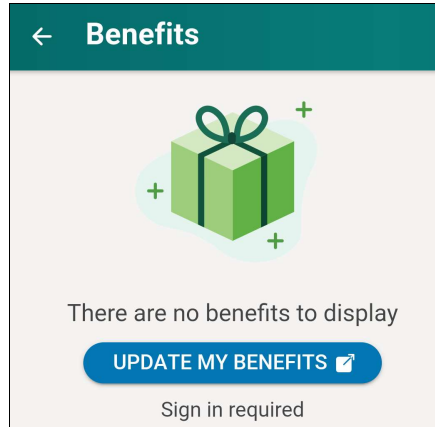
- From the n12.ultipro site, navigate to **Myself** and then **Benefits**
- Click on **Manage My Benefits**



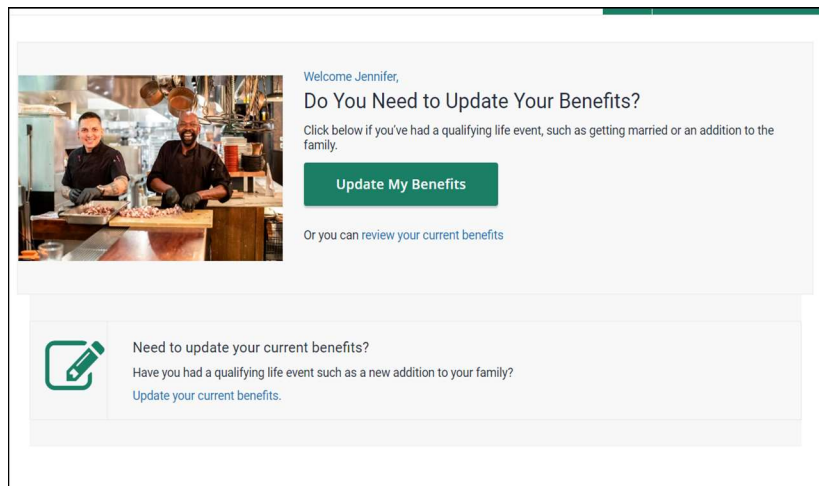
- OR in the UKG app, choose the **Benefits** tile



