

## Employee Self Service (ESS) Open Enrollment User Guide:

Log in to the Portal:

To Navigate to the ESS Portal, open Internet Explorer, type <https://KHRIS.ky.gov> and click Enter.

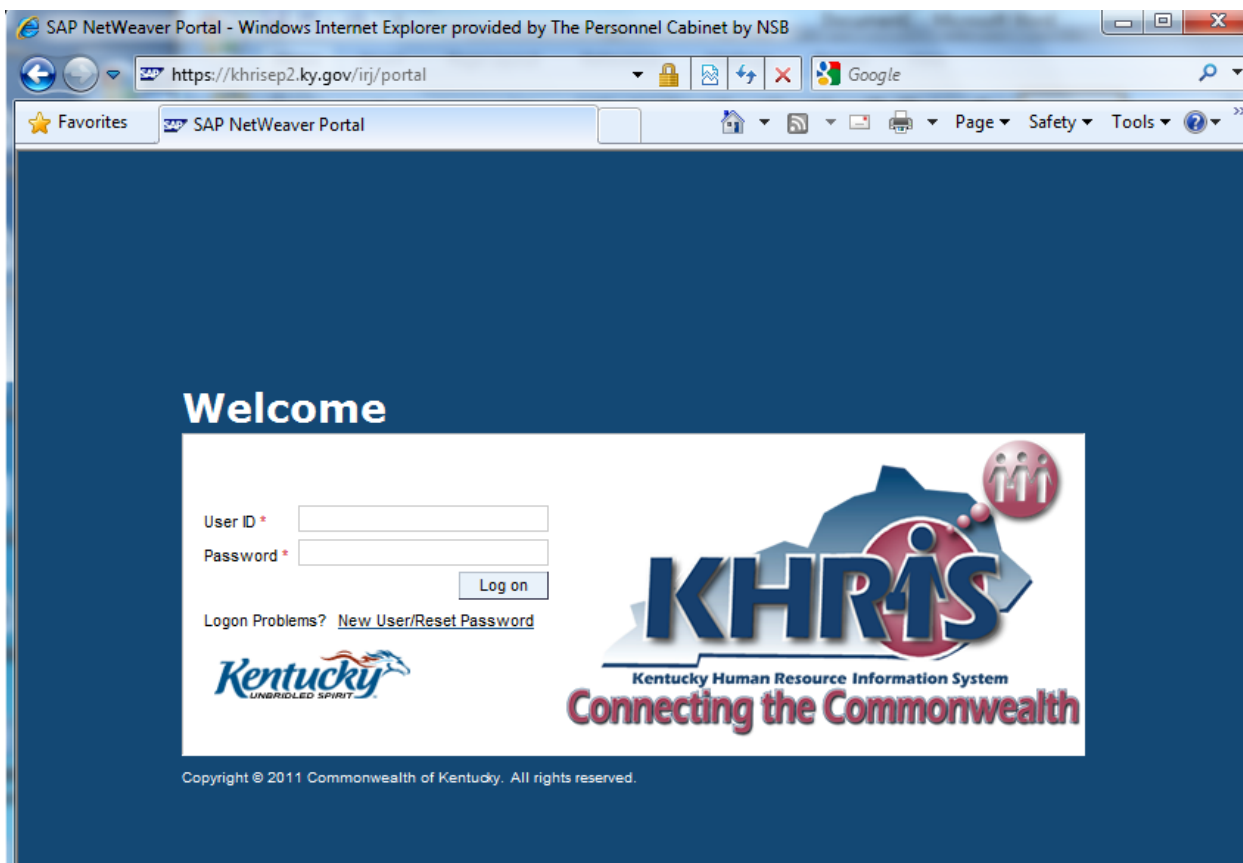
(Note: You must use Internet Explorer version 8 or 9. If you are using version 9, you must put it in Compatibility view.

To put Internet Explorer in Compatibility View: 1) Press the Alt-key on your keyboard and 2) Under tools, click Compatibility View)


*(If you have any KHRIS technical issues, please contact the KHRIS Service Center at 502-564-HELP(4357) or [krishelpdesk@ky.gov](mailto:krishelpdesk@ky.gov). For Open Enrollment related questions, please contact your HRG or Insurance Coordinator)*



Then enter your User ID and Password to enter the system. Your user id will be a 7 character/digit id (ex: XXX1234).



Welcome | History | Back | Forward



**Detailed Navigation**

- Welcome
- Open Enrollment
- Benefits Information
- Payment Information
- Personal Information
- Working Time
- Who's Who


**KENTUCKY EMPLOYEES CHARITABLE CAMPAIGN**  
**PEOPLE HELPING PEOPLE: A Kentucky Tradition**

Join us at the Thomas D Clark Center for KY History on Tues. 7/19 from 11 a.m. to 1 p.m. for the KECC Kickoff!

**Big Prize Giveaways! Food! Fun!**

**Musical Guests:**  
 Carla Gover  
 The Downtown County Band

**Free History Center Tours!**



**A Kentucky Tourism Event!**      [www.kecc.org](http://www.kecc.org)

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**Welcome to the KHRIS Employee Self-Service Center**

Use the Employee Self-Service Center to perform various tasks such as update personal information, view benefits and payment information, request leave, etc. Simply select a link from the left side of your screen and you'll be on your way!

