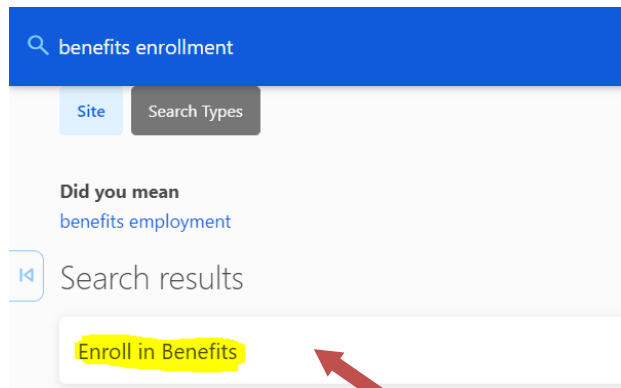


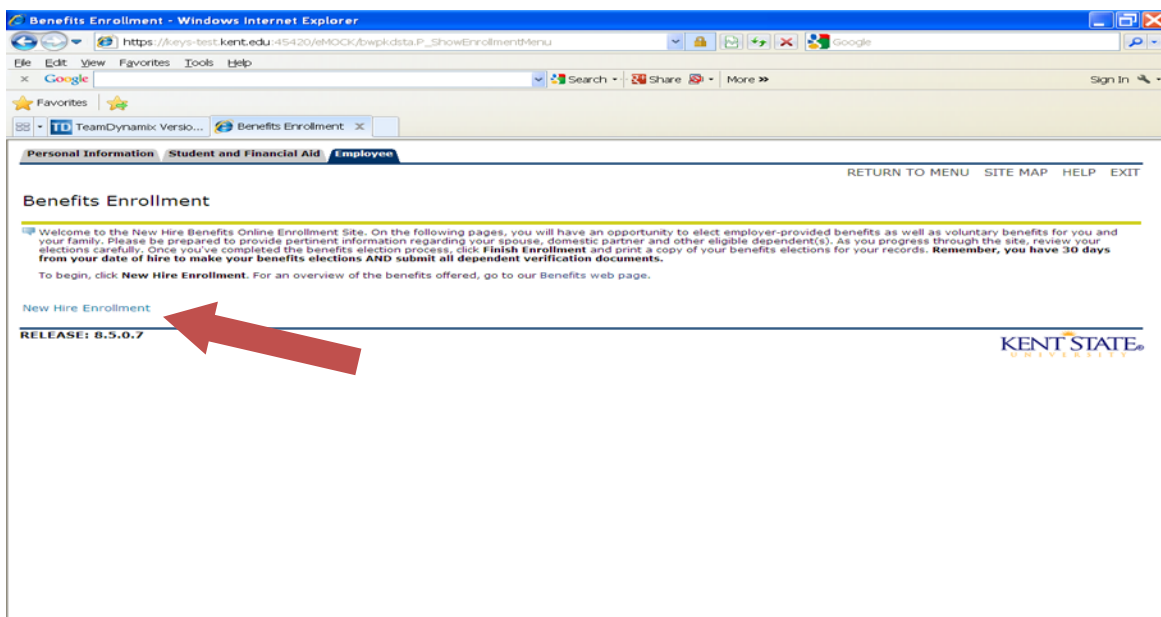
New Hire Online Benefits Enrollment Instructions

1. **Sign into FlashLine.**
2. **At the top of your Flashline to your left is the search box.**
3. **Type "benefits enrollment" and the option will appear.**



Welcome to the New Hire Online Enrollment Site

6. **Read the instructions carefully.**
7. **Click on New Hire Enrollment to begin the benefits selection process.**



You have now begun your benefits selection process. **NOTE:** Please be sure to **DECLINE** the benefits you do not wish to enroll.

8. Click on Start Enrollment to begin.

New Hire Enrollment - Windows Internet Explorer

https://keys-test.kent.edu:45420/eMOCK/bwplcdsta.P_ShowNewHireEnrollment

File Edit View Favorites Tools Help

Google Search Share More

Sign In

Personal Information Student and Financial Aid **Employee**

SITE MAP HELP EXIT

New Hire Enrollment

To begin your benefit election, select the **"Start Enrollment"** button. You will have the opportunity to add your dependent(s) once you have made a benefit election. When you are satisfied with all of your enrollment elections, click **FINISH ENROLLMENT** to view or print the details of your elections. To cancel your elections, select **CANCEL ENROLLMENT**, if displayed, and the changes you have made during this session WILL NOT be saved. NOTE: If you choose to opt out or refuse benefits, you must click the Medical button below to begin that process.