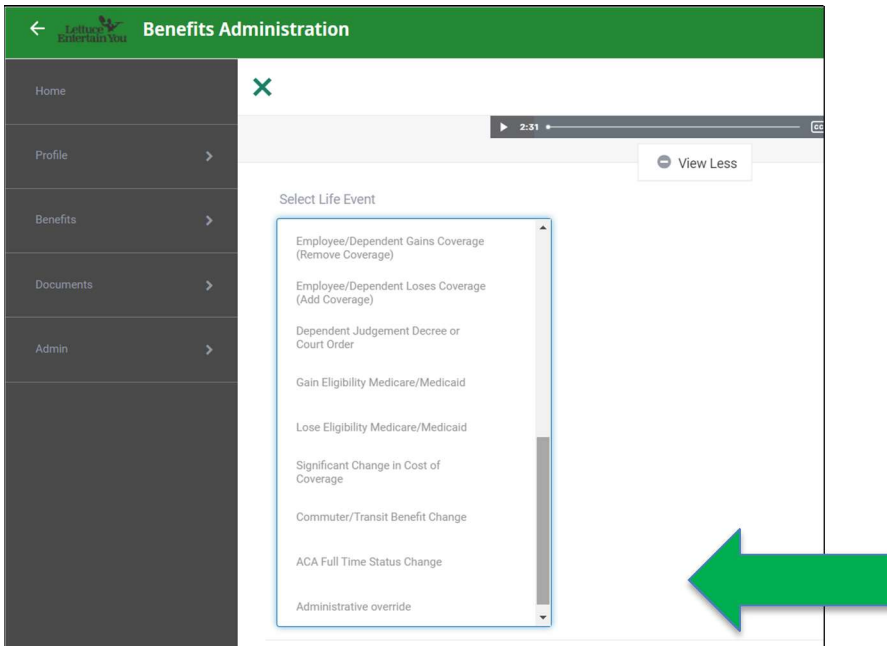
- choose **Update My Benefits**



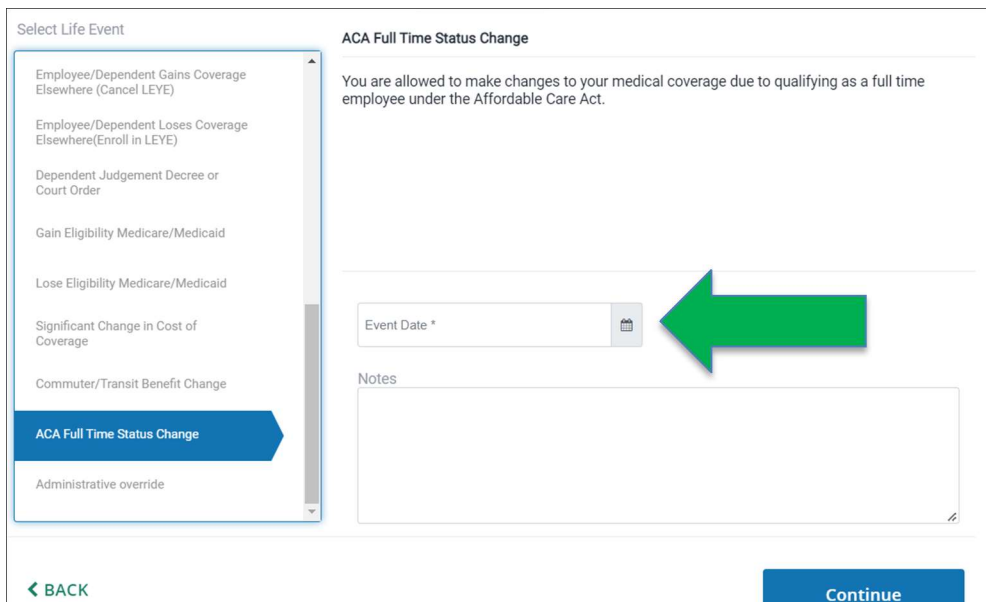
- Choose **Update My Benefits** from the Welcome Page



- Choose the appropriate life event from the menu on the right  
**NOTE:** If you have finished your initial six month test period for medical benefits, choose **ACA Full Time Status Change**

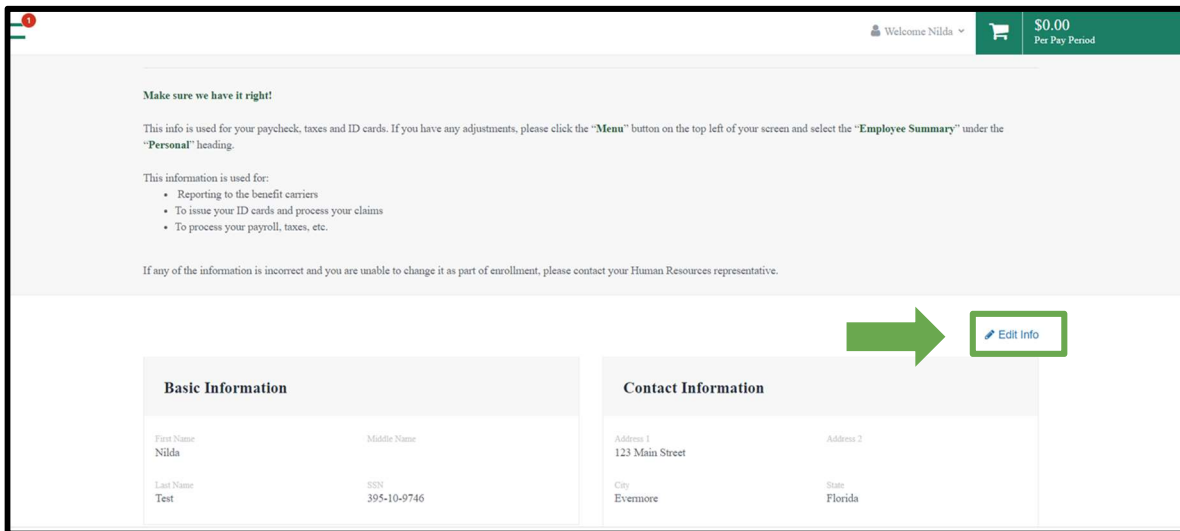


- After you choose the life event, enter the event date. Choose Continue.