\*Options available to you are:

- Benefits Information:** View your current benefits selections, identify external organizations (such as charities) that you can then designate as your beneficiaries, complete annual enrollment during allowed periods.
- Payment Information:** Review various salary/compensation statements and change your tax withholdings.
- Personal Information:** Maintain your address, family member and dependent information, emergency contacts and bank information.
- Working Time:** Check your leave balances, request leave and overtime, review your time statement.


\* Certain KHRIS services and/or information contained in the Employee Self-Service Center are only applicable to Chapter 18A state employees. Please check with your Human Resource Office for specific details.

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Internet | Protected Mode: Off | 100%

Select Open Enrollment Area which brings up Step 1: Enrollment Information

Welcome | Step 1: Enrollment Information | History | Back | Forward



**Detailed Navigation**

- Welcome
- Open Enrollment
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- Who's Who

**Overview for Open Enrollment**

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Welcome to 2012 Open Enrollment!

Enrollment will be open October 10 - 28, 2011.

Please follow the steps 1-7 under the Open Enrollment option to the left if you want to:

- Make changes to your health plan enrollment
- Add or drop dependents
- Enroll in the new Waiver Dental & Vision Only Health Reimbursement Account (HRA)
- Enroll in a Healthcare Flexible Spending Account (FSA) or a Dependent Care Flexible Spending Account (FSA)

If you do not wish to make any changes and do not want to enroll in an FSA, you do not have to make any elections. Your current health plan or Waiver HRA will be kept in effect for 2012.

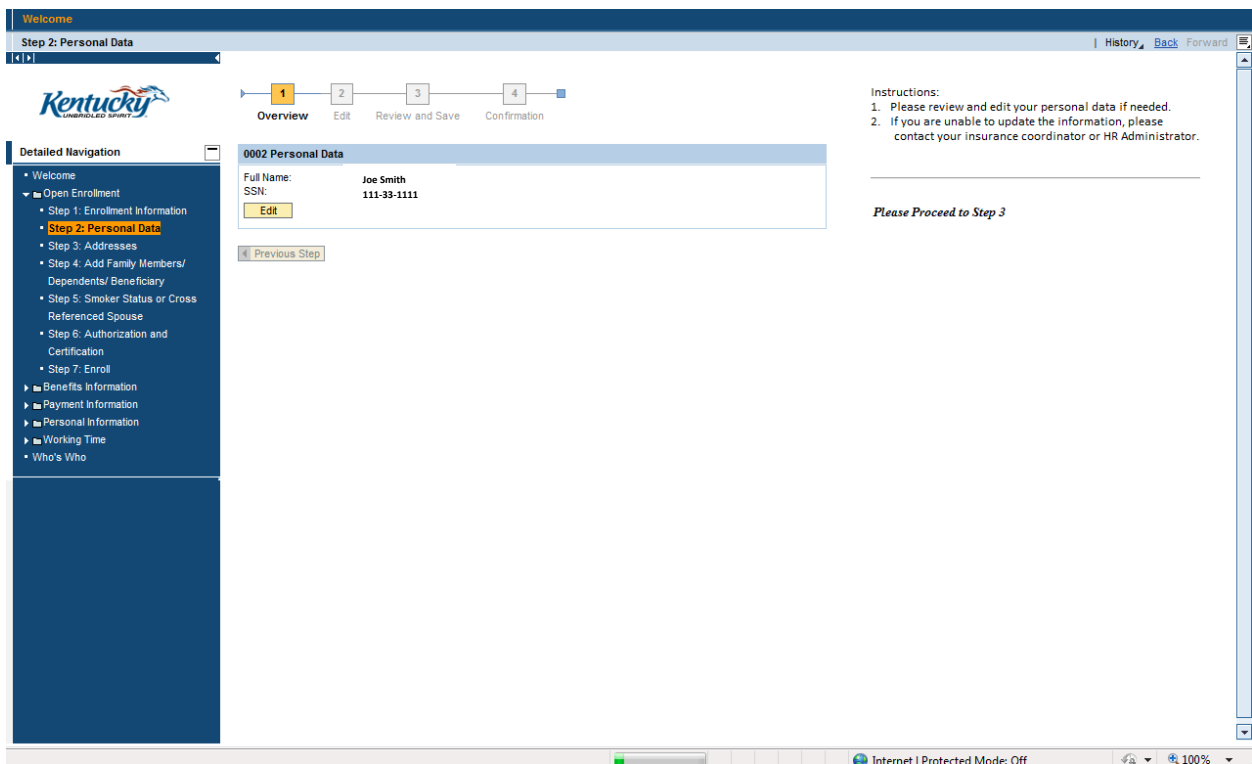
For information about 2012 plans, please refer to the 2012 Benefits Selection Guide