Dependent eligibility documents must be submitted to University Benefits **within 30 days from the date of hire**. **YOUR BENEFIT ELECTIONS WILL NOT BECOME EFFECTIVE UNTIL YOU SUBMIT ALL DEPENDENT ELIGIBILITY DOCUMENTS.** You may submit your dependent eligibility documents in person to the University Benefits office located in Heer Hall - Kent Campus in person or via fax (330-672-3447) or campus email (benefits@kent.edu). All documents MUST be legible and if foreign, translated to English.

Coverage Begin Date: Jul 08, 2013
Enrollment Deadline: Aug 07, 2013

Benefit Elections	Benefits Status	% Complete
Group		
Medical	No choices made in this group.	
Dental	No choices made in this group.	
Basic Life Insurance	No choices made in this group.	
Supplemental Life - Employee	No choices made in this group.	
Supplemental Life - Spouse	No choices made in this group.	
Supplemental Life - Child	No choices made in this group.	
Accidental Death/Dismemberment	No choices made in this group.	
Long-Term Disability Insurance	No choices made in this group.	
Flexible Spending Health	No choices made in this group.	
Flexible Spending Dependents	No choices made in this group.	
Dependents	0 Added	
Summary	Includes Cost	

Start Enrollment

Return to Benefits Enrollment Menu

RELEASE: 8.4

KENT STATE

9. You will be directed to select your **medical** coverage first. Once you've started, the system will prompt you to continue through the entire process of your benefit elections.

Enrollment Group - Windows Internet Explorer

https://keys-test.kent.edu:45420/eMOCK/bwplcdsta.P_EnrollmentFunctions

File Edit View Favorites Tools Help

Google Search Share More

Sign In

Personal Information Student and Financial Aid **Employee**

SITE MAP HELP EXIT

Enrollment Group

Please begin your benefit elections by selecting one of the options below. Once you have completed your elections for each benefit group, click **"Go To Next Benefit Group"** button to continue your elections for the rest of the benefit groups. Select **CANCEL**, if available, should you want to reset the benefit elections to their original values. If the elected benefit permits, you will be able to add dependent coverage.

Your monthly premiums for your medical coverages include prescription and vision benefits provided by CVS Caremark and EyeMed respectively. **NOTE:** Should you elect to **OPT-OUT**, **you will be opting out of medical, prescription, vision and dental benefits**, which would give you the opportunity to receive the \$100 per month opt-out incentive. Should you elect to **REFUSE** medical, **you will not** receive vision and prescription coverage; however, you may still enroll in the dental benefits. If you **REFUSE** you are not eligible to receive the opt-out incentive. See our Benefits web page for more information.

Medical

- Anthem PPO 12 Month....**
You have not selected this benefit deduction.
- Medical Mutual PPO 12 Month....**
You have not selected this benefit deduction.
- Anthem Domestic Partner PPO 12 Month....**
You have not selected this benefit deduction.
- Medical Mutual Domestic Partner PPO 12 month....**
You have not selected this benefit deduction.
- Refused/ Opt-out Medical Coverage....**
You have not selected this benefit deduction.

Go To Next Benefit Group

New Hire Enrollment

Return to Benefits Enrollment Menu

10.

Submit Change

Cancel Choice

No Changes

11. You may add your eligible dependents after making your medical selection. All **starred areas (*)** must be completed.

Medical Mutual HDHP 12 Month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

Anthem PPO 12 Month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

Anthem HDHP 12 Month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

Medical Mutual Domestic Partner PPO 12 month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

MNO Domestic Partner HDHP 12 Month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

Anthem Domestic Partner PPO 12 Month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

Anthem Domestic Partner HDHP 12 Month....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

Refused/ Opt-out Medical Coverage....
This benefit deduction cannot be selected as you have selected the following:
Medical Mutual PPO 12 Month....