**NOTE:** For New Hire BCBSIL medical enrollment, use today's date. For marriage, birth, divorce and loss of coverage or gaining coverage, use the event date (birthdate, wedding date, day insurance begins or ends).

- Next, verify your employee information
- Click **Edit Info** to make any changes or updates



- When finished, click **Save**
- Click **NEXT REVIEW MY FAMILY**
- Click **+ Add Family Member** to enter dependent OR
- Click **NEXT** if you do not have dependents



- NOTE:** You will need to upload supporting dependent documents following enrollment for their coverage to become effective
- This is done after **Checkout**

- Once you have successfully added and saved dependent information, select **Next Shop for Benefits**

Successfully saved your family member.


**Basic Info**

First Name *	Middle Name
Henry	
Last Name *	SSN
Child	123-45-6789
Gender *	Birthdate *
Male	06/23/1999
Relationship *	
Child	

**Additional Info**

Lives At Home
Yes

[Edit Info](#)

[Back](#)  [Next: Shop for Benefits](#)

- In **Shop Benefits**, choose the **Shop Plans** option to the right of the benefit category


Welcome Nilda \$0.00 Per Pay Period

**Your Benefits**

Review Profile **Shop Benefits** Checkout

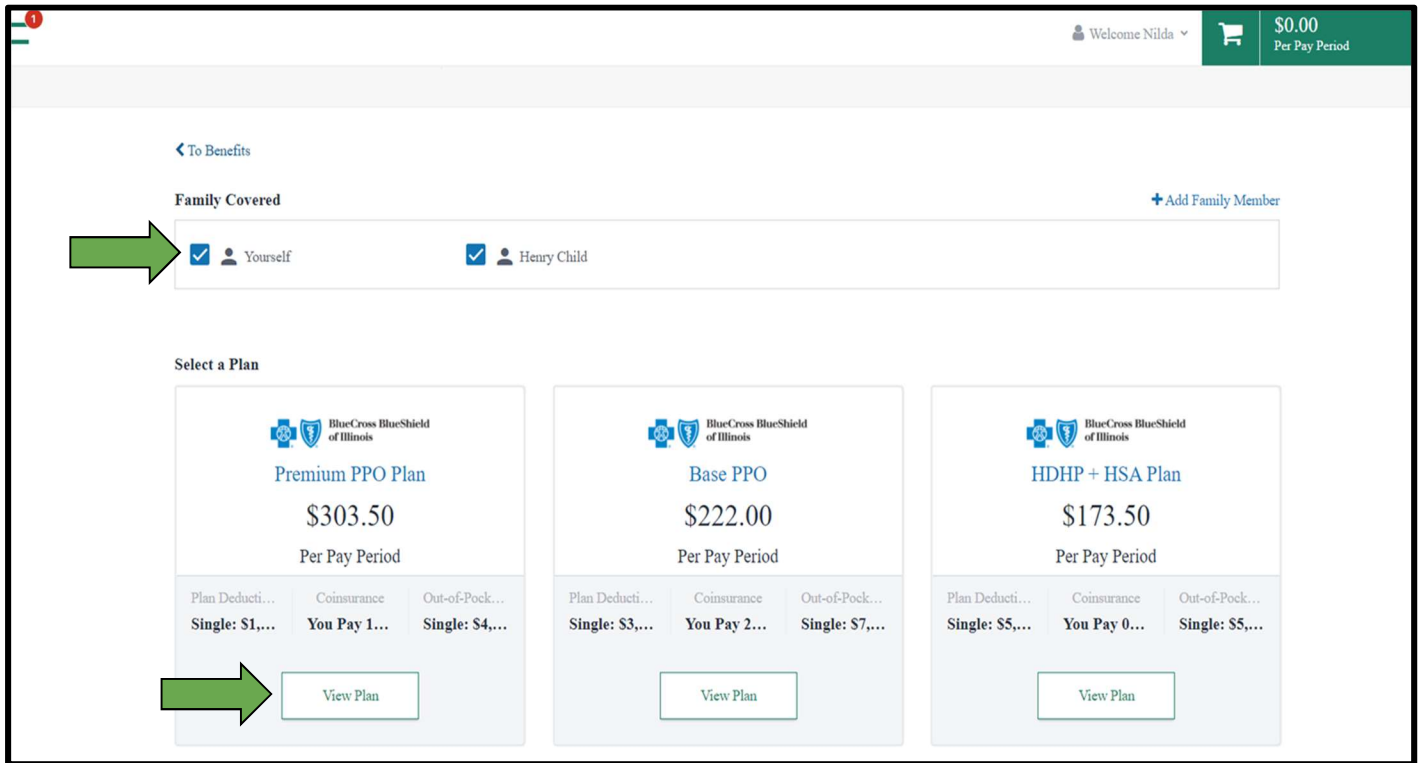
To make a change, click on the benefit name. To complete your enrollment, click **Check Out** at the bottom of the page.