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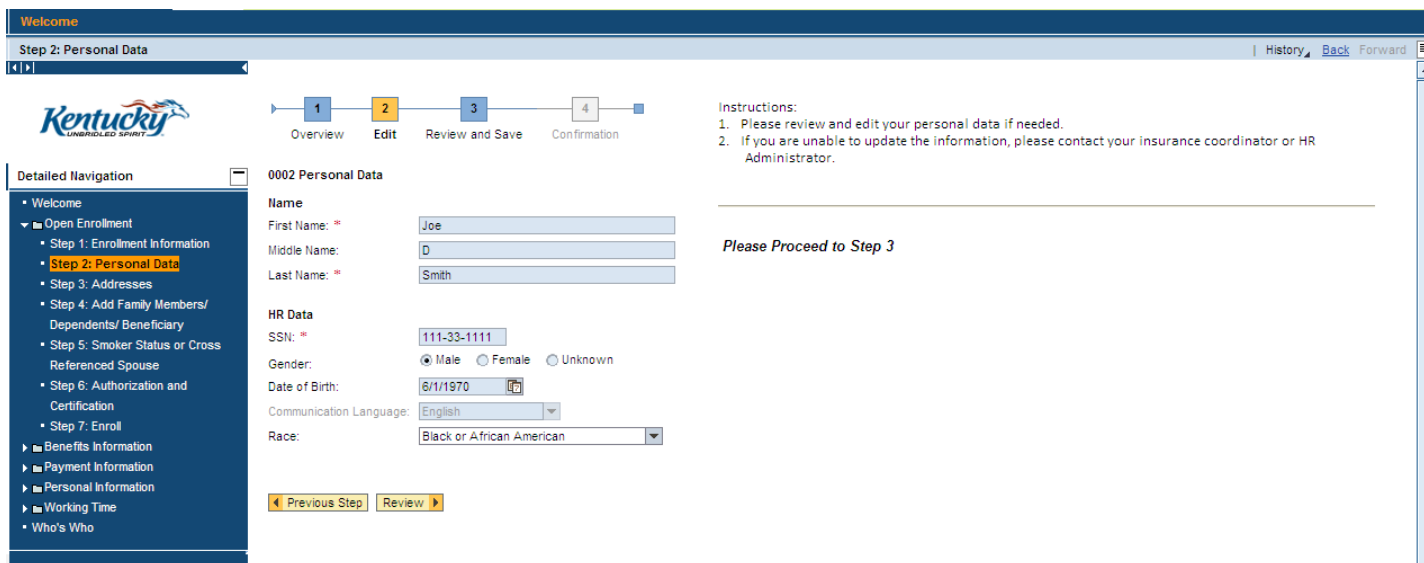
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**Please Proceed to Step 2**

After viewing Step 1, proceed to Step 2:



Choosing Edit allows the Employee to review their information regarding personal data.



For Commonwealth Paid Employees there is an option to update Race, for Non Commonwealth Paid Employees this is a read only screen. In both cases if any information that is read only is incorrect the Employee will need to contact the Insurance Coordinator or HR Administrator to change the information.

Welcome

Step 2: Personal Data | History

**0002 Personal Data**

**Name**  
 First Name: Joe  
 Middle Name: D  
 Last Name: Smith

**HR Data**  
 SSN: 111-33-1111  
 Gender: Male  
 Date of Birth: 6/1/1970  
 Communication Language: English  
 Race: Black or African American

Previous Step Save

Instructions:  
 1. Please review and edit your personal data if needed.  
 2. If you are unable to update the information, please contact your insurance coordinator or HR Administrator.

Please Proceed to Step 3

Selecting review bring us to the above page, if satisfied with the changes, click save.

Welcome

Step 2: Personal Data | History

The changes you made to your Personal Data data were saved

What do you want to do next?  
[Go to Personal Data Overview](#)

**0002 Personal Data**

**Name**  
 First Name: Joe  
 Middle Name: D  
 Last Name: Smith

**HR Data**  
 SSN: 111-33-1111  
 Gender: Male  
 Date of Birth: 6/1/1970  
 Communication Language: English  
 Race: Black or African American

Instructions:  
 1. Please review and edit your personal data if needed.  
 2. If you are unable to update the information, please contact your insurance coordinator or HR Administrator.

Please Proceed to Step 3

A message alerting the Employee that changes were successfully made is displayed. From here you proceed to Step 3.

Welcome

Step 3: Addresses | History Back Forward

**Permanent residence**

Street Address: 920 Rhonda Ct  
 City: Radcliff  
 Telephone: 245-2583

Edit

Changes to your address will be effective *immediately*, unless you enter a future date.

Addresses outside of the USA must be created by your HR Administrator. Please contact your HR Administrator for assistance.

Please provide Home Phone and Email address


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Please Proceed to Step 4

Step 3 Addresses: On this screen the Employee can update their permanent address, email addresses and phone numbers. Clicking Edit will take the employee into the screen to make changes.

Welcome

Step 3: Addresses History Back Forward



1 Overview 2 Edit 3 Review and Save 4 Confirmation

Changes to your address will be effective *immediately*, unless you enter a future date.

Addresses outside of the USA must be created by your HR Administrator. Please contact your HR Administrator for assistance.

Please provide Home Phone and Email address

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**Please Proceed to Step 4**

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**Detailed Navigation**

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**Permanent residence**

Country: \* USA

c/o:

Street and House Number: \* 920 Hopewell Ct

Address Line 2:

City: \* Frankfort

County: Franklin

State: \* Kentucky

Postal Code: \* 40160-9524

Home Phone: \* 101 333-5555

Alternate Phone: 405 333-4444 (Required if available.)

Work Email: WORKTEST@KY.GOV  
(Preferred if available.)

Personal Email: WORKPER@HOM.COM  
(Preferred if available.)


Valid as of Today  
 Valid as of Future Date

[Previous Step](#) [Review](#)

After entering or updating the address fields the Employee clicks Review to go to the review sub step.

Welcome

Step 3: Addresses History Back Forward



1 Overview 2 Edit 3 Review and Save

Changes to your address will be effective *immediately*, unless you enter a future date.