[Personal Information](#) [Student and Financial Aid](#) [Employee](#)

[SITE MAP](#) [HELP](#) [EXIT](#)

Covered Dependents

If you are adding a spouse/domestic partner or eligible dependent(s), dependent eligibility documents must be submitted to University Benefits **within the 30 days from the date of hire**. **YOUR BENEFIT ELECTIONS WILL NOT BECOME EFFECTIVE UNTIL YOU SUBMIT ALL DEPENDENT ELIGIBILITY DOCUMENTS.** You may submit your dependent eligibility documents in person to the University Benefits office located in Heer Hall - Kent Campus in person or via fax (330-672-5447) or campus email (benefits@kent.edu). **All documents MUST be legible and if foreign, translated to English.**

Under Ohio legislation, adult dependents (ages 26 to 28) who meet the State eligibility requirements may also be covered under the employee's **medical plan only** (medical vision and prescription drug). For a list of eligibility requirements see the [Health Care Reform](#) document.

Please enter your first Covered Dependent

First Name:*
Middle Name or Initial:
Last Name:*
SSN: (no dashes)*
Relationship:*
Birth Date: MM/DD/YYYY*
Gender:*
Spouse Employment:*
Marital Status:
Disabled Indicator:

[Return to New Hire Enrollment Menu](#)

You must **check the box** to apply your dependent to each appropriate benefit selection. To add additional dependents, click **Add a New Person**. Repeat as necessary. After all dependents are entered, then, **Save and Continue Enrollment**.

[Personal Information](#) [Student and Financial Aid](#) [Employee](#)

[SITE MAP](#) [HELP](#) [EXIT](#)

Covered Dependents

If you are adding a spouse/domestic partner or eligible dependent(s), dependent eligibility documents must be submitted to University Benefits **within the 30 days from the date of hire**. **YOUR BENEFIT ELECTIONS WILL NOT BECOME EFFECTIVE UNTIL YOU SUBMIT ALL DEPENDENT ELIGIBILITY DOCUMENTS.** You may submit your dependent eligibility documents in person to the University Benefits office located in Heer Hall - Kent Campus in person or via fax (330-672-5447) or campus email (benefits@kent.edu). **All documents MUST be legible and if foreign, translated to English.**

Under Ohio legislation, adult dependents (ages 26 to 28) who meet the State eligibility requirements may also be covered under the employee's **medical plan only** (medical vision and prescription drug). For a list of eligibility requirements see the [Health Care Reform](#) document.

Dependents Information

Name	Relationship	Birth Date	Choice Plan	Select Coverage
Bob J. Smith Son		Dec 31, 2016	<input checked="" type="checkbox"/> Medical Mutual PPO 12 Month	<input type="checkbox"/> Family

[Return to New Hire Enrollment Menu](#)

12. **NOTE: The University provides employee Basic/AD&D life insurance at no cost to you. The coverage is at three times your annual salary up to \$225,000.**

Enrollment Group - Windows Internet Explorer

https://keys-test.kent.edu:45420/eMOCK/bwplkdstaP_EnrollmentUpdateGroup

Personal Information Student and Financial Aid **Employee**

SITE MAP HELP EXIT

Enrollment Group

Please begin your benefit elections by selecting one of the options below. Once you have completed your elections for each benefit group, click "Go To Next Benefit Group" button to continue your elections for the rest of the benefit groups. Select CANCEL, if available, should you want to reset the benefit elections to their original values. If the elected benefit permits, you will be able to add dependent coverage.

Basic Life and Accidental Death and Dismemberment (AD&D) insurance is provided to all eligible full-time employees at no cost to the employee. Basic Life and ADD insurance is available at a level of three times the annual base salary up to a maximum of \$225,000.

NOTE: Employer-provided insurance over the amount of \$50,000 is subject to taxation as imputed income under Section 79 of the Internal Revenue Code.

ALSO NOTE: Employees over age 65 will have a reduced coverage level based on their age. Review the Supplemental Life and Accidental Death page for more information.

Review the [Basic Life and AD-D Insurance Certificate](#) for more information.

Basic Life Insurance ←

Group Term Life Insurance....
You have not selected this benefit deduction.

Refused Basic Life Over 50K....
You have not selected this benefit deduction.

[Go Back To Last Benefit Group](#) [Go To Next Benefit Group](#)

New Hire Enrollment

[Return to Benefits Enrollment Menu](#)

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KENT STATE UNIVERSITY

13. **Once you have made your last benefit election, click **FINISH ENROLLMENT**. A benefit Summary will populate...**

To begin your benefit election, select the "Start Enrollment" button. You will have the opportunity to add your dependent(s) or the details of your elections. To cancel your elections, select CANCEL ENROLLMENT, if displayed, and the changes you have made that process.