**Current Benefits** Plan Year Effective from 09/01/2021 to 08/31/2022

<b>Medical</b>	<input type="checkbox"/> No Plan Selected	 <a href="#">Shop Plans</a>
<b>Critical Illness</b>	<input type="checkbox"/> No Plan Selected	<a href="#">Shop Plans</a>
<b>Accident Insurance</b>		

**NOTE:** You will need to go through EACH benefit category and either enroll or waive before you are able to check out

- Check the dependents you want to cover in the **Family Covered** area
  - Uncheck the box to remove coverage



The screenshot shows a web interface for selecting a health plan. At the top right, there is a user greeting 'Welcome Nilda', a shopping cart icon, and a price of '\$0.00 Per Pay Period'. Below this is a navigation link '< To Benefits'. The main section is titled 'Family Covered' and includes a '+ Add Family Member' link. A list of dependents is shown with checkboxes: 'Yourself' (checked) and 'Henry Child' (checked). A green arrow points to the 'Yourself' checkbox. Below this is a 'Select a Plan' section with three plan cards. Each card displays the BlueCross BlueShield of Illinois logo, the plan name, the cost per pay period, and a table of plan details. A green arrow points to the 'View Plan' button on the first card.

Plan Deductible	Coinsurance	Out-of-Pocket
Single: \$1,...	You Pay 1...	Single: \$4,...

Plan Deductible	Coinsurance	Out-of-Pocket
Single: \$3,...	You Pay 2...	Single: \$7,...

Plan Deductible	Coinsurance	Out-of-Pocket
Single: \$5,...	You Pay 0...	Single: \$5,...

- Choose **View Plan** to see detailed information regarding the plan

**NOTE:** You will not be able to enroll in a plan without first choosing **View Plan**

- Once in **View Plan**, choose **Update Cart** to select plan and enroll

The screenshot shows the 'View Plan' interface. At the top right, it says 'Welcome Nilda' and '\$0.00 Per Pay Period'. The 'Family Covered' section shows 'Youself' and 'Henry Child' selected. Below this is a table of coverage options:

Coverage Option	Cost
Employee Only	\$86.50 Per Pay Period
Employee + Spouse	\$276.00 Per Pay Period
Employee + Children	\$222.00 Per Pay Period
Employee + Family	\$316.00 Per Pay Period

The 'Plan Details' section includes a table with columns for Description, In Network, and Out of Network:

Description	In Network	Out of Network
Plan Deductible	Single: \$3,000 / Family: \$6,000	Single: \$7,000 / Family: \$14,000
Coinsurance	You Pay 20% / Plan Pays 80%	You Pay 50% / Plan Pays 50%
Out-of-Pocket Maximum	Single: \$7,000 / Family: \$14,000	Single: \$14,000 / Family: \$28,000
Preventive Care	Covered at 100%	Deductible, then 50%
Doctors Office Visit Copays	Virtual Visit: \$15 /Primary Care: \$50...	Deductible, then 50%
Routine Vision Exam	Covered at 100%	Deductible, then 20%

On the right, a 'Base PPO' plan is selected with a cost of '\$222.00 Per Pay Period'. A green arrow points to the 'Update Cart' button.