Addresses outside of the USA must be created by your HR Administrator. Please contact your HR Administrator for assistance.

Please provide Home Phone and Email address

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**Please Proceed to Step 4**

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**Detailed Navigation**

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**Verify the Address data below**

**Permanent residence**

Country: USA

c/o:

Street and House Number: 920 Hopewell Ct

Address Line 2:

City: Frankfort

County: Franklin

State: Kentucky

Postal Code: 40160-9524

Home Phone: 101 333-5555

Alternate Phone: 405 333-4444

Work Email: WORKTEST@KY.GOV

Personal Email: WORKPER@HOM.COM


Valid from 9/14/2011

[Previous Step](#) [Save](#)

After reviewing the information entered by the employee is correct, the Save button should be pressed to write the information to the system.

Welcome

Step 3: Addresses History Back Forward



1 Overview 2 Edit 3 Review and Save

Changes to your address will be effective *immediately*, unless you enter a future date.

Addresses outside of the USA must be created by your HR Administrator. Please contact your HR Administrator for assistance.

Please provide Home Phone and Email address

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**Please Proceed to Step 4**

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**Detailed Navigation**

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The changes you made to your Address data were saved

**What do you want to do next?**  
[Go to Addresses Overview](#)

**Permanent residence**

Country: USA

c/o:

Street and House Number: 920 Hopewell Ct

Address Line 2:

City: Frankfort

County: Franklin

State: Kentucky

Postal Code: 40160-9524

Home Phone: 101 333-5555

Alternate Phone: 405 333-4444

Work Email: WORKTEST@KY.GOV

Personal Email: WORKPER@HOM.COM

Valid from 9/14/2011

A success message will be displayed letting the Employee know the address information was saved. Proceed to Step 4 Add Family Members/Dependents/Beneficiary.

**Welcome**  
Step 4: Add Family Members/ Dependents/ Beneficiary | History Back Forward

**Kentucky**  
UNINSURED SPOUSE

1 Overview 2 Edit 3 Review and Save 4 Confirmation

**Detailed Navigation**

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**Spouse**

First Name: Maria  
Last Name: Lest  
Date of Birth: 1/1/1970

**Child**

First Name: Kate  
Last Name: Lest  
Date of Birth: 2/16/2004

**Instructions:**

- Notice: Adding a family member or dependent to this screen will not automatically add them to any existing health or life plans you have. If your employer participates with the KY Group Life plan, and you wish to add the family member/dependent as a beneficiary to your life insurance plan, please follow the instructions below.
  - Click on the "Benefits Information" option on the far left side of the screen
  - Click on the "Life Insurance Beneficiary Change" link on the far left side of the screen.
  - Add the beneficiary information and save
- New Employees and Open Enrollment: If you wish to add a family member/dependent to your KEHP health insurance, please add the dependent to this screen first. Then, when you get to Step 7: Enroll (see link on far left of screen), you may add the dependent to your coverage.
- Link to KEHP Dependent Eligibility Chart - [Click Here](#)

Please Proceed to Step 5

At Step 4: Add Family Members/Dependents/Beneficiary - The employee can update information and if needed add members that were previously not saved into the system. Adding members at this step does not automatically add them to insurance or health plans. All dependents must have SSN and Date of Birth to attach them to a health plan. To add a new Spouse (if one does not already exist), Child, or Other Beneficiary click on the applicable button. The edit button for each member also lets you update information on that member.

**Welcome**  
Step 4: Add Family Members/ Dependents/ Beneficiary | History Back Forward

**Kentucky**  
UNINSURED SPOUSE

1 Overview 2 Edit 3 Review and Save 4 Confirmation

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- Who's Who

**Child**

Name

First Name:

Last Name:

Initials:

Date of Birth:

Gender:  Male  Female

Social Security Number:

Disability:

**Instructions:**

- Notice: Adding a family member or dependent to this screen will not automatically add them to any existing health or life plans you have. If your employer participates with the KY Group Life plan, and you wish to add the family member/dependent as a beneficiary to your life insurance plan, please follow the instructions below.
  - Click on the "Benefits Information" option on the far left side of the screen
  - Click on the "Life Insurance Beneficiary Change" link on the far left side of the screen.
  - Add the beneficiary information and save
- New Employees and Open Enrollment: If you wish to add a family member/dependent to your KEHP health insurance, please add the dependent to this screen first. Then, when you get to Step 7: Enroll (see link on far left of screen), you may add the dependent to your coverage.
- Link to KEHP Dependent Eligibility Chart - [Click Here](#)

Please Proceed to Step 5

Here you can enter the information for the new child.

Once the information is entered click the review button.