Dependent eligibility documents must be submitted to University Benefits **within 30 days from the date of hire**. **YOUR BENEFIT** eligibility documents to the University Benefits office located in Heer Hall - Kent Campus in person or via fax (330-672-5447) or c

Coverage Begin Date: Jan 22, 2018

Enrollment Deadline: Feb 22, 2018

Benefit Elections

Group	Benefits Status	% Complete
✓ Medical	Medical PPO 12 Month.... has been selected.	
✓ Dental	Delta Dental PPO High Plan..... has been selected.	
✓ Basic Life Insurance	Group Term Life Insurance.... has been selected.	
✓ Supplemental Life - Employee	This enrollment group has been declined.	
✓ Supplemental Life - Spouse	This enrollment group has been declined.	
✓ Supplemental Life - Child	Supplemental Life Ins Child.... has been selected.	91%
✓ Accidental Death/Dismemberment	This enrollment group has been declined.	
✓ Long-Term Disability Insurance	This enrollment group has been declined.	
✓ Flexible Spending Health	This enrollment group has been declined.	
✓ Flexible Spending Dependents	This enrollment group has been declined.	
✓ Health Savings Account	This enrollment group has been declined.	
Dependents	2 Added	
Summary	Included	

[Cancel Enrollment](#) [Finish Enrollment](#)

CONTINUE TO STEP #14

[Return to Benefits Enrollment Menu](#)

Example of Summary page below. CONTINUE TO STEP #14

Benefit Summary Page Example

Personal Data

Department: Care Of Grounds
Benefit Category: Full Time Benefit Eligible
Date of Birth: Aug 10****
Original Hire Date: Jan 22, 2018
Current Hire Date: Jan 22, 2018
Adjusted Service Date: Jan 22, 2018

Medical

✓ Medical Mutual PPO 12 Month....

Payroll Deduction as of Jan 22, 2018.
Med Mutual 85/60 Family Cost per Month: \$191.58

Covered Persons	Relationship	Birth Date	Coverage Start Date	Coverage End Date
Brian P Kelly	Employee - Self	Aug 10, 1989	Jan 22, 2018	
Jane B Doe	Daughter	Dec 31, 2010	Jan 22, 2018	
Bob B Doe	Son	Dec 01, 2011	Jan 22, 2018	

Dental

✓ Delta Dental PPO High Plan....

Payroll Deduction as of Jan 22, 2018.
Delta Dental High PPO Family Cost per Month: \$27.56

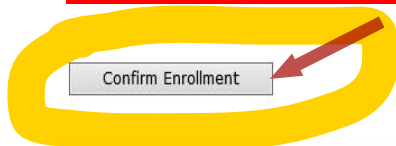
Covered Persons	Relationship	Birth Date	Coverage Start Date	Coverage End Date
Brian P Kelly	Employee - Self	Aug 10, 1989	Jan 22, 2018	
Jane B Doe	Daughter	Dec 31, 2010	Jan 22, 2018	
Bob B Doe	Son	Dec 01, 2011	Jan 22, 2018	

Basic Life Insurance

✓ Group Term Life Insurance....

Payroll Deduction as of Jan 22, 2018.
Group Term Life - 12 Month

14. **** After reviewing your Summary page, you MUST click **CONFIRM ENROLLMENT AT THE BOTTOM** of the Summary page to finish your enrollment process. ****



[New Hire Enrollment](#)

[Return to Benefits Enrollment Menu](#)

15. You be will receiving your email confirmation below.

Personal Information Employee

[SITE MAP](#) [HELP](#) [EXIT](#)

Final Confirmation

Congratulations! You have completed the New Hire Enrollment process.

[Benefits Summary](#)

[Return to Employee Menu](#)

This is the final confirmation screen. You should be able to customize it as you would like, for example putting in the information about Retirement.

Your benefits are effective on your hire date. Benefit identification cards will be mailed to your home in approximately two weeks. **REMINDER: DON'T FORGET YOUR SUPPORTING DOCUMENTS FOR YOUR DEPENDENTS AFTER COMPLETING YOUR ELECTIONS!!!**