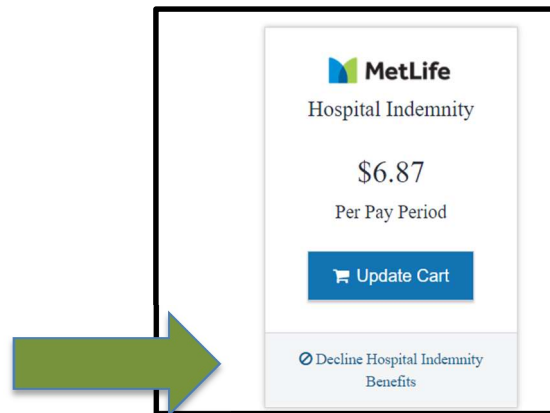
- Cart will update with plan cost per pay period

This image shows a close-up of the top navigation bar. It features 'Welcome Nilda' on the left, a shopping cart icon in the center, and '\$222.00 Per Pay Period' on the right. A green arrow points to the cart icon and the updated total.

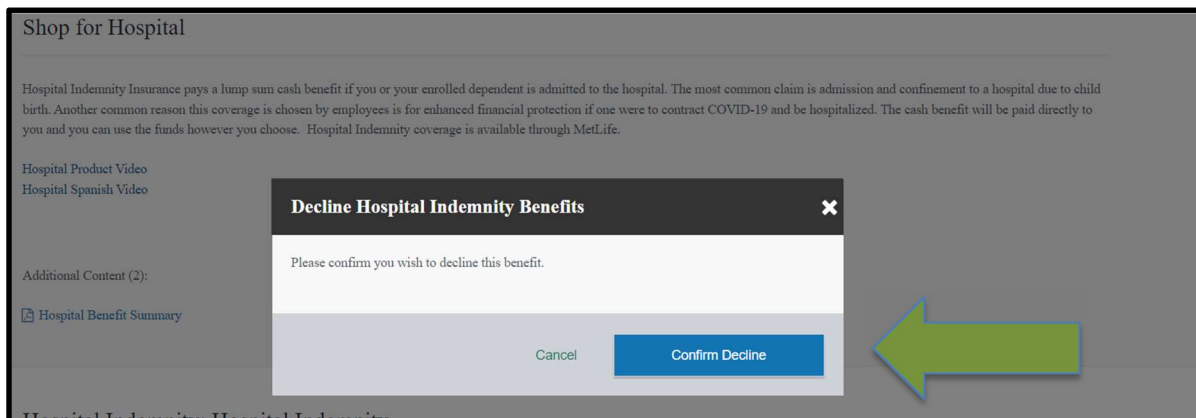
- The updated cart will bring you back to the **Shop Plans** page
- Continue the process by shopping EACH PLAN (Critical Illness, Accident, Vision, etc.)
- Add or waive coverage on each



- To **decline** a coverage, choose **Decline Benefits** under the **Update Cart** option



- A pop-up window will ask you to confirm the decline of coverage



- Choose **Confirm Decline** to proceed

Voluntary Employee Life: Voluntary Life and AD&D

[← To Benefits](#)

Select Coverage Level

Enrolled

Select Coverage Amount

MetLife

Select Amount

Guaranteed Coverage

\$10,000.00	(\$0.60)
\$20,000.00	(\$1.20)
\$30,000.00	(\$1.80)
\$40,000.00	(\$2.40)
\$50,000.00	(\$3.00)
\$60,000.00	(\$3.60)
\$70,000.00	(\$4.20)
\$80,000.00	(\$4.80)
\$90,000.00	(\$5.40)
\$100,000.00	(\$6.00)
\$110,000.00	(\$6.60)

MetLife

Voluntary Life and AD&D

\$0.00

Per Pay Period

Update Cart

[Decline Voluntary Employee Life Benefits](#)

- Certain coverages (Critical Illness and Life) will ask you to choose coverage amount
- This will change the cost of coverage per pay period

**NOTE:** A gray bar with **ENROLLED** will be visible but enrollment will not be complete until you **Select Amount** and **Update Cart**

- After the level of **Life Insurance** is chosen, click **Next Review Beneficiaries**

Voluntary Employee Life

MetLife Voluntary Life and AD&D \$3.00 Per Pay Period View or Change Plan

Voluntary Child Life

MetLife Voluntary Child Life \$1.00 Per Pay Period View or Change Plan

Employer Contribution \$175.34  
Your Cost Per Pay Period \$270.03

You must select or decline all coverages before moving on

Next: Review Beneficiaries

- You can prefill beneficiary information from dependents OR add new beneficiaries

MetLife Voluntary Employee Life Coverage amount \$50,000.00

Primary Beneficiaries (Required \*)  
You must designate a primary beneficiary for this benefit.