Welcome

Step 4: Add Family Members/ Dependents/ Beneficiary | History Back Forward

Kentucky UNBUNDLED SPIRIT

1 Overview 2 Edit 3 Review and Save 4 Confirmation

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- Who's Who

**Child**

Name

First Name:

Last Name:

Initials:

Date of Birth:

Gender:  Male  Female

Social Security Number:

Disability:

Previous Step Review

Instructions:

- Notice: Adding a family member or dependent to this screen will not automatically add them to any existing health or life plans you have. If your employer participates with the KY Group Life plan, and you wish to add the family member/dependent as a beneficiary to your life insurance plan, please follow the instructions below.
  - Click on the "Benefits Information" option on the far left side of the screen
  - Click on the "Life Insurance Beneficiary Change" link on the far left side of the screen.
  - Add the beneficiary information and save
- New Employees and Open Enrollment: If you wish to add a family member/dependent to your KEHP health insurance, please add the dependent to this screen first. Then, when you get to Step 7: Enroll (see link on far left of screen), you may add the dependent to your coverage.
- Link to KEHP Dependent Eligibility Chart - [Click Here](#)

Please Proceed to Step 5

Clicking the review button, the employee will see the following screen:

Welcome

Step 4: Add Family Members/ Dependents/ Beneficiary | History Back Forward

Kentucky UNBUNDLED SPIRIT

1 Overview 2 Edit 3 Review and Save

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- Who's Who

**Verify the Family Member data below**

**Child**

Name

First Name: Newchild

Last Name: Lest

Initials:

Date of Birth: 9/10/2011

Gender: Male

Social Security Number: 211-33-1111

Disability: false

Previous Step Save

Instructions:

- Notice: Adding a family member or dependent to this screen will not automatically add them to any existing health or life plans you have. If your employer participates with the KY Group Life plan, and you wish to add the family member/dependent as a beneficiary to your life insurance plan, please follow the instructions below.
  - Click on the "Benefits Information" option on the far left side of the screen
  - Click on the "Life Insurance Beneficiary Change" link on the far left side of the screen.
  - Add the beneficiary information and save
- New Employees and Open Enrollment: If you wish to add a family member/dependent to your KEHP health insurance, please add the dependent to this screen first. Then, when you get to Step 7: Enroll (see link on far left of screen), you may add the dependent to your coverage.
- Link to KEHP Dependent Eligibility Chart - [Click Here](#)

Please Proceed to Step 5

If the information is correct, clicking the save button will put the new child into the system. A success message will be displayed on successful save.

Welcome

Step 4: Add Family Members/ Dependents/ Beneficiary | History Back Forward

Kentucky UNBUNDLED SPIRIT

1 Overview 2 Edit 3 Review and Save

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The changes you made to your Family Member data were saved

**What do you want to do next?**

[Go to Family Member/Dependents Overview](#)

**Child**

Name

First Name: Newchild

Last Name: Lest

Initials:

Date of Birth: 9/10/2011

Gender: Male

Social Security Number: 211-33-1111

Disability: false

Instructions:

- Notice: Adding a family member or dependent to this screen will not automatically add them to any existing health or life plans you have. If your employer participates with the KY Group Life plan, and you wish to add the family member/dependent as a beneficiary to your life insurance plan, please follow the instructions below.
  - Click on the "Benefits Information" option on the far left side of the screen
  - Click on the "Life Insurance Beneficiary Change" link on the far left side of the screen.
  - Add the beneficiary information and save
- New Employees and Open Enrollment: If you wish to add a family member/dependent to your KEHP health insurance, please add the dependent to this screen first. Then, when you get to Step 7: Enroll (see link on far left of screen), you may add the dependent to your coverage.
- Link to KEHP Dependent Eligibility Chart - [Click Here](#)

Please Proceed to Step 5

After completion of family members updates, the employee should proceed to Step 5: Smoker Status or Cross Referenced Spouse

Welcome

Step 5: Smoker Status or Cross Referenced Spouse | History Back Forward

**Kentucky**  
UNBROKEN SPIRIT

1 2

Edit Review & Save

**Employee smoker status**

Employee is smoker:

---

**Cross reference spouse**

Cross Reference:

Spouse's PIN:

Spouse is smoker:

Instructions:

- If you have smoked in the past 2 months, please check the "Employee is smoker" box.
- If you are going to cross-reference with a spouse who is KEHP eligible, please
  - check the Cross-Reference field,
  - enter your spouse's PIN (his/her Employee ID, also called the EmpID), which is an alpha numeric combo, such as ABC1234, and
  - if he/she has smoked in the last 2 months, check the "Spouse is smoker" box.

*Please Proceed to Step 6*

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On this step the employee has two sections that can be updated. The first is the employee smoker status. This is to be checked if the employee has smoked in the past 2 months.

The second part is the cross reference payment option. To enroll in this option, the employee must have a spouse that is an eligible KEHP member and at least one dependent.

When the applicable information has been entered the Employee should click review.

Welcome

Step 5: Smoker Status or Cross Referenced Spouse | History Back Forward

**Kentucky**  
UNBROKEN SPIRIT

1 2

Edit Review & Save

**Employee smoker status**

Employee is smoker:

---

**Cross reference spouse**

Cross Reference:

Spouse's PIN:

Spouse is smoker:

Instructions:

- If you have smoked in the past 2 months, please check the "Employee is smoker" box.
- If you are going to cross-reference with a spouse who is KEHP eligible, please
  - check the Cross-Reference field,
  - enter your spouse's PIN (his/her Employee ID, also called the EmpID), which is an alpha numeric combo, such as ABC1234, and
  - if he/she has smoked in the last 2 months, check the "Spouse is smoker" box.

*Please Proceed to Step 6*

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Once the information has been reviewed click save.

Welcome

Step 5: Smoker Status or Cross Referenced Spouse | History Back Forward

**Kentucky**  
UNEMPLOYED SURVIVOR

1 2  
Edit Review & Save

**Employee smoker status**  
Employee is smoker:

**Cross reference spouse**  
Cross Reference:   
Spouse's PIN:   
Spouse is smoker:

Previous Save

**Instructions:**

- If you have smoked in the past 2 months, please check the "Employee is smoker" box.
- If you are going to cross-reference with a spouse who is KEHP eligible, please
  - check the Cross-Reference field,
  - enter your spouse's PIN (his/her Employee ID, also called the EmpID), which is an alpha numeric combo, such as ABC1234, and
  - if he/she has smoked in the last 2 months, check the "Spouse is smoker" box.

Please Proceed to Step 6

Your selections have been successfully saved.

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A success message will be displayed on a successful save to the system. The employee should now proceed to step 6: Authorization and Certification.

Welcome

Step 6: Authorization and Certification | History Back Forward

**Kentucky**  
UNEMPLOYED SURVIVOR

**Review the Authorization and Certification information below. If you understand and agree to the terms, click on Step 7: Enroll on the left to enroll in benefit plans.**

**Authorization and Certification**

I understand and agree that:

- If this is an open enrollment election(s), the plan selections I am making are effective the first day of the following plan year; and if these plan elections are for the current plan year, they will be effective according to my new hire waiting period rules. I have read and understand the 2012 KEHP Benefits Selection Guide. I understand that plan rules and limitations are contained in the KEHP Summary Plan Descriptions.
- My electronic signature, made by logging in using my unique EmpID and subsequent electronic enrollment, creates a legal and binding contract between me and the Department of Employee Insurance (DEI), Kentucky Employees' Health Plan (KEHP) and any third-party administrators including Humana and Express Scripts.
- If my spouse and I elect the cross-reference payment option, we are planholders with Family coverage and that upon a loss of eligibility by either spouse, the remaining planholder will default to Parent Plus coverage. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.
- I certify that each enrolled dependent meets KEHP eligibility requirements of a dependent as set forth in the Summary Plan Descriptions and in the KEHP Benefits Selection Guide. I understand that DEI requires supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan. And, in addition, an affidavit 2012 Certification of Dependent Eligibility must be submitted for dependent children between the ages of 19-26.
- All KEHP benefits for me and my eligible dependents will be provided in accordance with the Summary Plan Descriptions. I will abide by all terms and conditions governing membership and receipt of services from the plan or the Healthcare Flexible Spending Account (FSA) and/or Dependent Care Flexible Spending Account (DCAP) in which I have enrolled as set forth in the Summary Plan Descriptions.
- The elections indicated by this electronic enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.
- I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected, including any amounts I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis unless I sign a Post-Tax Form.
- If I elect to waive KEHP health insurance coverage, with or without a stand-alone Waiver Health Reimbursement Account (HRA), I am doing so voluntarily. I understand there are two options under the HRA: Waiver HRA and the Waiver Dental/Vision ONLY HRA.
- I understand that the four KEHP medical coverage options and the Waiver HRA must pay primary to Medicare and the Waiver Dental/Vision ONLY HRA will be secondary to Medicare.
- Regarding my HRA, for me and any dependents for which I claim are eligible to seek reimbursement under Sections 105 (b) and 213(d). I understand that any unused amount remaining in my HRA at the end of the Plan Year may be carried forward to the next plan year. Pursuant to federal law, the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through an HRA.
- I understand that a KEHP HRA can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Enrollment in a FSA and/or DCAP is voluntary and I authorize my employer to deduct from my earnings the amount required to cover my share of the coverage I have selected, including any amounts I may owe. I authorize payment of my employee contributions to be made on a pre-tax basis unless I sign a Post-Tax Form.
- I understand that for any claims that I seek reimbursement for, I (including any dependent(s)) am eligible to seek reimbursement under Code Sections 105(b) and 213(d).
- I understand that a FSA can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible FSA expenses incurred during my period of coverage.
- Regarding my FSA, any unused amount remaining in my spending account at the end of the Plan Year cannot be carried forward to the next year due to federal law.
- Pursuant to federal law the cost of over-the-counter medicines (other than doctor prescribed and insulin) may not be reimbursed through an FSA.
- I understand that a DCAP can only reimburse expenses that are incurred during this plan year. I have a 90-day run-out period (until March 31) for reimbursement of eligible HRA expenses incurred during my period of coverage.
- Regarding my DCAP, any unused amount remaining in my spending account at the end of the Plan Year cannot be carried forward to the next year due to federal law.
- Regarding my DCAP, for me and any dependents for which I claim is claim to seek reimbursement under Code Sections 21 and 129.
- My Humana AccessSM Visa Card will be suspended if the required FSA and/or HRA claim verification is not sent in to Humana within sixty (60) days after the card swipe. I agree to follow all rules and guidelines established by the plan concerning the Humana AccessSM Visa Card. This Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck and offset your FSA and/or HRA if you fail to properly substantiate your claim(s).
- The KEHP plan has a tobacco incentive for members who do not use tobacco and that this plan offers reasonable alternatives i.e. tobacco cessation.