+ Add Beneficiary

Would you like to add secondary beneficiaries? No Yes

< Back Review and Checkout

- Enter allocations for each beneficiary; the sum must total 100%
  - EXAMPLE: If you have one beneficiary, the allocation is 100%. If you have two beneficiaries, they each receive 50%, etc.

MetLife Voluntary Employee Life Coverage amount \$50,000.00

**Primary Beneficiaries (Required \*)**  
You must designate a primary beneficiary for this benefit.

Henry Child, Child	Allocation	50%		
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**Allocation Total: 50%**  
Allocation Total must equal 100%

+ Add Beneficiary

Would you like to add secondary beneficiaries?  No  Yes

[Back](#) [Review and Checkout](#)

- After you have either Waived or Enrolled through each plan, the system will prompt you to take one last look
- If there are no changes, click **CHECKOUT** under Current Benefits

The screenshot displays the 'Current Benefits' page for a user named Nilda. At the top right, there is a 'Welcome Nilda' dropdown, a shopping cart icon, and a total of '\$270.03 Per Pay Period'. The page is divided into three sections: Medical, Critical Illness, and Accident Insurance. Each section shows a plan name, logo, and cost per pay period. A green arrow points to the 'Checkout' button at the bottom right.

Plan Name	Logo	Cost Per Pay Period	View or Change Plan
BlueCross BlueShield of Illinois Base PPO	BlueCross BlueShield of Illinois	\$222.00	View or Change Plan
MetLife Critical Illness	MetLife	\$7.70	View or Change Plan
MetLife Accident Insurance	MetLife	\$9.70	View or Change Plan

- After checkout, you can email a copy of your benefit confirmation to yourself

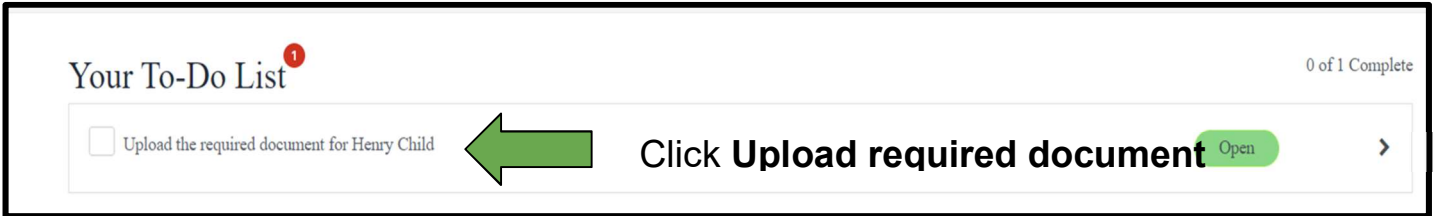
The screenshot shows the 'Current Benefit Elections' page with a 'New Hire Enrollment!' confirmation. A progress bar indicates the user has completed 'Review Profile' and 'Shop Benefits', and is now at 'Checkout'. A green box highlights the 'Your To-Do List' section, which contains a task to 'Upload the required document for Henry Child'. A green arrow points to the 'Open' button next to the task.