**Detailed Navigation**

- Welcome
- Open Enrollment
  - Step 1: Enrollment Information
  - Step 2: Personal Data
  - Step 3: Addresses
  - Step 4: Add Family Members/ Dependents/ Beneficiary
  - Step 5: Smoker Status or Cross Referenced Spouse
  - Step 6: Authorization and Certification**
  - Step 7: Enroll
- Benefits Information
- Payment Information
- Personal Information
- Working Time
- Who's Who

At Step 6: Authorization and Certification - The employee should read the entire page before proceeding to Step 7: Enroll

Welcome

Step 7: Enroll

History Back Forward

1 Plan Selection 2 Review Enrollment 3 Completed

Show General Links View Show Plans Or Today View

**This is your selection of benefit plans. From this list, you can add, edit or remove plans as needed. Whenever you edit a plan, its options are displayed. For every plan, you can specify your dependents and beneficiaries and select investments.**

**Selection for Open Enrollment**

| Plan  | Costs                             | Remarks       |
|---|-----------------------------------|---------------|
| <b>Medical</b>                                  |                                   |               |
| <input checked="" type="radio"/> OW Optimum PPO | 338.63 USD Semi-monthly (Pre-Tax) | KEHP - Family |
| <b>Medical FSA</b>                              |                                   |               |
| <input type="radio"/> Enroll                    |                                   |               |
| <b>Dependent FSA</b>                            |                                   |               |
| <input type="radio"/> Enroll                    |                                   |               |

\*This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ significantly from the actual amounts shown on your paycheck.

Add Plan Edit Plan Remove Plan

Previous Step Review Enrollment

Instructions:

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

On Step 7: Enroll - The employee will be shown the options that are available to them. If the employee already has coverage, those selections will be in place by default, except for Flexible Spending Accounts which need to be renewed on a yearly basis. If a plan already exists (such as a medical selection) the Edit plan button will allow the Employee to go in and review or modify the selection.

Welcome

Step 7: Enroll

History Back Forward

1 Plan Selection 2 Plan Adjustment 3 Select Dependents 4 Plan Selection

Show General Links View Show Plan Type Or Today View

**Offer for Medical**

|                                     |                               |  |  |
|-------------------------------------|-------------------------------|--|--|
| <input type="checkbox"/>            | OW Standard PPO               |  |  |
| <input type="checkbox"/>            | OW Capitol Choice             |  | You are currently enrolled in this plan. |
| <input checked="" type="checkbox"/> | OW Optimum PPO                |  |  |
| <input type="checkbox"/>            | OW Maximum Choice             |  |  |
| <input type="checkbox"/>            | Waive Coverage with HRA       |  |  |
| <input type="checkbox"/>            | Waive Coverage without HRA    |  |  |
| <input type="checkbox"/>            | Forced Waiver NO HRA          |  |  |
| <input type="checkbox"/>            | Waiver Dental/Vision Only HRA |  |  |

**CW Optimum PPO - choose plan options (starts on 1/1/2012)**

| Option                              | Dependent Coverage | Employee Cost (Semi-monthly)* | Employer costs (Semi-monthly)* |
|-------------------------------------|--------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/>            | KEHP Single        | 44.18                         | 287.47                         |
| <input type="checkbox"/>            | KEHP Couple        | 287.69                        | 428.49                         |
| <input type="checkbox"/>            | KEHP Parent Plus   | 124.8                         | 336.64                         |
| <input checked="" type="checkbox"/> | KEHP Family        | 338.63                        | 459.27                         |

The amounts are in USD.

Pre-Tax Deductions

Instructions:

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

On this screen (Edit Plan) the Employee can see all the plan offerings they are eligible for. Once a plan is selected the employee (if applicable) should select dependents for the plan. Note: if no changes to the plan or dependents are needed, the employee can go back to the overview using the previous step button.

Welcome

Step 7: Enroll

Plan Selection    Plan Adjustment    **Select Dependents**

Instructions:

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA.
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

**Select between 2 and 20 dependents for plan CW Optimum PPO.**

| Name          | Relationship | Select                              |
|---------------|--------------|-------------------------------------|
| Maria Smith   | Spouse       | <input checked="" type="checkbox"/> |
| Kate Smith    | Child        | <input checked="" type="checkbox"/> |
| William Smith | Child        | <input checked="" type="checkbox"/> |

Previous Step    Add Plan to Selection

Select the family members/dependents that should be included in the plan, after selecting, click Add Plan to Selection. If the family member/dependent is not present go to Step 4: Add Family Members/Dependents/Beneficiary.

Welcome

Step 7: Enroll

Plan Selection    **Review Enrollment**    Completed

Instructions:

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA.
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

**This is your selection of benefit plans. From this list, you can add, edit or remove plans as needed. Whenever you edit a plan, its options are displayed. For every plan, you can specify your dependents and beneficiaries and select investments.**

**Selection for Open Enrollment**

| Plan                                    | Costs                             | Remarks       |
|---|-----------------------------------|---------------|
| <b>Medical</b>                          |                                   |               |
| <input type="radio"/> CW Optimum PPO    | 338.63 USD Semi-monthly (Pre-Tax) | KEHP - Family |
| <b>Medical FSA</b>                      |                                   |               |
| <input checked="" type="radio"/> Enroll |                                   |               |
| <b>Dependent FSA</b>                    |                                   |               |
| <input type="radio"/> Enroll            |                                   |               |

\*This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ significantly from the actual amounts shown on your paycheck.

Add Plan    Edit Plan    Remove Plan

Previous Step    Review Enrollment

To Add FSA (if applicable) click on the radio button next to Enroll under Medical FSA and click the Add Plan button.

Welcome

Step 7: Enroll

Plan Selection    **Plan Adjustment**    Plan Selection    Review Enrollment

Instructions:

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA.
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

To participate in this plan, you must also enroll in one of the following plans for the same period: CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Waive Coverage with HRA, Waive Coverage without HRA, Waiver Dental/Vision Only HRA, CW Standard PPO Prime, CW Capitol Choice Prime, CW Optimum PPO Prime, CW Maximum Choice Prime, CW Standard PPO Sec, CW Capitol Choice Sec, CW Optimum PPO Sec, CW Maximum Choice Sec.