**Your To-Do List** <sup>1</sup>

- Upload the required document for Henry Child

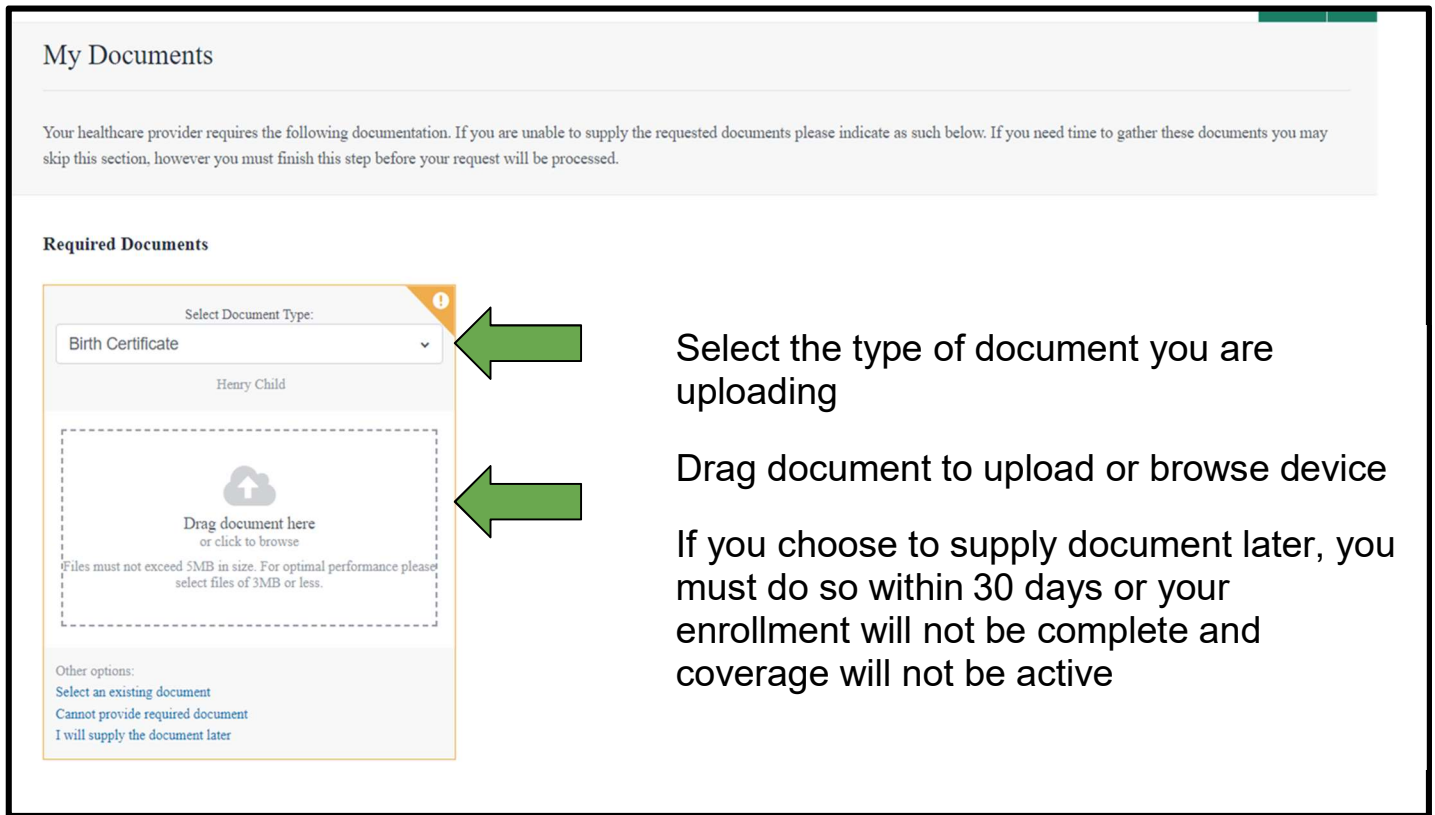
0 of 1 Complete

- NOTE:** If you added dependents, or had a Life Event, you will see **YOUR TO-DO LIST**
- YOUR ENROLLMENT WILL NOT BE COMPLETE UNTIL YOU UPLOAD REQUIRED DOCUMENTATION AND IT IS APPROVED



Your To-Do List 0 of 1 Complete

Upload the required document for Henry Child **Click Upload required document** Open >



**My Documents**

Your healthcare provider requires the following documentation. If you are unable to supply the requested documents please indicate as such below. If you need time to gather these documents you may skip this section, however you must finish this step before your request will be processed.

**Required Documents**

Select Document Type:  
Birth Certificate

Henry Child

Drag document here  
or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

Other options:  
[Select an existing document](#)  
[Cannot provide required document](#)  
[I will supply the document later](#)

Select the type of document you are uploading

Drag document to upload or browse device

If you choose to supply document later, you must do so within 30 days or your enrollment will not be complete and coverage will not be active