**Offer for Medical FSA**

**Contribution for plan Healthcare FSA for the target period 1/1/2012 - 12/31/2012**

Contribution Amount:  USD (Maximum: 5,000.00 USD)

Previous Step    Add Plan to Selection

Enter the amount to contribute for the year. Once finished click: Add Plan to Selection. If Dependent care FSA is desired the same steps can be taken to enroll in Dependent care FSA.

Welcome

Step 7: Enroll

Plan Selection Review Enrollment Completed

**Instructions:**

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

**Selection for Open Enrollment**

| Plan  | Costs                             | Remarks       |
|---|-----------------------------------|---------------|
| <b>Medical</b>                                      |                                   |               |
| <input type="radio"/> CW Optimum PPO                | 338.63 USD Semi-monthly (Pre-Tax) | KCHP - Family |
| <b>Medical FSA</b>                                  |                                   |               |
| <input type="radio"/> Healthcare FSA                | 5,000.00 USD in FSA plan year     |               |
| <b>Dependent FSA</b>                                |                                   |               |
| <input checked="" type="radio"/> Dependent Care FSA | 4,000.00 USD in FSA plan year     |               |

\*This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ significantly from the actual amounts shown on your paycheck.

Add Plan Edit Plan Remove Plan

Previous Step Review Enrollment

If the employee wants to remove any of the plan selection, select the radio button next to the desired plan and click Remove Plan. Once all the selections are finished the employee should click on Review Enrollment.

Welcome

Step 7: Enroll

Plan Selection Review Enrollment Completed

**Instructions:**

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

**A summary of your enrollment plans is listed below. If you are satisfied with your selection, submit it to complete the enrollment process. If you would like to change your selection, go back one step.**

**Selection for Open Enrollment**

| Plan                 | Costs                             | Actions   |
|----------------------|-----------------------------------|-----------|
| <b>Medical</b>       |                                   |           |
| CW Optimum PPO       | 338.63 USD Semi-monthly (Pre-Tax) | Unchanged |
| <b>Medical FSA</b>   |                                   |           |
| Healthcare FSA       | 5,000.00 USD in FSA plan year     | Unchanged |
| <b>Dependent FSA</b> |                                   |           |
| Dependent Care FSA   | 4,000.00 USD in FSA plan year     | Unchanged |

This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ significantly from the actual amounts shown on your paycheck.

Previous Step Save

This screen shows what was added, modified, deleted or was unchanged. Once the employee is satisfied with the selections made, the Save button should be clicked.

Welcome

Step 7: Enroll

Plan Selection Review Enrollment Completed

**Instructions:**

1. If you need to make plan changes, please select the round button next to the word "enroll" then click on the *Edit Plan* button.
2. Health Plans and Waiver HRAs: If you choose not to make any health plan changes during open enrollment, the health plan coverage or Waiver HRA you have for 2011 will remain in effect for plan year 2012.
3. Flexible Spending Accounts (FSA): You must actively elect a Healthcare or Dependent Care FSA
4. Flexible Spending Accounts (FSA): Be careful in choosing your election amount. Elect only the amount you will use in a calendar year. Any money left in your FSA at the end of the year will be forfeited and not returned to you. If you don't use it, you will lose it!

**A summary of your enrollment plans is listed below. If you are satisfied with your selection, submit it to complete the enrollment process. If you would like to change your selection, go back one step.**

**Selection for Open Enrollment**

| Plan                 | Costs                             | Actions                    |
|----------------------|-----------------------------------|----------------------------|
| <b>Medical</b>       |                                   |                            |
| CW Optimum PPO       | 338.63 USD Semi-monthly (Pre-Tax) | Unchanged                  |
| <b>Medical FSA</b>   |                                   |                            |
| Enroll               |                                   | Healthcare FSA removed     |
| <b>Dependent FSA</b> |                                   |                            |
| Enroll               |                                   | Dependent Care FSA removed |

This column contains estimated contributions, based on your salary. Therefore, the amounts shown here may differ significantly from the actual amounts shown on your paycheck.

Previous Step Save

After clicking save a success message will be displayed letting the employee know the plan changes have been saved to the system. The employee should at this point click on: Print New Plan Selections. This will bring up the confirmation form with all the plan selections, costs, and disclaimers in PDF form that can be printed for permanent record purposes.

## Benefits Confirmation

Personnel Cabinet, 501 High Street, Frankfort, KY 40601-1108

Joe Smith  
123 Main Street  
Frankfort KY 40601

Date  
09/22/2011

|   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| Personnel number<br>00160301              | Name of employee<br>Joe Smith        | Social Security Number<br>111331111 |
| Personnel area<br>Executive               | Personnel subarea<br>FT N-Exempt     |                                     |
| Employee group<br>18A                     | Employee subgroup<br>ASC Salary 37.5 | Payroll area<br>Semi-monthly        |
| Business Area<br>Commonwealth of Kentucky | Dual/Retiree Return to Work<br>NO    | Smoker<br>YES                       |

Right Click on the document and select print to bring up your local printer options (Ctrl-P is an alternative command).

At this point the Open Enrollment Process is finished. The employee can review other options in the KHRIS system or log off.